

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GLOBAL FUND FOR CHILDREN		D Employer identification number 56-1834887
	Doing business as		E Telephone number (202) 331-9003
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1411 K STREET		G Gross receipts \$ 4,634,136.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: JOHN HECKLINGER SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.GLOBALFUNDFORCHILDREN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1993
			M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE THE RIGHTS AND OPPORTUNITIES OF CHILDREN AND YOUTH WORLDWIDE.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 14
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 25
	6 Total number of volunteers (estimate if necessary) 6 0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 5,575,746. Prior Year 2,952,092. Current Year
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 337,711. 169,122.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,209. 67,454.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,933,666. 3,188,668.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,084,848. 2,147,817.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 737,778.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,650,527. 1,520,538.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,977,550. 5,709,801.	
19 Revenue less expenses. Subtract line 18 from line 12 -43,884. -2,521,133.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 10,579,123. Beginning of Current Year 8,450,186. End of Year
	21 Total liabilities (Part X, line 26) 534,123. 534,123. 957,726.
	22 Net assets or fund balances. Subtract line 21 from line 20 10,045,000. 10,045,000. 7,492,460.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JOHN HECKLINGER, PRESIDENT & CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAELA J. CROMAR, CPA	Preparer's signature MICHAELA J. CROMAR,	Date 06/03/21	Check if self-employed <input type="checkbox"/>	PTIN P00895728
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749		Phone no. 571-227-9500	
Firm's address ▶ 901 N. GLEBE ROAD, SUITE 200		ARLINGTON, VA 22203			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: GLOBAL FUND FOR CHILDREN PARTNERS WITH GRASSROOTS ORGANIZATIONS AROUND THE WORLD TO HELP CHILDREN AND YOUTH REACH THEIR FULL POTENTIAL AND ADVANCE THEIR RIGHTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,141,966. including grants of \$ 2,041,446.) (Revenue \$)

GRANTMAKING: THE GLOBAL FUND FOR CHILDREN (GFC) IDENTIFIES AND INVESTS IN COURAGEOUS GRASSROOTS ORGANIZATIONS THAT ADVANCE CHILDREN'S RIGHTS AROUND THE WORLD RUN BY DEDICATED LOCAL LEADERS. THESE GRASSROOTS PARTNERS EMPOWER YOUNG PEOPLE FACING POVERTY AND INJUSTICE TO REACH THEIR FULL POTENTIAL. GFC'S GOAL IS TO HELP THESE ORGANIZATIONS DEEPEN THEIR IMPACT AND BUILD THEIR CAPACITY FOR SOCIAL CHANGE. GFC CARRIES OUT THIS WORK ACROSS FOUR CORE FOCUS AREAS: EDUCATION; GENDER EQUITY; YOUTH EMPOWERMENT; AND FREEDOM FROM VIOLENCE AND EXPLOITATION.

4b (Code:) (Expenses \$ 321,607. including grants of \$) (Revenue \$)

COMMUNICATIONS: THROUGH ITS COMMUNICATIONS OUTREACH, GFC USES DIGITAL MEDIA, PHOTOGRAPHY AND STORIES TO TELL ABOUT ITS EFFORTS DEDICATED TO DISCOVERING, FUNDING, AND COACHING TRULY GRASSROOTS ORGANIZATIONS THAT EMPOWER CHILDREN AND YOUTH. BY USING ITS WEBSITE, ONLINE OUTREACH AND SOCIAL MEDIA, GFC HIGHLIGHTS ITS ABILITY TO TAKE SMART RISKS THAT OTHERS WON'T, PARTNERING WITH INNOVATIVE ORGANIZATIONS THAT ARE FIGHTING THE ODDS IN PLACES LIKE SLUMS, REFUGEE CAMPS, AND RURAL VILLAGES. GFC PROVIDES A CRUCIAL LINK, CONNECTING COMMUNITY LEADERS WITH THE PROFESSIONAL SERVICES AND SUPPORT THEY NEED TO SUCCEED.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,463,573.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN HECKLINGER CEO/PRESIDENT	40.00	X		X			221,609.	0.	22,100.	
(2) COREY OSER VP PROGRAMS	40.00			X			155,989.	0.	17,548.	
(3) RICHA CHOPRA MISTRY DIRECTOR OF FINANCE	40.00			X			104,640.	0.	15,179.	
(4) DOREEN CHI VP DEVELOPMENT	40.00			X			95,182.	0.	12,100.	
(5) SHWETA SIRAJ MEHTA CHAIR	5.00	X		X			0.	0.	0.	
(6) GUNJAN JAIN CHAIR UNTIL APRIL 2020, DIRECTOR	1.00	X		X			0.	0.	0.	
(7) EDWARD NUSBAUM TREASURER	1.00	X		X			0.	0.	0.	
(8) CHRIS WOLZ SECRETARY	1.00	X		X			0.	0.	0.	
(9) JENNIFER ALTABEF DIRECTOR	1.00	X					0.	0.	0.	
(10) KEVIN CAVANAUGH DIRECTOR	1.00	X					0.	0.	0.	
(11) METE COBAN DIRECTOR	1.00	X					0.	0.	0.	
(12) MICHAEL DAFHEY DIRECTOR	1.00	X					0.	0.	0.	
(13) SWATEE DEEPAK DIRECTOR	1.00	X					0.	0.	0.	
(14) NICOLE A. KAMALESON DIRECTOR	1.00	X					0.	0.	0.	
(15) STACEY H. MITCHELL DIRECTOR	1.00	X					0.	0.	0.	
(16) LILA RYMER DIRECTOR	1.00	X					0.	0.	0.	
(17) MARIA VALLEJO-NGUYEN DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREG WALLIG DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								577,420.	0.	66,927.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								577,420.	0.	66,927.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,952,092.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 63,807.			
	h	Total. Add lines 1a-1f		2,952,092.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		122,089.		122,089.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		25,360.		25,360.	
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				1,492,501.			
	7 b	Less: cost or other basis and sales expenses		1,445,468.			
	7 c	Gain or (loss)		47,033.			
d	Net gain or (loss)		47,033.		47,033.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	SERVICE REVENUE	900099	36,000.		36,000.	
	b	INSURANCE REIMBURSEMENT	900099	6,094.		6,094.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		42,094.			
12	Total revenue. See instructions		3,188,668.	0.	0.	236,576.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	224,424.	224,424.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,817,022.	1,817,022.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	573,273.	329,495.	123,625.	120,153.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,260,556.	846,831.	148,093.	265,632.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,080.	23,415.	4,467.	8,198.
9 Other employee benefits	120,274.	79,945.	14,396.	25,933.
10 Payroll taxes	157,634.	101,358.	23,016.	33,260.
11 Fees for services (nonemployees):				
a Management				
b Legal	9,367.		9,367.	
c Accounting	52,868.		52,868.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,162.		23,162.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	488,987.	327,312.	75,204.	86,471.
12 Advertising and promotion	154,914.	67,475.	44,449.	42,990.
13 Office expenses	79,385.	17,905.	58,087.	3,393.
14 Information technology				
15 Royalties				
16 Occupancy	241,301.	147,561.	40,892.	52,848.
17 Travel	159,551.	134,253.	18,574.	6,724.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	16,659.	9,394.	6,307.	958.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,367.	33,403.	9,672.	11,292.
23 Insurance	32,060.		32,060.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a KNOWLEDGE EXCHANGES	144,573.	143,026.		1,547.
b STAFF/INTERN DEVELOPMEN	16,392.	9,774.	4,938.	1,680.
c STATE REGISTRATION FEES	11,693.			11,693.
d ALLOCATION OF G&A	0.	142,530.	-193,689.	51,159.
e All other expenses	35,259.	8,450.	12,962.	13,847.
25 Total functional expenses. Add lines 1 through 24e	5,709,801.	4,463,573.	508,450.	737,778.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,972,047.	1	3,386,682.
	2 Savings and temporary cash investments	103,335.	2	3,375.
	3 Pledges and grants receivable, net	5,232,370.	3	2,532,276.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,831.	9	69,922.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 355,122.		
	b Less: accumulated depreciation	10b 113,889.		
	11 Investments - publicly traded securities	2,896,110.	11	2,154,049.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	64,067.	15	62,649.
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,579,123.	16	8,450,186.	
Liabilities	17 Accounts payable and accrued expenses	137,743.	17	174,887.
	18 Grants payable	99,000.	18	208,500.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	5,450.	24	308,710.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	291,930.	25	265,629.
	26 Total liabilities. Add lines 17 through 25	534,123.	26	957,726.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,709,818.	27	1,817,700.
	28 Net assets with donor restrictions	7,335,182.	28	5,674,760.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,045,000.	32	7,492,460.
	33 Total liabilities and net assets/fund balances	10,579,123.	33	8,450,186.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,188,668.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,709,801.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,521,133.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,045,000.
5	Net unrealized gains (losses) on investments	5	-31,407.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,492,460.

Part XII Financial Statements and Reporting

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

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

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **GLOBAL FUND FOR CHILDREN** Employer identification number **56-1834887**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7153777.	7840992.	8261719.	5575746.	2952092.	31784326.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7153777.	7840992.	8261719.	5575746.	2952092.	31784326.
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)						9547657.
6 Public support. Subtract line 5 from line 4.						22236669.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	7153777.	7840992.	8261719.	5575746.	2952092.	31784326.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	113,476.	91,767.	97,201.	192,560.	147,449.	642,453.
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 VI.)					42,094.	42,094.
11 Total support. Add lines 7 through 10						32468873.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	68.49 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	69.63 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

GLOBAL FUND FOR CHILDREN

Employer identification number

56-1834887

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

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

Name of organization GLOBAL FUND FOR CHILDREN	Employer identification number 56-1834887
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>100,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL FUND FOR CHILDREN	Employer identification number 56-1834887
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL FUND FOR CHILDREN	Employer identification number 56-1834887
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization GLOBAL FUND FOR CHILDREN	Employer identification number 56-1834887
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: GLOBAL FUND FOR CHILDREN; Employer identification number: 56-1834887

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,064,866.	77,088.			1,547,684.
b Contributions	68,344.	1,007,484.	77,088.		-1,547,684.
c Net investment earnings, gains, and losses	46,762.	34,955.			
d Grants or scholarships	41,900.	54,661.			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,138,072.	1,064,866.	77,088.		

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		255,274.	69,896.	185,378.
d Equipment		99,848.	43,993.	55,855.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				241,233.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED LEASE OBLIGATION	265,629.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	265,629.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,313,485.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-31,407.	
b	Donated services and use of facilities	2b	179,386.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	147,979.	
3	Subtract line 2e from line 1	3	3,165,506.	
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	23,162.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	23,162.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,188,668.	

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

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

1	Total expenses and losses per audited financial statements		1	5,866,025.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	179,386.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	179,386.	
3	Subtract line 2e from line 1	3	5,686,639.	
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	23,162.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	23,162.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,709,801.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE ESTABLISHED TO FUND SPECIAL AWARDS TO CURRENT AND ALUMNI PARTNERS OF GFC. THERE ARE TWO SEPARATE FUNDS THAT MAKE THE TOTAL, THE GIMON COURAGE AWARD FUND AND STILLMAN DIGNITY AWARD FUND.

PART X, LINE 2:

GLOBAL FUND FOR CHILDREN IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). THE INTERNAL REVENUE SERVICE HAS CLASSIFIED GLOBAL FUND FOR CHILDREN AS A PUBLICLY SUPPORTED FOUNDATION UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE IRC. GLOBAL FUND FOR CHILDREN HAS ADOPTED THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX

Part XIII Supplemental Information *(continued)*

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.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2019

▶ Attach to Form 990.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

GLOBAL FUND FOR CHILDREN

56-1834887

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

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

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	1	0	PROGRAM SERVICES	TO PROVIDE GRANTS, PROGRAM CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE	473,804.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	1	0	PROGRAM SERVICES	TO PROVIDE GRANTS, PROGRAM CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE	150,638.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	1	0	PROGRAM SERVICES	TO PROVIDE GRANTS, PROGRAM CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE	137,286.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	TO PROVIDE GRANTS, PROGRAM CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE	4,000.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	TO PROVIDE GRANTS, PROGRAM CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE	318,764.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	PROGRAM SERVICES	TO PROVIDE GRANTS, PROGRAM CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE	83,305.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	TO PROVIDE GRANTS, PROGRAM CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE	52,020.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	3	0	PROGRAM SERVICES	TO PROVIDE GRANTS, PROGRAM CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE	376,145.
3 a Subtotal	6	0			1,595,962.
b Total from continuation sheets to Part I	0	0			722,171.
c Totals (add lines 3a and 3b)	6	0			2,318,133.

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

Schedule F (Form 990) 2019

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	TO PROVIDE GRANTS, PROGRAM CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE	722,171.
Totals					722,171.

GLOBAL FUND FOR CHILDREN

56-1834887

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	OPPORTUNITY GRANT	292.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	OPPORTUNITY GRANT	322.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	EMERGENCY GRANT	900.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	EMERGENCY GRANT	900.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	ADVOCACY GRANT	985.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	OPPORTUNITY GRANT	1,144.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	OPPORTUNITY GRANT	1,144.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	OPPORTUNITY GRANT	1,144.	WIRE TRANSFER	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 129

3 Enter total number of other organizations or entities 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	OPPORTUNITY GRANT	1,152.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	OPPORTUNITY GRANT	1,152.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	OPPORTUNITY GRANT	1,234.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	OPPORTUNITY GRANT	1,240.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	OPPORTUNITY GRANT	1,310.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	OPPORTUNITY GRANT	1,352.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	1,400.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	1,500.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	OPPORTUNITY GRANT	1,500.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	OPPORTUNITY GRANT	1,506.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	OPPORTUNITY GRANT	1,518.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	OPPORTUNITY GRANT	1,588.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	OPPORTUNITY GRANT	1,625.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	ADVOCACY GRANT	1,630.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	OPPORTUNITY GRANT	1,800.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	EMERGENCY GRANT	1,915.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	EMERGENCY GRANT	1,940.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	ORGANIZATIONAL DEVELOPMENT AWARD	2,250.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	2,500.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	2,500.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	2,750.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	2,750.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	2,750.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	2,750.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	2,760.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	2,850.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	2,900.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	ORGANIZATIONAL DEVELOPMENT AWARD	3,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	ORGANIZATIONAL DEVELOPMENT AWARD	3,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BARBUDA, ARUBA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BARBUDA, ARUBA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BARBUDA, ARUBA,	ORGANIZATIONAL DEVELOPMENT AWARD	3,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BARBUDA, ARUBA,	EMERGENCY GRANT	3,500.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BARBUDA, ARUBA,	ORGANIZATIONAL DEVELOPMENT AWARD	3,500.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BARBUDA, ARUBA,	ORGANIZATIONAL DEVELOPMENT AWARD	3,500.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BARBUDA, ARUBA,	ORGANIZATIONAL DEVELOPMENT AWARD	3,600.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BARBUDA, ARUBA,	ORGANIZATIONAL DEVELOPMENT AWARD	4,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BARBUDA, ARUBA,	OPPORTUNITY GRANT	5,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT		5,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, ORGANIZATIONAL DEVELOPMENT AWARD		5,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, EMERGENCY GRANT		5,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, OPPORTUNITY GRANT		5,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, ORGANIZATIONAL DEVELOPMENT AWARD		5,500.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT		7,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT		8,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CONVENING GRANT		8,270.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT		9,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	9,000. WIRE TRANSFER	0. N/A	N/A			
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	11,000. WIRE TRANSFER	0. N/A	N/A			
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	12,000. WIRE TRANSFER	0. N/A	N/A			
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	12,000. WIRE TRANSFER	0. N/A	N/A			
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	12,000. WIRE TRANSFER	0. N/A	N/A			
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, GIRLS AWARD	15,000. WIRE TRANSFER	0. N/A	N/A			
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, GIRLS AWARD	15,000. WIRE TRANSFER	0. N/A	N/A			
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	16,000. WIRE TRANSFER	0. N/A	N/A			
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	16,000. WIRE TRANSFER	0. N/A	N/A			

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	PRIMARY GRANT	16,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	PRIMARY GRANT	16,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	PRIMARY GRANT	16,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	PRIMARY GRANT	16,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	PRIMARY GRANT	16,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	PRIMARY GRANT	16,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, PRIMARY GRANT	PRIMARY GRANT	18,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, EMERGENCY GRANT	EMERGENCY GRANT	25,000.	WIRE TRANSFER	0.		N/A
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, EMERGENCY GRANT	EMERGENCY GRANT	1,000.	WIRE TRANSFER	0.		N/A
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, EMERGENCY GRANT	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	AFFINITY GRANT	2,700.	WIRE TRANSFER	0.		N/A
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PRIMARY GRANT	9,000.	WIRE TRANSFER	0.		N/A
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PRIMARY GRANT	9,000.	WIRE TRANSFER	0.		N/A
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PRIMARY GRANT	10,000.	WIRE TRANSFER	0.		N/A
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	STEP UP AWARD	25,000.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	OPPORTUNITY GRANT	1,000.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	ORGANIZATIONAL DEVELOPMENT AWARD	1,518.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	OPPORTUNITY GRANT	2,500.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	OPPORTUNITY GRANT	5,500.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	EMERGENCY GRANT	6,000.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	EMERGENCY GRANT	6,000.	WIRE TRANSFER	0.		N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	EMERGENCY GRANT	6,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PRIMARY GRANT	28,000.	WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PRIMARY GRANT	28,000.	WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PRIMARY GRANT	30,000.	WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	390.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	460.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	ADVOCACY GRANT	582.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	700.	WIRE TRANSFER	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	800.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	900.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	1,090.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	ADVOCACY GRANT	1,200.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	1,213.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	1,238.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	1,300.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	1,500.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CONVENING GRANT	1,500.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	1,656.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	1,875.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY GRANT	1,950.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	2,013.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	2,250.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	2,300.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY GRANT	2,500.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY GRANT	2,500.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY GRANT	2,525.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY GRANT	2,525.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CONVENING GRANT	5,934.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	ORGANIZATIONAL DEVELOPMENT AWARD	6,000.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	ORGANIZATIONAL DEVELOPMENT AWARD	6,000.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PRIMARY GRANT	8,000.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OPPORTUNITY GRANT	10,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PRIMARY GRANT	12,000.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PRIMARY GRANT	16,000.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PRIMARY GRANT	17,000.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PRIMARY GRANT	17,500.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PRIMARY GRANT	18,000.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PRIMARY GRANT	20,000.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PRIMARY GRANT	22,000.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PRIMARY GRANT	28,000.	WIRE TRANSFER	0.		N/A
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PRIMARY GRANT	28,500.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	EMERGENCY GRANT	900.	WIRE TRANSFER	0.	N/A	N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	EMERGENCY GRANT	900.	WIRE TRANSFER	0.	N/A	N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	EMERGENCY GRANT	1,100.	WIRE TRANSFER	0.	N/A	N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	EMERGENCY GRANT	1,100.	WIRE TRANSFER	0.	N/A	N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	EMERGENCY GRANT	1,990.	WIRE TRANSFER	0.	N/A	N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.	N/A	N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.	N/A	N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.	N/A	N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	CONVENING GRANT	3,000.	WIRE TRANSFER	0.		N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	CONVENING GRANT	4,000.	WIRE TRANSFER	0.		N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	PRIMARY GRANT	9,000.	WIRE TRANSFER	0.		N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	PRIMARY GRANT	10,000.	WIRE TRANSFER	0.		N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	PRIMARY GRANT	10,000.	WIRE TRANSFER	0.		N/A
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	STEP UP AWARD	25,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EMERGENCY GRANT	1,500.	WIRE TRANSFER	0.		N/A
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	OPPORTUNITY GRANT	5,600.	WIRE TRANSFER	0.		N/A
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	STEP UP AWARD	25,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	900.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	900.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	1,100.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	1,100.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	1,105.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	1,430.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	1,430.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	1,430.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	1,430.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	1,430.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	1,430.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	3,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	4,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	OPPORTUNITY GRANT	5,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PRIMARY GRANT	7,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PRIMARY GRANT	8,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PRIMARY GRANT	8,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	EMERGENCY GRANT	11,393.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PRIMARY GRANT	15,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PRIMARY GRANT	18,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PRIMARY GRANT	18,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PRIMARY GRANT	18,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PRIMARY GRANT	18,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	COURAGE AWARD	20,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PRIMARY GRANT	21,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PRIMARY GRANT	23,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	STEP UP AWARD	25,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	STEP UP AWARD	25,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OPPORTUNITY GRANT	800.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OPPORTUNITY GRANT	1,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A

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1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,471.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,500.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,500.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OPPORTUNITY GRANT	2,500.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,821.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	2,822.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	3,500.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	3,500.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	3,500.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	4,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	4,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	4,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	4,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OPPORTUNITY GRANT	4,400.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OPPORTUNITY GRANT	4,500.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	4,500.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY GRANT	4,830.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	5,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	5,289.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	ORGANIZATIONAL DEVELOPMENT AWARD	6,080.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	7,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	10,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	14,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	14,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	14,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	16,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	17,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	18,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	18,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	18,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	18,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	18,720.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	19,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	20,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	20,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	20,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	COURAGE AWARD	20,000.	WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	20,679.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	25,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	STEP UP AWARD	25,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	25,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	26,000.	WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIMARY GRANT	26,000.	WIRE TRANSFER	0.		N/A

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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. See instructions.

PART I, LINE 2:

GLOBAL FUND FOR CHILDREN (GFC) 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 BIENNIAL BASIS, VISITING A SELECTION OF GRANTEES EACH TRIP. THE GRANTS MANAGER ENSURES GRANT COMPLIANCE AND COMPLIANCE WITH US TREASURY VOLUNTARY GUIDELINES FOR ORDER 13224.

PART I, LINE 3, COLUMN (E):**(A) REGION:**

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO PROVIDE GRANTS, PROGRAM

CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE CONSULTANT

PROVIDED GRANTMAKING SUPPORT AND CAPACITY BUILDING SERVICES TO GFC

GRASSROOTS GRANTEE PARTNERS IN THE REGION. OTHER EXPENSES INCLUDE TRAVEL,

KNOWLEDGE EXCHANGES AND CONVENINGS HELD IN THE REGION FOR THE GRASSROOTS

PARTNERS.

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO PROVIDE GRANTS, PROGRAM

CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE CONSULTANT

PROVIDED GRANTMAKING SUPPORT AND CAPACITY BUILDING SERVICES TO GFC

GRASSROOTS GRANTEE PARTNERS IN THE REGION. OTHER EXPENSES INCLUDE TRAVEL,

KNOWLEDGE EXCHANGES AND CONVENINGS HELD IN THE REGION FOR THE GRASSROOTS

PARTNERS.

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. See instructions.

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO PROVIDE GRANTS, PROGRAM

CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE CONSULTANT

PROVIDED GRANTMAKING SUPPORT AND CAPACITY BUILDING SERVICES TO GFC

GRASSROOTS GRANTEE PARTNERS IN THE REGION. OTHER EXPENSES INCLUDE TRAVEL,

KNOWLEDGE EXCHANGES AND CONVENINGS HELD IN THE REGION FOR THE GRASSROOTS

PARTNERS.

(A) REGION:

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO PROVIDE GRANTS, PROGRAM

CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE CONSULTANT

PROVIDED GRANTMAKING SUPPORT AND CAPACITY BUILDING SERVICES TO GFC

GRASSROOTS GRANTEE PARTNERS IN THE REGION. OTHER EXPENSES INCLUDE TRAVEL,

KNOWLEDGE EXCHANGES AND CONVENINGS HELD IN THE REGION FOR THE GRASSROOTS

PARTNERS.

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO PROVIDE GRANTS, PROGRAM

CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE CONSULTANT

PROVIDED GRANTMAKING SUPPORT AND CAPACITY BUILDING SERVICES TO GFC

GRASSROOTS GRANTEE PARTNERS IN THE REGION. OTHER EXPENSES INCLUDE TRAVEL,

KNOWLEDGE EXCHANGES AND CONVENINGS HELD IN THE REGION FOR THE GRASSROOTS

PARTNERS.

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. See instructions.

REGION: RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO PROVIDE GRANTS, PROGRAM

CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE CONSULTANT

PROVIDED GRANTMAKING SUPPORT AND CAPACITY BUILDING SERVICES TO GFC

GRASSROOTS GRANTEE PARTNERS IN THE REGION. OTHER EXPENSES INCLUDE TRAVEL,

KNOWLEDGE EXCHANGES AND CONVENINGS HELD IN THE REGION FOR THE GRASSROOTS

PARTNERS.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO PROVIDE GRANTS, PROGRAM

CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE CONSULTANT

PROVIDED GRANTMAKING SUPPORT AND CAPACITY BUILDING SERVICES TO GFC

GRASSROOTS GRANTEE PARTNERS IN THE REGION. OTHER EXPENSES INCLUDE TRAVEL,

KNOWLEDGE EXCHANGES AND CONVENINGS HELD IN THE REGION FOR THE GRASSROOTS

PARTNERS.

(A) REGION:

SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO PROVIDE GRANTS, PROGRAM

CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE CONSULTANT

PROVIDED GRANTMAKING SUPPORT AND CAPACITY BUILDING SERVICES TO GFC

GRASSROOTS GRANTEE PARTNERS IN THE REGION. OTHER EXPENSES INCLUDE TRAVEL,

KNOWLEDGE EXCHANGES AND CONVENINGS HELD IN THE REGION FOR THE GRASSROOTS

PARTNERS.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

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. See instructions.

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO PROVIDE GRANTS, PROGRAM CONSULTING SERVICES AND CAPACITY BUILDING SUPPORT. THE CONSULTANT PROVIDED GRANTMAKING SUPPORT AND CAPACITY BUILDING SERVICES TO GFC GRASSROOTS GRANTEE PARTNERS IN THE REGION. OTHER EXPENSES INCLUDE TRAVEL, KNOWLEDGE EXCHANGES AND CONVENINGS HELD IN THE REGION FOR THE GRASSROOTS PARTNERS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

GLOBAL FUND FOR CHILDREN

Part I General Information on Grants and Assistance

Employer identification number
56-1834887

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AL OTRO LADO PO BOX 32578 LOS ANGELES, CA 90032	47-2910078	501(C)(3)	27,371.	0.	N/A	N/A	PRIMARY GRANT AND OPPORTUNITY GRANT
THE NICARAGUAN EDUCATION RESOURCE CENTER (CREA) - 5824 CLOVER DRIVE - OAKLAND, CA 94618	47-4997229	501(C)(3)	20,713.	0.	N/A	N/A	PRIMARY GRANT
HOMIES UNIDOS 2105 BEVERLY BLVD, SUITE 219 LOS ANGELES, CA 90057	95-4740768	501(C)(3)	34,326.	0.	N/A	N/A	PRIMARY GRANT; OPPORTUNITY GRANT; PRIMARY GRANT
IMMIGRANT YOUTH COALITION 23532 CALABASAS ROAD, SUITE A CALABASAS, CA 91302	95-4116679	501(C)(3)	31,102.	0.	N/A	N/A	PRIMARY GRANT; EMERGENCY GRANT
LAUNIDAD11 457 RIVERSIDE DRIVE, SUITE 678 NEW YORK, NY 10115	13-4080201	501(C)(3)	11,960.	0.	N/A	N/A	PRIMARY GRANT; OPPORTUNITY GRANT
MALAIKA 244 FIFTH AVE, SUITE N225 NEW YORK, NY 10001	26-0670177	501(C)(3)	25,000.	0.	N/A	N/A	PRIMARY GRANT; SUSTAINABILITY AWARD

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **9.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAHIRIH JUSTICE CENTER 1717 ST. JAMES PLACE, SUITE 450 HOUSTON, TX 77056	54-1858176	501(C)(3)	26,431.	0.	N/A	N/A	PRIMARY GRANT; ORG DEVELOPMENT GRANT; OPPORTUNITY GRANT
WOMEN'S JUSTICE INITIATIVE PO BOX 21540 NEW YORK, NY 10087	30-0681223	501(C)(3)	19,894.	0.	N/A	N/A	PRIMARY GRANT

Part III

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

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

Part IV

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

PART I, LINE 2:

GLOBAL FUND FOR CHILDREN'S MONITORING PROCEDURES FOR U.S. GRANTEES INVOLVE SITE VISITS BY THE PROGRAM OFFICER ASSIGNED TO U.S. GRANTMAKING. WE ALSO COLLECT A MIDTERM AND A FINAL REPORT FROM THE GRANTEES, WHICH INCLUDE ORGANIZATIONAL METRICS, NARRATIVE DESCRIPTIONS OF HOW THE MONEY WAS SPENT, AND FINANCIAL REPORTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **GLOBAL FUND FOR CHILDREN**
 Employer identification number: **56-1834887**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

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 on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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 on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN HECKLINGER CEO/PRESIDENT	(i) 203,609.	(ii) 0.	(iii) 18,000.	9,000.	13,100.	243,709.	0.
	(ii) 0.			0.	0.	0.	0.
(2) COREY OSER VP PROGRAMS	(i) 148,064.	(ii) 0.	(iii) 7,925.	6,240.	11,308.	173,537.	0.
	(ii) 0.			0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

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

PART I, LINE 4A:

EMPLOYEE WITH NON-DISCLOSURE AGREEMENT RECEIVED \$21,667 IN SEVERANCE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **GLOBAL FUND FOR CHILDREN** Employer identification number: **56-1834887**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	63,807.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

GLOBAL FUND FOR CHILDREN

Employer identification number

56-1834887

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE (PER THE BYLAWS) OR THE BOARD MAY DELEGATE TO A
COMMITTEE OF THREE OR MORE DIRECTORS THE POWERS AND AUTHORITIES OF THE
BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION, TO
THE EXTENT PERMITTED, AND EXCEPT AS MAY OTHERWISE BE PROVIDED, BY
PROVISIONS OF LAW. THE COMMITTEE SHALL KEEP FULL AND FAIR RECORDS AND
ACCOUNTS OF ITS PROCEEDINGS AND TRANSACTIONS. THE MINUTES OF THE EXECUTIVE
COMMITTEE SHALL BE DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS.

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

FINAL DRAFT FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW
BEFORE IT IS FILED WITH THE IRS.

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

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 CHIEF EXECUTIVE
OFFICER (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. BOARD MEMBER AND STAFF HAVE TO SIGN THE CONFLICT OF INTEREST
DOCUMENT DECLARING ANY CONFLICT THAT MAY EXIST. IN INSTANCES THAT A
CONFLICT OF INTEREST IS DETERMINED, THE BOARD MEMBER WOULD HAVE TO ABSTAIN
THEMSELVES FROM THE DECISION MAKING AND APPROVAL PROCESS. ANY SUCH
INSTANCES AND DECISIONS ARE REPORTED DURING THE BOARD MEETING AND ARE NOTED

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization GLOBAL FUND FOR CHILDREN	Employer identification number 56-1834887
--	--

IN THE BOARD MINUTES.

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

THE GLOBAL FUND FOR CHILDREN HAS A SUBSET TO THE BOARD THAT REVIEWS THE SALARY OF THE CHIEF EXECUTIVE OFFICER 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. ALL EMPLOYEES ARE SUBJECT TO PERFORMANCE REVIEW PROCESS AT THE END OF EACH FISCAL YEAR. EMPLOYEES COMPLETE THEIR SELFEVALUATIONS WHICH ARE REVIEWED AT THE MANAGER LEVEL AND SENT TO HR AND CEO FOR REVIEW AND APPROVAL. ANY PERFORMANCE BASED OR MARKETBASED SALARY ADJUSTMENTS ARE ASSESSED BY THE LEADERSHIP TEAM AND APPROVED BY THE CEO BASED ON THE EXISTING GFC SALARY BANDS. ANY CHANGES TO THE COMPENSATION IS FILED IN EMPLOYEE PERSONAL FILES. THE SELF ASSESSMENT FOR THE CEO IS REVIEWED BY THE BOARD CHAIR AND COCHAIR. THE MOST RECENT YEAR IN WHICH THE PROCESS INCLUDED A REVIEW WAS FISCAL YEAR ENDING, JUNE 30, 2020

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT
VA, WI, WV

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

FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

GLOBAL FUND FOR CHILDREN

Employer identification number
56-1834887

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE GLOBAL FUND FOR CHILDREN UK TRUST 86-90 PAUL STREET EC2A 4NE, LONDON, UNITED KINGDOM	TO IMPROVE THE LIVES OF VULNERABLE CHILDREN AND YOUTH IN OUR WORLD	UNITED KINGDOM			GLOBAL FUND FOR CHILDREN		X
THE GLOBAL FUND FOR CHILDREN HK LIMITED 3 FLOOR ROOM 301, SUN HUNG KAI CENTRE 30 HARBOUR ROAD, WANCHAI, HONG KONG, CHINA	TO ADVANCE EDUCATION FOR CHILDREN AND YOUNG PEOPLE IN HONG KONG	CHINA			GLOBAL FUND FOR CHILDREN		X

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

Schedule R (Form 990) 2019

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

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) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. GLOBAL FUND FOR CHILDREN	Taxpayer identification number (TIN) 56-1834887
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1411 K STREET, NO. 1200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RICHA CHOPRA

- The books are in the care of ▶ **1411 K STREET, SUITE 1200 - WASHINGTON, DC 20005**
Telephone No. ▶ **202-331-9003** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.