

| | | | **PUBLIC DISCLOSURE COPY** | | |
|---------------|----------------------|---------------------------------|--|--|----------------------------------|
| | Ω | | Return of Organization Exempt From | Income Tax | OMB No. 1545-0047 |
| Fo | rm 🚽 | 90 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (| | 2020 |
| | | | Do not enter social security numbers on this form as it may | ay be made public. | Open to Public |
| Dep Inte | artment rnal Rev | of the Treasury enue Service | Go to www.irs.gov/Form990 for instructions and the lat | est information. | Inspection |
| Α | For th | e 2020 calend | ar year, or tax year beginning $ { m JUL}1$, 2020 and ending | <u>JUN 30, 2021</u> | |
| | Check if applicat | C Name of | organization | D Employer identificat | ion number |
| _ | Addr | | | | |
| Ļ | chan | ge GLOB | AL FUND FOR CHILDREN | | |
| Ļ | chan | ge Doing bu | usiness as | 56-1834887 | / |
| Ļ | returi Final | n Number | , | uite E Telephone number | |
| | returi termi | | K STREET 1200 | (202)331-9 | |
| | ated Amer | | own, state or province, country, and ZIP or foreign postal code INGTON , DC 20005 | G Gross receipts \$ | 7,494,430. |
| | returi Appli | n WASH | INGTON, DC 20005 nd address of principal officer: JOHN HECKLINGER | H(a) Is this a group return | |
| | tion pend | | AS C ABOVE | for subordinates? | |
| - | Tax a | kempt status: | | H(b) Are all subordinates includ | |
| | | | X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or GLOBALFUNDFORCHILDREN.ORG | 527 If "No," attach a list H(c) Group exemption n | |
| | | of organization: | | rear of formation: 1993 M S | |
| | art I | | | | |
| | 1 | | e the organization's mission or most significant activities: TO ADVAN | CE THE RIGHTS A | ND |
| g | | | NITIES OF CHILDREN AND YOUTH WORLDWIDE | | |
| uen uen | 2 | | x if the organization discontinued its operations or disposed of m | | 3. |
| Governance | 3 | | | 3 | 13 |
| e e | 8 4 | | ependent voting members of the governing body (Part VI, line 1b) | | 13 |
| a v | 5 5 | | of individuals employed in calendar year 2020 (Part V, line 2a) | | 25 |
| ditio | 6 | | of volunteers (estimate if necessary) | | 0 |
| Activitias & | 7 a | | d business revenue from Part VIII, column (C), line 12 | | 0. |
| _ | b | | business taxable income from Form 990-T, Part I, line 11 | | 0. |
| | | | | Prior Year | Current Year |
| ٩ | 8 | Contributions | and grants (Part VIII, line 1h) | 2,952,092. | 6,116,731. |
| Revenue | 9 | Program servi | ce revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 | Investment inc | come (Part VIII, column (A), lines 3, 4, and 7d) | 169,122. | 337,062. |
| ц | 11 | Other revenue | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 67,454. | 26,056. |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,188,668. | 6,479,849. |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | 2,041,446. | 1,971,249. |
| | 14 | | to or for members (Part IX, column (A), line 4) | 0. | 0. |
| ġ | 15 | Salaries, other | compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) \blacktriangleright 500, 444. | 2,147,817. | 2,245,865. |
| and a | 2 16a | Professional fu | undraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| Evnancae | | lotal fundraisi | | 1,520,538. | 1,248,076. |
| - | 1 1 | • | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 5,709,801. | 5,465,190. |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | -2,521,133. | 1,014,659. |
| _ | <u>19</u> | Revenue less | expenses. Subtract line 18 from line 12 | Beginning of Current Year | |
| Net Assets or | 20 | Total assets (F | Part X line 16) | 8,450,186. | <u>End of Year</u> 9,730,095. |
| Asse | 20 1 21 | | /art X, line 16) (Part X, line 26) | 957,726. | 1,026,379. |
| Net / | 22 | | fund balances. Subtract line 21 from line 20 | 7,492,460. | 8,703,716. |
| | art II | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5,,00,,100 |
| | | | I declare that I have examined this return, including accompanying schedules and stat | tements, and to the best of mv kn | owledge and belief. it is |
| | | | Declaration of preparer (other than officer) is based on all information of which prepa | | |
| | , - 50 | | | 05/25/2022 | |

| | | 05/25/2022 | | | | | |
|---|---|---------------------------------|--|--|--|--|--|
| Sign | Signature of officer | Date | | | | | |
| Here | JOHN HECKLINGER, PRESIDENT & CHIEF EXECUTIVE | OFFICER | | | | | |
| | Type or print name and title | | | | | | |
| | Print/Type preparer's name Preparer's signature D | ate Check PTIN | | | | | |
| Paid | MICHAELA J. CROMAR, CPA MICHAELA J. CROMAR, 0 | 5/25/22 self-employed P00895728 | | | | | |
| Preparer | Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 | | | | | | |
| Use Only | Use Only Firm's address 901 N. GLEBE ROAD, SUITE 200 | | | | | | |
| ARLINGTON, VA 22203 Phone no. 571-227-9500 | | | | | | | |
| May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | |
| 032001 12-2 | 032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020) | | | | | | |

| | | age 2 |
|--------|--|--------------|
| Par | t 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? | No |
| | If "Yes," describe these new services on Schedule O. | _ |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 4,097,469. including grants of \$ 1,971,249.) (Revenue \$) |) |
| | GRANTMAKING: | |
| | THE GLOBAL FUND FOR CHILDREN (GFC) IDENTIFIES AND INVESTS IN COURAGEOU | S |
| | GRASSROOTS ORGANIZATIONS THAT ADVANCE CHILDREN'S RIGHTS AROUND THE | |
| | WORLD RUN BY DEDICATED LOCAL LEADERS. THESE GRASSROOTS PARTNERS EMPOWE | R |
| | 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 THI | S |
| | WORK ACROSS FOUR CORE FOCUS AREAS: EDUCATION; GENDER EQUITY; YOUTH | |
| | EMPOWERMENT; AND FREEDOM FROM VIOLENCE AND EXPLOITATION. | |
| | | |
| | | |
| | | |
| 4b | |) |
| | 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 \$ |) |
| | | / |
| | | |
| | | |
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| | | |
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| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 4,423,856. | (0.5.5.) |
| | Form 990 | (2020) |
| 032002 | 12-23-20 3 | |

| Form | aan | (2020) | |
|------|-----|--------|--|
| гош | 990 | (2020) | |

| | | | Yes | No |
|--------|--|------|----------|-------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 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? If "Yes," complete Schedule C, Part III | 5 | | _X_ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 37 |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | 77 |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | - | | v |
| - | Schedule D, Part III | 8 | | <u> </u> |
| 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? | • | | v |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | х | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | ~ | |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 11- | х | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11a | <u>_</u> | |
| b | | 11b | | х |
| ~ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | - 23 |
| C | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| Ь | 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 | 110 | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D. Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | _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? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, " | | | |
| | complete Schedule G, Part III | 19 | | <u> </u> |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | 77 | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X | (000 ⁻ |
| 032003 | 12-23-20 | ⊦orm | 330 | (2020) |

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032003 12-23-20

2020.05095 GLOBAL FUND FOR CHILDREN 064-0382

| Form | 000 | (2020) |
|------|-----|--------|
| FOUL | 990 | (2020) |

| | checkiet of hequiled constance (continued) | | V | Nic |
|--------|---|----------|-----|-----------|
| 00 | Did the experimentian report more than \$5,000 of grants or other exciptions to ar far demostic individuals on | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 00 | | х |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | л |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | х | |
| ~ ~ | Schedule J | 23 | ~ | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | v |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 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? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 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? If "Yes," complete Schedule L, Part II | 26 | | 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? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 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? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | <u> </u> | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | \square |
| | . , , | <u></u> | 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 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1 | | |
| - | (gambling) winnings to prize winners? | 1c | | |
| 032004 | 12-23-20 | | 990 | (2020) |
| | 5 | | | . , |

12590525 131839 064-03813500

2020.05095 GLOBAL FUND FOR CHILDREN 064-0382

| Form | 990 (2020) GLOBAL FUND FOR CHILDREN 56-1834 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 887 | Р | _{age} 5 |
|---------|--|-----|------|------------------|
| T ai | Statements Regarding Other Ins Things and Tax Compliance (continued) | | V | |
| 0- | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a | | | |
| h | , , , , , | 2b | Х | |
| a | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 20 | - 11 | |
| 20 | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | x |
| | | 3b | | |
| | It "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O | 00 | | |
| ти | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | х | |
| b | If "Yes," enter the name of the foreign country HONG KONG | 1u | | |
| - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | x |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| - | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | - | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | <u> </u> |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| ь 11 | Section 501(c)(12) organizations. Enter: | | | |
| '' a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| ~ | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| с | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |

| Form | 990 | (2020) |
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032005 12-23-20

| Form | 990 | (2020) |
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GLOBAL FUND FOR CHILDREN

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

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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. X

| a Enter the number of voting members of the governing body if the governing body of the governing body? 2 3 Did the organization near substantiation reserved to (or subject to approval by) members, stockholders, or governing body? 3 4 Did the organization near governing body? 6 5 Did the organization near governing body? 7 a Did the organization near governing body? 7 b Each committee with authority to at on behalf of the governing body? 8 9 Did the organization near governing body? 8 9 Did the organization near governing body? 8 9 Did the organization near governing body? 8 9 Did the organization near governing body? 8 9 Did the organization near governing body? 8 9 Did the organization near governing body? 8 9 Did the organization near governing body? 8 9 Di | | | | | | Yes | No |
|---|------|--|------------|---------------------|----------|--------------|----------|
| by delegated bread authority to an excurve committee or similar committee, orgalia on Schedule 0. 10 b Enter the number of voting members included on line 1a, above, who are independent. 10 c) Did any officiar, director, trustee, or key employee? 2 c) Did any officiar, director, trustee, or key employees to a management dules customarily performed by or under the direct supervision. 3 d) Did the organization nake are significant charges to its governing documents isote the prior Form 990 was filed? 3 d) Did the organization have members or stockholders? 6 D) Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 D A era org overnance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 D A the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8 8 b Each committee with authority to act on behalf of the governing body? 8 c) B there any ordisch, director trustee, or key employee listed in Part VII, Section A, who cannot be enached at the organization maning address? // Yea, "novide the anames and addresses on Schedule O 9 dection B. Policies? (Tho any address? // Yea, "novide the anames and addresses on Sche | al | Enter the number of voting members of the governing body at the end of the tax year | 1 a | | _ 3 | | |
| b Enter the number of volting members included on line 1a, above, who are independent13 2 Did any officer, furstee, or key employee have a tamily relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management durier company or other person? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization to other persons during the year by the following: a The governing body? 5 Did the organization thave methods and diversion of Actives and Actives of such chaptes, affiliates, a The governing body? 5 Did the organization have local chapters, branches, or affiliates? 5 Did the organization have local chapters, branches, or affiliates? 5 Did the organization have local chapters, branches, or affiliates? 5 Did the organization have written policies and procedures governing the activities of such chaptes, affiliates, and branches the subscholder of timeset policy? If 'No,' go to line 13 5 Did the organization have a written conflict of interest policy? If 'No,' go to line 13 5 Did the organization have a written conflict of interest policy? If 'No,' go to line 13 5 Did the organization have a written document referit | I | f there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a significant diversion of the organization have members or stockholders? 2 3 Did the organization have members or stockholders? 6 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 6 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 9 Lar any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or grant persons other than the governing body? 8 9 Each committee with authority to act on behalf of the governing body? 8 9 Is there any officer, director, trustee, or key employees listed in Parket VII, Section A, who cannot be reached at the organization have written policy of this Form 900 to all members of tis governing body before filing the form? 10 Did | ł | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | |
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| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate |
|----------|--|
| | 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. Т

| | | l | mzu | | | ipen | Jour | | | (E) |
|-------------------------------|-----------------------------|--------------------------------|--|---------|--------------|---------------------------------|--------|-----------------|-----------------|-----------------------------|
| (A) | (B) (C) Average Position | | | | | | | (D) | (E) | (F) |
| Name and title | Average | (do not check more than one | | | | | | Reportable | Reportable | Estimated |
| | hours per | | box, unless person is b officer and a director/tr | | | | | compensation | compensation | amount of |
| | week | | | | | | , | from | from related | other |
| | (list any | irecto | | | | | | the | organizations | compensation |
| | hours for related | e or d | ee | | | sated | | organization | (W-2/1099-MISC) | from the |
| | organizations | ustee | trust | | ee | ipens | | (W-2/1099-MISC) | | organization and related |
| | below | ual tr | ional | | ploy | t con | | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) JOHN HECKLINGER | 40.00 | | | 0 | × | 1 0 | ш. | | | |
| CEO/PRESIDENT | | 1 | | х | | | | 220,876. | 0. | 31,672. |
| (2) COREY OSER | 40.00 | | | | | | | | | |
| VP PROGRAMS | | | | х | | | | 161,059. | Ο. | 17,438. |
| (3) RICHA CHOPRA MISTRY | 40.00 | | | | | | | | | |
| VP FINANCE | | | | Х | | | | 107,173. | 0. | 11,953. |
| (4) SHWETA SIRAJ MEHTA | 5.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (5) EDWARD NUSBAUM | 1.00 | | | | | | | | | |
| TREASURER UNTIL NOVEMBER 2020 | | Х | | Х | | | | 0. | 0. | 0. |
| (6) GREG WALLIG | 1.00 | | | | | | | | | |
| TREASURER | 1 | Х | | Х | | | | 0. | 0. | 0. |
| (7) CHRIS WOLZ | 1.00 | | | | | | | | | |
| SECRETARY | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (8) GUNJAN JAIN | 1.00 | | | | | | | | • | |
| DIRECTOR UNTIL APRIL 2021 | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (9) JENNIFER ALTABEF | 1.00 | | | | | | | | 0 | 0 |
| DIRECTOR | 1 0 0 | Х | | | | | | 0. | 0. | 0. |
| (10) KEVIN CAVANAUGH | 1.00 | 37 | | | | | | | 0 | 0 |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (11) METE COBAN DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0 |
| (12) MICHAEL DAFFEY | 1.00 | ^ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (13) SWATEE DEEPAK | 1.00 | | | | | | | | | U • |
| DIRECTOR | 1000 | x | | | | | | 0. | 0. | 0. |
| (14) NICOLE A. KAMALESON | 1.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (15) STACEY H. MITCHELL | 1.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | Ο. | 0. |
| (16) LILA RYMER | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (17) MARIA VALLEJO-NGUYEN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| 032007 12-23-20 | | | | | | | | | | Form 990 (2020) |

12590525 131839 064-03813500

2020.05095 GLOBAL FUND FOR CHILDREN 064 - 0382

| | 990 (2020) GLOBAL FU | JND FOR | CH | IIL | DR | EN | Γ | | | 56-18 | 334 | 887 | Pa | age 8 |
|----------|--|--|--------------------------|----------------------------|---------|-----------------------------------|---------------------------------|------------|---|--|--------------|-----------------|--|-----------------|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Emp | ploy | ees, | | | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average hours per week (list any hours for related | tee or director of the x | not c , unle: cer ar | ss per | ition more rson i irecto | than c s both r/trust | an tee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensatio from related organizations (W-2/1099-MIS | in I S | an com fr | (F) itimate nount other pensa om the anizati | of tion e |
| | | organizations below line) | In dividual trus | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | | d relati anizatio | |
| | MARIJANA SAVIC | 0.00 | | | | | | | | | | | | • |
| | | | | | | | | | 0. | | 0. | | | 0. |
| | | | | | | | | | | | | | | |
| | Subtotal | | | | | | | | 489,108. | | 0. | 6 | 1,00 | |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | I, Section A | | | | | | | 0. 489,108. | | 0. | 6 | 1,00 | 0. 53. |
| 2 | Total number of individuals (including but n | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | ; | | | 3 |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s | | | | • | | | Ŭ | • • | | | 3 | | x |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | v | |
| 5 | and related organizations greater than \$150 Did any person listed on line 1a receive or a | , | | | | | | | | | | 4 | X | |
| <u> </u> | rendered to the organization? If "Yes." com | | | | | | | | | | | 5 | | Х |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | ensat | ion fro | om | |
| | (A) | | | | | | | | (B) | | | (0 | | |
| | Name and business | address | NC | ONE | 3 | | | | Description of s | ervices | C | ompe | nsatio | 1 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ii | ncludina but n | ot lin | niter | tot | thos | e lis | ted | above) who received mo | ore than | | | | |
| _ | \$100,000 of compensation from the organi | • | | | | 0 |) | | , | | | | | |
| | | | | | | | | | | | | Form | 990 (ź | 2020) |

032008 12-23-20

| | | (2020) GLOBAL FUND FC | OR CHILDR | EN | | 56-1834 | 887 Page 9 |
|--|--------|--|--------------------|-----------------------------|--|---------|--|
| Pa | rt VI | II Statement of Revenue | | | | | |
| | | Check if Schedule O contains a response of | r note to any line | in this Part VIII | | | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | | (D) Revenue excluded from tax under sections 512 - 514 |
| ts S | 1 a | a Federated campaigns 1a | | | | | |
| ran Dun | k | | | | | | |
| ¶ B G | c | Fundraising events 1c | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | C | d Related organizations 1d | 525,451. | | | | |
| is, (| e | e Government grants (contributions) 1e | 315,750. | | | | |
| er S | f | All other contributions, gifts, grants, and | | | | | |
| jthe | | similar amounts not included above 1f | 5,275,530. | | | | |
| onti od C | ç | g Noncash contributions included in lines 1a-1f | 27,864. | C 11C 701 | | | |
| οō | ł | n Total. Add lines 1a-1f | | 6,116,731. | | | |
| | - | | Business Code | | | | |
| rice | 2 8 | | | | | | |
| ier, | k | | | | | | |
| Program Service Revenue | ((| | | | | | |
| Be | e | | | | | | |
| Pro | | All other program service revenue | | | | | |
| | ç | g Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including dividends, interes | | | | | |
| | | other similar amounts) | ▶∟ | 130,745. | | | 130,745. |
| | 4 | Income from investment of tax-exempt bond pro | | | | | |
| | 5 | Royalties | > | 21,875. | | | 21,875 |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | a Gross rents 6a | | | | | |
| | k | | | | | | |
| | C | | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7 8 | a Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a 1,220,898. b Less: cost or other basis | | | | | |
| e | L | and sales expenses 7b 1,014,581. | | | | | |
| evenue | | Gain or (loss) | | | | | |
| Rev | | J Net gain or (loss) | | 206,317. | | | 206,317. |
| er | | a Gross income from fundraising events (not | | | | | |
| Other | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 8a | | | | | |
| | k | b Less: direct expenses 8b | | | | | |
| | | Net income or (loss) from fundraising events | ····· ► | | | | |
| | 9 a | a Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a | | | | | |
| | | D Less: direct expenses 9b Not income or (loce) from coming optimities | | | | | |
| | | Net income or (loss) from gaming activities | ····· P | | | | |
| | 10 8 | a Gross sales of inventory, less returns and allowances | | | | | |
| | ł | D Less: cost of goods sold 10b | | | | | |
| | | Net income or (loss) from sales of inventory | | | | | |
| | | | Business Code | | | | |
| sno | 11 a | SERVICE REVENUE | 900099 | 4,181. | | 0. | 4,181. |
| Miscellaneous Revenue | k | | | | | | |
| sells | c | ; [| | | | | |
| Alisc | c | d All other revenue | | | | | |
| 2 | | e Total. Add lines 11a-11d | ► | 4,181. | | | |
| | 12 | Total revenue. See instructions | | 6,479,849. | 0. | 0. | 363,118. |
| 032009 | 9 12-2 | 3-20 | | | | | Form 990 (2020 |

GLOBAL FUND FOR CHILDREN

10

Page **9**

56-1834887

Form 990 (2020)

GLOBAL FUND FOR CHILDREN 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).

| Secu | ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | | | ipiele column (A). | |
|------|---|----------------------------|---|---------------------------------|---------------------------------|
| Dou | not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 100,900. | 100,900. | | |
| 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 | 1,870,349. | 1,870,349. | | |
| 4 | Benefits paid to or for members | , , | , , | | |
| 5 | Compensation of current officers, directors, | | | | |
| Ŭ | trustees, and key employees | 569,890. | 368,572. | 111,662. | 89,656. |
| 6 | Compensation not included above to disqualified | | | | |
| Ŭ | persons (as defined under section 4958(f)(1)) and | | | | |
| | f = f = | | | | |
| 7 | | 1,372,860. | 1,057,144. | 109,947. | 205,769. |
| 7 | Other salaries and wages | 1,512,000. | <u></u> | 10,947. | 203,103. |
| 8 | Pension plan accruals and contributions (include | 11 262 | 32 202 | 2 886 | 6 175 |
| ~ | section 401(k) and 403(b) employer contributions) | <u>41,363.</u> 113,225. | 32,302. 87,247. | 2,886. 9,463. | <u>6,175.</u> <u>16,515.</u> |
| 9 | Other employee benefits | 148,527. | 109,431. | 16,568. | 22,528. |
| 10 | Payroll taxes | 140,34/• | 109,431. | T0,000. | 44,340. |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | | | | |
| b | 8 | 41 050 | | 41 050 | |
| С | Accounting | 41,056. | | 41,056. | |
| d | , | | | | |
| е | ° / F | 10.004 | | 10.004 | |
| f | Investment management fees | 19,364. | | 19,364. | |
| g | | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 472,334. | 381,782. | 51,120. | 39,432. |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 62,784. | 15,598. | 40,393. | 6,793. |
| 14 | Information technology | 175,177. | 88,158. | 54,467. | 32,552. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 252,914. | 170,343. | 40,223. | 42,348. |
| 17 | Travel | 38,852. | 38,058. | 754. | 40. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 15,176. | 13,878. | 1,204. | 94. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 37,365. | 26,499. | 4,043. | 6,823. |
| 23 | Insurance | 21,765. | | 21,765. | |
| 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.) | | | | |
| а | KNOWLEDGE EXCHANGES | 49,612. | 49,612. | | |
| b | STATE REGISTRATION FEES | 10,839. | 0. | 0. | 10,839. |
| с | STAFF/INTERN DEVELOPMEN | 9,044. | 1,907. | 6,554. | 583. |
| d | | - | - | | |
| | All other expenses | 41,794. | 12,076. | 9,421. | 20,297. |
| 25 | Total functional expenses. Add lines 1 through 24e | 5,465,190. | 4,423,856. | 540,890. | 20,297. 500,444. |
| 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 Fight following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | Earm 990 (2020) |

032010 12-23-20

2020.05095 GLOBAL FUND FOR CHILDREN

11

064 - 0382

12590525 131839 064-03813500

31

32

33

7,492,460.

8,450,186.

31

32

33

8,703,716.

9,730,095.

Form 990 (2020)

GLOBAL FUND FOR CHILDREN

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

3,386,682. 2,785,107. 1 1 Cash - non-interest-bearing 3,375. 103,444. 2 Savings and temporary cash investments 2 3,876,633. 2,532,276. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 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 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 69,922. 102,771. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other _____<u>10</u>a 351,945. basis. Complete Part VI of Schedule D 143,201. 241,233. 208,744. b Less: accumulated depreciation 10b 10c 2,614,164. 2,154,049. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 62,649. 39,232. 15 15 Other assets. See Part IV, line 11 8,450,186. 9,730,095. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 174,887. 215,787. Accounts payable and accrued expenses 17 17 208,500. 18 355,629. 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 308,710. 150,238. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 265,629. 304,725. 25 of Schedule D 957,726. 1,026,379. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here \blacktriangleright \overline{X} Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,127,600. 1,817,700. 27 27 Net assets without donor restrictions 5,674,760. Net assets with donor restrictions 6,576,116. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

(B) End of year

(A) Beginning of year

| Form 990 (| 2020 |) | | (|
|------------|------|------|-------|---|
| Part X | Ba | ance | Sheet | |

| Form | 990 (2020) GLOBAL FUND FOR CHILDREN | 56- | 1834887 | Pag | _{ge} 12 |
|------|---|---------|---------|---------------|------------------|
| Pa | rt 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 | 6,479 |),84 | 49. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,465 | 5,1 | 90. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,014 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 7,492 | 2,4 | 60. |
| 5 | Net unrealized gains (losses) on investments | 5 | 196 | 5,5 | <u>97.</u> |
| 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 | 8,703 | 3 , 7: | 16. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Ш |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Э. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | <u> </u> |
| | 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: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Χ | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Aud | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 000 | L |

Form **990** (2020)

032012 12-23-20

| SCH | IEDL | JLE A |
|-----|------|-------|
|-----|------|-------|

Department of the Treasury Internal Revenue Service

| (Form | 990 | or | 990- | EZ) |
|-------|-----|----|------|-----|
|-------|-----|----|------|-----|

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2020 |
| Open to Public Inspection |

| Nan | ne of t | the organization | | | | | | | identification number |
|------|-----------|----------------------------------|---------------------------------|--|--------------------|-----------------------------------|------------------|-------------|----------------------------|
| | | | AL FUND FO | | | | | | 6-1834887 |
| Ра | rt I | Reason for Public (| Charity Status. | (All organizations must c | complete th | nis part.) S | ee instructions | | |
| The | organ | ization is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only | one box.) | | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | l in sectio | on 170(b)(1 | I)(A)(i). | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in so | ection 170 |)(b)(1)(A)(ii | ii). | | |
| 4 | | A medical research organiz | ation operated in cor | njunction with a hospital | described | l in sectio | n 170(b)(1)(A) | iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | llege or university owned | d or operat | ed by a go | overnmental un | it describe | ed in |
| | | section 170(b)(1)(A)(iv). (C | | ° | • | , , | | | |
| 6 | | A federal, state, or local gov | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| | X | An organization that norma | • | | | | . , | e deneral r | ublic described in |
| • | | section 170(b)(1)(A)(vi). (C | | | ionn a gove | Similar | | general | |
| 8 | | A community trust describe | | | + 11) | | | | |
| 9 | H | An agricultural research org | | | | od in coniu | unction with a l | and grant | collogo |
| 5 | | or university or a non-land- | • | | | | | - | - |
| | | , , | grant college of agrici | | | name, city | , and state of t | ne college | |
| 10 | | university: | lly reacives (1) more | than 22 1/20/ of its sum | art from a | ontribution | a mambarabi | | d areas ressints from |
| 10 | | An organization that norma | | | | | | | |
| | | activities related to its exem | | - | | | | | - |
| | | income and unrelated busin | | (less section 511 tax) fro | om busines | sses acqui | red by the orga | anization a | inter June 30, 1975. |
| | | See section 509(a)(2). (Con | | | (| | 20(-)(4) | | |
| 11 | \square | An organization organized a | - | • | • | | | | |
| 12 | | An organization organized a | | • | - | | | • | |
| | | more publicly supported or | | | | | | | neck the box in |
| | _ | lines 12a through 12d that | • • | | | - | | - | |
| а | | Type I. A supporting orga | | - | • | - | | | |
| | | the supported organization | | | i majority c | of the direc | tors or trustee | s of the su | ipporting |
| | | organization. You must o | - | | | | | | |
| b | | Type II. A supporting org | - | | | | • | | - |
| | | control or management o | of the supporting orga | anization vested in the s | ame perso | ns that co | ntrol or manag | e the supp | ported |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connect | tion with, a | and functionally | / integrate | d with, |
| | | its supported organization | n(s) (see instructions) |). You must complete I | Part IV, Se | ections A, | D, and E. | | |
| d | | Type III non-functionally | <pre>/ integrated. A supp</pre> | porting organization oper | rated in co | nnection v | vith its support | ed organiz | ation(s) |
| | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | quirement and | an attentiv | veness |
| | | requirement (see instructi | ions). You must con | nplete Part IV, Sections | s A and D, | and Part | V . | | |
| е | | Check this box if the orga | anization received a v | written determination fro | m the IRS | that it is a | Type I, Type II | , Type III | |
| | | functionally integrated, or | r Type III non-functior | nally integrated supporti | ng organiz | ation. | | | |
| f | Ente | er the number of supported o | organizations | | | | | | |
| g | | vide the following information | | | | | | | |
| | (| i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | anization listed ing document? | (v) Amount of | - | (vi) Amount of other |
| | | organization | | above (see instructions)) | Yes | No | support (see ins | structions) | support (see instructions) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 GLOBAL FUND FOR CHILDREN

Part II

56-1834887 Page 2

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.)

| Sec | ction A. Public Support | | | | | | | |
|-------------|--|-----------------------|-----------------------|------------------------|--------------------|--------------------|-----------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 7840992. | 8261719. | 5575746. | 2952092. | 6116730. | 30747279. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 7840992. | 8261719. | 5575746. | 2952092. | 6116730. | 30747279. | |
| 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) | | | | | | 8148860. | |
| | Public support. Subtract line 5 from line 4. | | | | | | 22598419. | |
| Sec | ction B. Total Support | | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | |
| 7 | Amounts from line 4 | 7840992. | 8261719. | 5575746. | 2952092. | 6116730. | 30747279. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources \dots | 91,767. | 97,201. | 192,560. | 147,449. | 152,620. | 681,597. | |
| 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. | 4,181. | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 31475151. | |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, f | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) | | |
| _ | organization, check this box and stor | | | | | | | |
| | ction C. Computation of Publi | | | | | <u>г г</u> | | |
| | Public support percentage for 2020 (I | | | | | 14 | 71.80 % | |
| | Public support percentage from 2019 | | | | | 15 | 68.49 % | |
| 16 a | 33 1/3% support test - 2020. If the o | | | | 14 is 33 1/3% or m | ore, check this bo | | |
| | stop here. The organization qualifies | | • | | | | | |
| b | 33 1/3% support test - 2019. If the c | | | | | | | |
| | and stop here. The organization qual | | | | | | | |
| 17a | 17a 10% -facts-and-circumstances test - 2020. 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 | | | | | | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or | |
| | more, and if the organization meets th | | | | | | . — | |
| | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | |
| 18 | Private foundation. If the organizatio | n did not check a | box on line 13, 16a | a, 16b, 1/a, or 17b | | | | |
| | Schedule A (Form 990 or 990-EZ) 2020 | | | | | | | |

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Schedule A (Form 990 or 990-EZ) 2020 GLOBAL FUND FOR CHILDREN 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.)

| Se | ction A. Public Support | | | | | | | |
|-------------|--|-----------------------------|----------------------|-----------------------|----------------------|-----------------------|-------------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that | | | | | | | |
| | are not an unrelated trade or bus- iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities | | | | | | | |
| 5 | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | | |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| t | 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 | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| See | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | |
| 9 | Amounts from line 6 | | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| k | • 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 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) organizatio | on, | |
| | check this box and stop here | - | | | | | | |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | | |
| 15 | Public support percentage for 2020 (I | ine 8, column (f), d | livided by line 13, | column (f)) | | 15 | % | |
| - | Public support percentage from 2019 | | | | | 16 | % | |
| Se | ction D. Computation of Inves | stment Income | e Percentage | | | | | |
| 17 | Investment income percentage for 20 |)20 (line 10c, colur | mn (f), divided by l | ine 13, column (f)) | | 17 | % | |
| | Investment income percentage from | | | | | 18 | % | |
| 19 a | a 33 1/3% support tests - 2020. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 33 1/3%, and line 1 | 7 is not | |
| | more than 33 1/3%, check this box ar | nd stop here. The | organization qual | ifies as a publicly s | supported organiza | tion | ▶∟ | |
| k | 33 1/3% support tests - 2019. If the | organization did r | not check a box or | n line 14 or line 19 | a, and line 16 is mo | ore than 33 1/3%, a | nd | |
| | 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 | n did not check a | box on line 14, 19 | a, or 19b, check t | | | | |
| 0320 | 23 01-25-21 | | | | Sch | edule A (Form 990 |) or 990-EZ) 2020 | |
| | | | 16 | - | | | | |

2020.05095 GLOBAL FUND FOR CHILDREN 064-0382

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? *If "Yes," provide detail in* Part VI.
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 GLOBAL FUND FOR CHILDREN

| | t IV Supporting Organizations (continued) | 103400 | , 16 | ige J |
|-----|--|--------|------|-------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 165 | |
| | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| d | 11c below, the governing body of a supported organization? | 11a | | |
| h | | | | |
| | A family member of a person described in line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| Sec | detail in Part VI. tion B. Type I Supporting Organizations | 11c | | |
| 000 | tion B. Type i Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | 5, | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | d | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 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? 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. | 2 | | |
| Sec | tion 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)? 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). | 1 | | |
| Sec | tion 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? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a | - | | |
| 5 | by reason of the relationship described in line 2, above, and the organization is supported organizations have a | | | |

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

significant voice in the organization's investment policies and in directing the use of the organization's

Section E. Type III Functionally Integrated Supporting Organizations

| 1 Ch | eck the box next to th | e method that the | organization used | to satisfy the Integral | l Part Test during the vea | r (see instructions) |
|------|------------------------|-------------------|-------------------|-------------------------|----------------------------|----------------------|
|------|------------------------|-------------------|-------------------|-------------------------|----------------------------|----------------------|

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| С | | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental enti | y (see instruction <u>s).</u> |
|---|--|---|--|-------------------------------|
|---|--|---|--|-------------------------------|

18

- 2 Activities Test. Answer lines 2a and 2b 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? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No" provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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З

2a

2b

3a

3b

Yes No

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

Schedule A (Form 990 or 990-EZ) 2020 GLOBAL FUND FOR CHILDREN

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.

| Sect | ion 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 | | |
| Sect | ion 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 | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 0.015 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 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 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 | Check here if the current year is the organization's first as a non-function | ully intograt | ad Type III supporting orga | - |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 GLOBAL FUND FOR CHILDREN

| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continue | <u>d)</u> | |
|-------|---|------------------------------|--|-----------|---|
| Secti | on D - Distributions | | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | · | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| a | From 2015 | | | | |
| b | From 2016 | | | | |
| C | : From 2017 | | | | |
| d | From 2018 | | | | |
| e | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | _ | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | _ | |
| a | Applied to underdistributions of prior years | | | _ | |
| | Applied to 2020 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | _ | |
| 5 | Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, <i>explain in</i> | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| | Breakdown of line 7: | | | | |
| | Excess from 2016 | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| е | Excess from 2020 | | | | |

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| Schedule A | (Form 990 or 990-EZ) 2020 GI | OBAL FUND | FOR CHIL | DREN | | 56-1834887 | Page 8 |
|----------------|--|--|---|--|-----------------------|------------------------|-------------|
| Part VI | Supplemental Informati Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines Section D, lines 5, 6, and 8; an | ion. Provide the e b, 3c, 4b, 4c, 5a, 6, 2 and 3; Part IV, Se | xplanations requir 9a, 9b, 9c, 11a, 1 ection E, lines 1c, 1 | ed by Part II, line 10; F 1b, and 11c; Part IV, S 2a, 2b, 3a, and 3b; Pa | τν, inne τ, Part V, 3 | Section B, line re, Pa | C, rt V, |
| | (See instructions.) | | | | | | |
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| 022000 01 05 0 | 1 | | | | Cabadula | A (Form 990 or 990- | EZ) 2020 |
| 032028 01-25-2 | 1 | | 21 | | Schedule | n (r'orin 990 or 990- | LZ) 2020 |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY *

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

2020

Employer identification number

| 56-1834887 | 7 |
|------------|---|
|------------|---|

| | GLOBAL FUND FOR CHILDREN |
|------------------------|--|
| Organization type (che | ck one): |
| Filers of: | Section: |
| Form 990 or 990-EZ | \fbox 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |

| ozr pontoar organization |
|-------------------------------------|
| 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

Form 990-PF

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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \dots \blacktriangleright \$

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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

GLOBAL FUND FOR CHILDREN

Employer identification number

56-1834887

| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | dditional space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$150,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$125,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$362,837. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ <u>300,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$30,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> </u> | | \$\$_000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

23 2020.05095 GLOBAL FUND FOR CHILDREN 064 - 0382

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

GLOBAL FUND FOR CHILDREN

56-1834887

| 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 | | \$ <u>250,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8_ | | \$420,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$125,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total contributions | (d) Type of contribution |
| <u>No.</u> | Name, address, and ZIP + 4 | \$2,002,008. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$525,451. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

12590525 131839 064-03813500

24 2020.05095 GLOBAL FUND FOR CHILDREN 064-0382 Name of organization

Page 3 Employer identification number

56-1834887

GLOBAL FUND FOR CHILDREN

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

25

12590525 131839 064-03813500

2020.05095 GLOBAL FUND FOR CHILDREN 064-0382

Page 4

| ame of organ | nization | | | Employer identification numbe | |
|--------------------------|---|---|----------------------|--|--|
| LOBAL 1 | FUND FOR CHILDREN | | | 56-1834887 | |
| Part III E | xclusively religious, charitable, etc., contribution rom any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c lse duplicate copies of Part III if additional s | through (e) and the following line entri- haritable, etc., contributions of \$1,000 or I | v. For organizations | hat total more than \$1,000 for the ye | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | |
| | | | | | |
| - | | (e) Transfer of gift | | | |
| | Transferee's name, address, an | d ZIP + 4 | Relationship of tra | nsferor to transferee | |
| - | | | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | |
| | | | | | |
| | | (e) Transfer of gift | | | |
| | Transferee's name, address, an | d ZIP + 4 | Relationship of tra | nsferor to transferee | |
| - | | | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | |
| | | | | | |
| | (e) Transfer of gift | | | | |
| - | Transferee's name, address, an | d ZIP + 4 | Relationship of tra | nsferor to transferee | |
| a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | |
| Part I | | | | | |
| - | | (e) Transfer of gift | | | |
| | Transferee's name, address, an | d ZIP + 4 | Relationship of tra | nsferor to transferee | |
| | | | | | |
| 454 11-25-20 | | 26 | Schedule | B (Form 990, 990-EZ, or 990-PF) (20 | |

12590525 131839 064-03813500

2020.05095 GLOBAL FUND FOR CHILDREN 064-0382

| SCHEDULE [|) |
|------------|---|
|------------|---|

Department of the Treasury

Name of the organization

Internal Revenue Service

| (Form 990) |) |
|------------|---|
|------------|---|

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.

| O - La construction de la constr |
|--|
| Go to www.irs.gov/Form990 for instructions and the latest information. |
| |



Employer identification number

| | GLOBAL FUND FOR CHILDREN | 56-1834887 |
|----|--|---------------------------------|
| Pa | t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A | ccounts. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur | nds |
| | are the organization's property, subject to the organization's exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used | only |
| | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer | rring |
| _ | impermissible private benefit? | Yes No |
| Pa | t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV | V, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | Preservation of land for public use (for example, recreation or education) | torically important land area |
| | | tified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation conservation contribution in the form of a conservation c | |
| | day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| С | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure | |
| | listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ | nization during the tax |
| | year | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | Yes No |
| 6 | violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati | |
| 6 | | ion easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation early a service of the service of t | asements during the year |
| ' | Another of expenses incorrect in monitoring, inspecting, manufing of violations, and emotioning conservation expenses | asements during the year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E | 3)(i) |
| - | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the | |
| | organization's accounting for conservation easements. | |
| Pa | t 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. | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba | alance sheet works |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera | ance of public |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance | ce sheet works of |
| | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand | ce of public service, |
| | provide the following amounts relating to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, | , provide |
| | the following amounts required to be reported under FASB ASC 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| b | Assets included in Form 990, Part X | |

12590525 131839 064-03813500

27 2020.05095 GLOBAL FUND FOR CHILDREN 064-0382

| Sche | Chedule D (Form 990) 2020 GLOBAL FUND FOR CHILDREN 56-1834887 Page 2 | | | | | | | | |
|------|--|----------------------------------|-------------------------|------------------------|---------------------------|---------------|-----------|---------|------|
| Par | t III Organizations Maintaining Co | ollections of Art | , Historical Tre | asures, or Othe | er Simila | r Assets | contii | nued) | |
| 3 | Using the organization's acquisition, accession | n, and other records | , check any of the f | ollowing that make s | significant | use of its | | , | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| с | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further th | e organization's exe | mpt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit or | receive donations o | f art, historical treas | sures, or other simila | r assets | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | | | n Form 990 |), Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Par | t X, line 21. | - | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermedia | ary for contributions | s or other assets not | included | | | | |
| | on Form 990, Part X? | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | | | | |
| | | | | | | | Amoun | t | |
| с | Beginning balance | | | | 1c | | | | |
| d | Additions during the year | | | | 1d | | | | |
| е | Distributions during the year | | | | 1e | | | | |
| f | Ending balance | | | | 1 f | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line 2 | 21, for escrow or cu | istodial account liab | ility? | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | Check here if the exp | planation has been | provided on Part XIII | | | | | |
| Par | t V Endowment Funds. Complete if | the organization and | swered "Yes" on Fo | | | | | | |
| | - | (a) Current year | (b) Prior year | (c) Two years back | (d) Three | /ears back | (e) Fou | r years | back |
| 1a | Beginning of year balance | 1,138,072. | 1,064,866. | 77,088. | | | | | |
| b | Contributions | 61,700. | 68,344. | | | 77,088. | | | |
| С | Net investment earnings, gains, and losses | 259,203. | 46,762. | , | | | | | |
| d | Grants or scholarships | 81,100. | 41,900. | 54,661. | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | 1,377,875. | 1,138,072. | 1,064,866. | | 77,088. | | | |
| 2 | Provide the estimated percentage of the curre | ent year end balance | (line 1g, column (a) |) held as: | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | |
| b | Permanent endowment 100 | % | | | | | | | |
| С | Term endowment | 6 | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should | • | | | | | | | |
| 3a | Are there endowment funds not in the posses | sion of the organizat | tion that are held ar | nd administered for t | he organiz | ation | | | |
| | by: | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | | X |
| | (ii) Related organizations | | | | | | 3a(ii) | | X |
| b | If "Yes" on line 3a(ii), are the related organizat | - | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | vment funds. | | | | | | |
| Par | t VI Land, Buildings, and Equipme | | | | | | | | |
| | Complete if the organization answered | | | | | | | | |
| | Description of property | (a) Cost or ot basis (investm | • • | | Accumulate epreciation | | (d) Boo | k valu | e |
| 1a | Land | | | | | | | | |
| | Buildings | | | | | | | | |
| с | Leasehold improvements | | | | 90,9 | | | 4,3 | |
| d | Equipment | 96,6 | 571. | | 52,2 | 39. | 4 | 4,4 | 32. |
| - | Other | | | | | | | | |
| Tota | . Add lines 1a through 1e. (Column (d) must ed | qual Form 990, Part X | (, column (B), line 1 | 0c.) | | | 20 | 8,7 | 44. |

Schedule D (Form 990) 2020

032052 12-01-20

| Schedule [|) (Form 990 |) 2020 | GLOBAL | FUND | FOR | CHILDREN |
|------------|-------------|--------|--------|------|-----|----------|
| | | | | | | |

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 | 304.725 |

| (3) | |
|--|----------|
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990 Part X col. (B) line 25.) | 304,725. |

Column (Column (c) must equal Porm 390, Part A, col. (b) inte 25.)

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 ... X

Schedule D (Form 990) 2020

032053 12-01-20

| | edule D (Form 990) 2020 GLOBAL FUND FOR CHILDREN | | | | | Page 4 |
|--|---|-----------------------------|---------------------------------------|--------------|--------------------------------|-----------------------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Stateme | ents With | Revenue per Re | turn. | | |
| | 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 | 6,786, | 187. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | 196,597. | | | |
| b | Donated services and use of facilities | 2b | 129,105. | | | |
| с | Recoveries of prior year grants | | | | | |
| d | | | | | | |
| е | Add lines 2a through 2d | | | 2e | 325, | |
| 3 | Subtract line 2e from line 1 | | | 3 | 6,460, | <u>485.</u> |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 19,364. | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| | | | | 4c | 19, | 364. |
| с | | | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) | | | 5 | 6,479, | <u>849.</u> |
| 5 | | ents With | Expenses per F | | | 849. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) | ents With | Expenses per F | | n. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | ents With | Expenses per F | | | |
| 5 Pa | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ents With | Expenses per F | Retur | n. | |
| 5 Pa 1 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ents With | Expenses per F | Retur | n. | |
| 5 Pa 1 2 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | ents With | Expenses per F | Retur | n. | |
| 5 Pa 1 2 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | ents With | Expenses per F | Retur | n. | |
| 5 Pa 1 2 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | ents With 2a 2b 2c | Expenses per F | Retur | n. | |
| 5 Pa 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | ents With | Expenses per F | Retur | n. | 931. |
| 5 Pa 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | ents With | Expenses per F | 1 | n. | <u>931.</u> 105. |
| 5 Pa 1 2 a b c d e | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | ents With | Expenses per F | 1 2e | n. 5,574, 129, | <u>931.</u> 105. |
| 5 Pa 1 2 a b c d e 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 1 | ents With | Expenses per F | 1 2e | n. 5,574, 129, | <u>931.</u> 105. |
| 5 Pa 1 2 a b c d e 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | ents With 2a2b2c2d2d4a4a | Expenses per F | 1 2e | n. 5,574, 129, | <u>931.</u> 105. |
| 5 Pa 1 2 a b c d e 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | ents With | Expenses per F 129,105. 19,364. | 1 2e | n. 5,574, 129, 5,445, | <u>931.</u> 105. |
| 5 Pa 1 2 a b c d e 3 4 a b c 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | ents With 2a 2b 2c 2d 4a 4b | Expenses per F 129,105. 19,364. | 1 2e 3 | n. 5,574, 129, 5,445, | <u>931.</u> 105. 826. |

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

30

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

032054 12-01-20

Schedule D (Form 990) 2020

12590525 131839 064-03813500

2020.05095 GLOBAL FUND FOR CHILDREN 064-0382

| | BAL FUND FOR | CHILDREN | 56-1834887 | Page 5 |
|-----------------------------------|--------------------------|-------------------|-----------------------|--------|
| Part XIII Supplemental Informatio | n _(continued) | | | |
| | | | | |
| POSITIONS. THE IMPLEMENT | TATION OF TH | IS GUIDANCE HAD 1 | NO IMPACT ON GLOBAL | |
| | | | | |
| FUND FOR CHILDREN'S FIN. | ANCIAL STATE | MENTS. GLOBAL FU | ND FOR CHILDREN | |
| | | | | |
| BELIEVES IT HAS APPROPR | IATE SUPPORT | FOR UNRELATED T | RADE OR BUSINESS | |
| | | | | |
| POSITIONS AND, AS A RES | ULT, DOES NO | T HAVE UNCERTAIN | INCOME TAX POSITIONS | 5 |
| | | | | |
| THAT HAVE A MATERIAL IM | PACT ON THE | FINANCIAL STATEM | ENTS. GLOBAL FUND FOF | 2 |
| | | | | |
| CHILDREN FILES AS A TAX | -EXEMPT ORGA | NIZATION. | | |

Schedule D (Form 990) 2020

032055 12-01-20

| 2 For grantmakers. Desc | ribe in Part V the | organization's | procedures for monitoring the use of its | s grants and other assistance outs | side the |
|----------------------------------|---|---|---|---|--|
| United States. | | organization s | procedures for monitoring the use of its | | |
| | he following Part | L line 3 table ca | an be duplicated if additional space is r | peeded) | |
| (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, pro- gram services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, | (f) Total expenditures for and investments in the region |
| CENTRAL AMERICA AND | | | | TO PROVIDE GRANTS, | |
| THE CARIBBEAN - | | | | PROGRAM CONSULTING | |
| ANTIGUA & BARBUDA, | | | | SERVICES AND CAPACITY | |
| ARUBA, BAHAMAS, | 1 | 0 | PROGRAM SERVICES | BUILDING SUPPORT. THE | 430,765. |
| EAST ASIA AND THE | | | | TO PROVIDE GRANTS, | |
| PACIFIC - AUSTRALIA, | | | | PROGRAM CONSULTING | |
| BRUNEI, BURMA, | | | | SERVICES AND CAPACITY | |
| CAMBODIA, | 1 | 0 | PROGRAM SERVICES | BUILDING SUPPORT. THE | 128,618. |
| EUROPE (INCLUDING | | | | TO PROVIDE GRANTS, | |
| ICELAND & GREENLAND) | | | | PROGRAM CONSULTING | |
| - ALBANIA, ANDORRA, | | | | SERVICES AND CAPACITY | |
| AUSTRIA, BELGIUM | 1 | 0 | PROGRAM SERVICES | BUILDING SUPPORT. THE | 154,630. |
| MIDDLE EAST AND | | | | TO PROVIDE GRANTS, | |
| NORTH AFRICA - | | | | PROGRAM CONSULTING | |
| ALGERIA, BAHRAIN, | | | | SERVICES AND CAPACITY | |
| DJIBOUTI, EGYPT, | 0 | 0 | PROGRAM SERVICES | BUILDING SUPPORT. THE | 8,000. |
| NORTH AMERICA - | | | | TO PROVIDE GRANTS, | |
| CANADA AND MEXICO, | | | | PROGRAM CONSULTING | |
| BUT NOT THE UNITED | | | | SERVICES AND CAPACITY | |
| STATES | 1 | 0 | PROGRAM SERVICES | BUILDING SUPPORT. THE | 222,682. |
| RUSSIA AND | | | | TO PROVIDE GRANTS, | |
| NEIGHBORING STATES - | | | | PROGRAM CONSULTING | |
| ARMENIA, AZERBIJAN, | | | | SERVICES AND CAPACITY | |
| BELARUS , | 0 | 0 | PROGRAM SERVICES | BUILDING SUPPORT. THE | 90,500. |
| SOUTH AMERICA - | | | | TO PROVIDE GRANTS, | |
| ARGENTINA, BOLIVIA, | | | | PROGRAM CONSULTING | |
| BRAZIL, CHILE, | | | | SERVICES AND CAPACITY | |
| COLUMBIA, ECUADOR, | 0 | 0 | PROGRAM SERVICES | BUILDING SUPPORT. THE | 56,350. |
| SOUTH ASIA - | | | | TO PROVIDE GRANTS, | |
| AFGHANISTAN, | | | | PROGRAM CONSULTING | |
| BANGLADESH, BHUTAN, | | | | SERVICES AND CAPACITY | |
| INDIA, MALDIVES, | 4 | 0 | PROGRAM SERVICES | BUILDING SUPPORT. THE | 719,127. |
| 3 a Subtotal | 8 | 0 | | | 1,810,672. |
| b Total from continuation | | | | | |
| sheets to Part I | 1 | 0 | | | 431,225. |
| c Totals (add lines 3a | | | | | |
| and 3b) | 9 | 0 | | | 2,241,897. |

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

032071 12-03-20

12590525 131839 064-03813500

| Statement of | Activities C | Outside the | United | States |
|-----------------------|---------------------|--------------------|------------------|----------------|
| Complete if the organ | nization answered " | Yes" on Form 990, | Part IV, line 14 | 4b, 15, or 16. |

Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

No

Schedule F (Form 990) 2020

Name of the organization

Department of the Treasury

Internal Revenue Service

GLOBAL FUND FOR CHILDREN

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

SCHEDULE F (Form 990)

Employer identification number

56-1834887

| Schedule F (Form 990) | GLOBAL F | UND FOR | CHILDREN | 56-183488 | 7 Page 1 |
|---|---|--|---|---|---|
| Part I Continuation | n of Activitie | | • (Schedule F (Form 990), Part I, line 3 | 8) | |
| (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 | | | | TO PROVIDE GRANTS, PROGRAM CONSULTING SERVICES AND CAPACITY | |
| FASO, | 1 | 0 | PROGRAM SERVICES | BUILDING SUPPORT. THE | 431,225. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 1 | | | | 431,225. |
| Totals | L 1 | | | | [±] ⁵ [±] , ² ² ⁵ . |

032181 04-01-20 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 noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|----------------------------|---|-------------------|-----------------------------|------------------------------------|--|---|--|--|
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 18,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 16,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 16,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 10,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 6,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 18,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 18,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 10,000. | WIRE TRANSFER | 0. | N/A | N/A |

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2020

Schedule F (Form 990)

GLOBAL FUND FOR CHILDREN

56-1834887

Page **2**

| | | | | | <u> </u> | <u>00)</u> D | | 1 age 1 |
|--------------------------|-------------------------|------------------------|-------------------------------|----------------|---------------------|------------------------|---------------------------|--|
| | Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | | i) [| |
| 1 | (b) IRS code section | | (d) Purpose of | (e) Amount | (f) Manner of | (g) Amount of | (h) Description | (i) Method of |
| (a) Name of organization | and EIN (if applicable) | (c) Region | grant | of cash grant | cash disbursement | non-cash assistance | of non-cash assistance | valuation (book, FM appraisal, other) |
| | | | - | _ | | | | |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | ADOLESCENT GIRLS & | | | | | |
| | | BARBUDA, ARUBA, | MIGRATION | 8,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 17,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 10,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 17,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 13,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 17,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 12,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | CENTRAL AMERICA | | , | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | | | | | | |
| | | BARBUDA, ARUBA, | FY 21 COURAGE AWARD | 20,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | CENTRAL AMERICA | | , , , | | | | 1 |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | | | | | | |
| | | | | | WIRE TRANSFER | ٥. | 1 | N/A |

| Schedule F | (Form 990) |
|------------|------------|
| Concautor | 0000 |

GLOBAL FUND FOR CHILDREN

56-1834887

| | f Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | | 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, FM' appraisal, other) |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | CHANGING GENDER | | | | | |
| | | - ANTIGUA & | ATTITUDES, EMPOWERING | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 12,500. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | EAST ASIA AND THE | | | | | | |
| | | PACIFIC - | CHILDREN WITH | | | | | |
| | | AUSTRALIA, | DISABILITIES & CHILD | | | | | |
| | | BRUNEI, BURMA, | TRAFFICKING | 5,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | EAST ASIA AND THE | | | | | | |
| | | PACIFIC - | CHILDREN WITH | | | | | |
| | | AUSTRALIA, | DISABILITIES & CHILD | | | | | |
| | | BRUNEI, BURMA, | TRAFFICKING | 10,500. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | EAST ASIA AND THE | | , | | | | |
| | | PACIFIC - | CHILDREN WITH | | | | | |
| | | AUSTRALIA, | DISABILITIES & CHILD | | | | | |
| | | BRUNEI, BURMA, | TRAFFICKING | 11,500. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | EAST ASIA AND THE | | , | | | | |
| | | PACIFIC - | CHILDREN WITH | | | | | |
| | | AUSTRALIA, | DISABILITIES & CHILD | | | | | |
| | | BRUNEI, BURMA, | TRAFFICKING | 10,500. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | EAST ASIA AND THE | | , | | | | |
| | | PACIFIC - | | | | | | |
| | | AUSTRALIA, | CENTER FOR DISASTER | | | | | |
| | | BRUNEI, BURMA, | PHILANTHROPY | 6,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | EAST ASIA AND THE | | , | | | | |
| | | PACIFIC - | | | | | | |
| | | AUSTRALIA, | CENTER FOR DISASTER | | | | | |
| | | BRUNEI, BURMA, | PHILANTHROPY | 6,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | EUROPE (INCLUDING | ENSURING THE | , | | | | |
| | | ICELAND & | WELLBEING OF | | | | | |
| | | GREENLAND) - | CHILDREN: A HOLISTIC | | | | | |
| | | ALBANIA, ANDORRA, | APPROACH TO GIRLS | 32,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | EUROPE (INCLUDING | ENSURING THE | | | · · · | | |
| | | ICELAND & | WELLBEING OF | | | | | |
| | | GREENLAND) - | CHILDREN: A HOLISTIC | | | | | |
| | | ALBANIA, ANDORRA, | APPROACH TO GIRLS | 30 000 | WIRE TRANSFER | n | N/A | N/A |

GLOBAL FUND FOR CHILDREN

56-1834887

| Part II Continuation of | of Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line | 1) | |
|-------------------------------|--|------------------------|--------------------------------|---------------------------------|---------------------------------|--|---|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING | ENSURING THE | | | | | |
| | | ICELAND & | WELLBEING OF | | | | | |
| | | GREENLAND) - | CHILDREN: A HOLISTIC | | | | | |
| | | ALBANIA, ANDORRA, | APPROACH TO GIRLS | 30,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | EUROPE (INCLUDING | | | | | | |
| | | ICELAND & | | | | | | |
| | | GREENLAND) - | EMERGENCY FUND - | | | | | |
| | | ALBANIA, ANDORRA, | COVID-19 | 10,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | EUROPE (INCLUDING | | | | | | |
| | | ICELAND & | | | | | | |
| | | GREENLAND) - | CENTER FOR DISASTER | | | | | |
| | | ALBANIA, ANDORRA, | PHILANTHROPY | 10,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | NORTH AMERICA - | | | | | | |
| | | CANADA AND | CHANGING GENDER | | | | | |
| | | MEXICO, BUT NOT | ATTITUDES, EMPOWERING | | | | | |
| | | THE UNITED STATES | GIRLS | 12,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | NORTH AMERICA - | | | | | | |
| | | CANADA AND | CHANGING GENDER | | | | | |
| | | MEXICO, BUT NOT | ATTITUDES, EMPOWERING | | | | | |
| | | THE UNITED STATES | GIRLS | 12,500. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | NORTH AMERICA - | ENSURING THE | | | | | |
| | | CANADA AND | WELLBEING OF | | | | | |
| | | MEXICO, BUT NOT | CHILDREN: A HOLISTIC | | | | | |
| | | THE UNITED STATES | APPROACH TO GIRLS | 23,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | NORTH AMERICA - | ENSURING THE | | | | | |
| | | CANADA AND | WELLBEING OF | | | | | |
| | | MEXICO, BUT NOT | CHILDREN: A HOLISTIC | | | | | |
| | | THE UNITED STATES | APPROACH TO GIRLS | 20,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | NORTH AMERICA - | | | | | | |
| | | CANADA AND | | | | | | |
| | | MEXICO, BUT NOT | ADOLESCENT GIRLS & | | | | | |
| | | THE UNITED STATES | MIGRATION | 8,000. | WIRE TRANSFER | <u>0.</u> | N/A | N/A |
| | | NORTH AMERICA - | | | | | | |
| | | CANADA AND | | | | | | |
| | | MEXICO, BUT NOT | ADOLESCENT GIRLS & | | | | | |
| | | THE UNITED STATES | MIGRATION | 8,000. | WIRE TRANSFER | 0. | N/A | N/A |

GLOBAL FUND FOR CHILDREN

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| art II Continuation of | F Grants and Other | Assistance to Organiza | tions or Entities Outside the | Inited States | (Schedule E (Form 0 | 00) Part II line . | 1) | i age |
|------------------------------|---|------------------------|-------------------------------|---------------|------------------------------------|---|--|--|
| 1 a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Begion | (d) Purpose of grant | (e) Amount | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FM appraisal, other) |
| | | NORTH AMERICA - | | | | | | |
| | | CANADA AND | | | | | | |
| | | MEXICO, BUT NOT | ADOLESCENT GIRLS & | | | | | |
| | | THE UNITED STATES | MIGRATION | 16,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | NORTH AMERICA - | | , | | | | |
| | | CANADA AND | | | | | | |
| | | MEXICO, BUT NOT | ADOLESCENT GIRLS & | | | | | |
| | | THE UNITED STATES | MIGRATION | 16,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | NORTH AMERICA - | | , | | | | |
| | | CANADA AND | | | | | | |
| | | MEXICO, BUT NOT | ADOLESCENT GIRLS & | | | | | |
| | | THE UNITED STATES | MIGRATION | 10 000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | NORTH AMERICA - | | _ , | | | | |
| | | CANADA AND | | | | | | |
| | | MEXICO, BUT NOT | | | | | | |
| | | | PRIMARY GRANT | 10,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | NORTH AMERICA - | | | | | | |
| | | CANADA AND | | | | | | |
| | | MEXICO, BUT NOT | YOUTH IN ACTION | | | | | |
| | | | PROGRAM | 13 636. | WIRE TRANSFER | 0. | N/A | N/A |
| | | CENTRAL AMERICA | | _ , | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | EMPOWERING ADOLESCENT | | | | | |
| | | BARBUDA, ARUBA, | GIRLS | 20 000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | RUSSIA AND | | , | | | | |
| | | NEIGHBORING | CHILDREN WITH | | | | | |
| | | STATES - ARMENIA, | DISABILITIES & CHILD | | | | | |
| | | AZERBIJAN, | TRAFFICKING | 11 500 | WIRE TRANSFER | 0 | N/A | N/A |
| | | RUSSIA AND | | | | | , | |
| | | NEIGHBORING | CHILDREN WITH | | | | | |
| | | STATES - ARMENIA, | DISABILITIES & CHILD | | | | | |
| | | AZERBIJAN, | TRAFFICKING | 5 000 | WIRE TRANSFER | n | N/A | N/A |
| | | RUSSIA AND | | | | . | | |
| | | NEIGHBORING | CHILDREN WITH | | | | | |
| | | STATES - ARMENIA, | DISABILITIES & CHILD | | | | | |
| | | Г | TRAFFICKING | 1 | WIRE TRANSFER | | N/A | N/A |

GLOBAL FUND FOR CHILDREN

56-1834887

| | 010DA | I TOND TON C | | | 30 10 | 54007 | | Faye |
|-------------------------------|---|------------------------|--------------------------------|---------------------------------|---------------------------------|--|---|---|
| Part II Continuation of | Grants and Other | Assistance to Organiza | ations or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line | 1) | |
| 1 (a) Name of organization | (b) 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, FN appraisal, other) |
| | | RUSSIA AND | | | | | | |
| | | NEIGHBORING | CHILDREN WITH | | | | | |
| | | STATES - ARMENIA, | DISABILITIES & CHILD | | | | | |
| | | AZERBIJAN, | TRAFFICKING | 10,500. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | RUSSIA AND | | | | | | |
| | | NEIGHBORING | | | | | | |
| | | STATES - ARMENIA, | CENTER FOR DISASTER | | | | | |
| | | AZERBIJAN, | PHILANTHROPY | 7,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | RUSSIA AND | | , - | | | | |
| | | NEIGHBORING | | | | | | |
| | | STATES - ARMENIA, | | | | | | |
| | | AZERBIJAN, | EMERGENCY GRANT | 6,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | RUSSIA AND | | , - | | | | |
| | | NEIGHBORING | | | | | | |
| | | STATES - ARMENIA, | | | | | | |
| | | AZERBIJAN, | EMERGENCY GRANT | 7 000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | RUSSIA AND | | , - | | | | |
| | | NEIGHBORING | | | | | | |
| | | STATES - ARMENIA, | | | | | | |
| | | AZERBIJAN, | EMERGENCY GRANT | 9,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | RUSSIA AND | | , - | | | | |
| | | NEIGHBORING | | | | | | |
| | | STATES - ARMENIA, | CENTER FOR DISASTER | | | | | |
| | | AZERBIJAN, | PHILANTHROPY | 7 000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | RUSSIA AND | | | | | | |
| | | NEIGHBORING | | | | | | |
| | | STATES - ARMENIA, | CENTER FOR DISASTER | | | | | |
| | | AZERBIJAN, | PHILANTHROPY | 6 000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | RUSSIA AND | | ., | | | | |
| | | NEIGHBORING | | | | | | |
| | | STATES - ARMENIA, | CENTER FOR DISASTER | | | | | |
| | | AZERBIJAN, | PHILANTHROPY | 8 000 | WIRE TRANSFER | 0 | N/A | N/A |
| | | SOUTH AMERICA - | | | | , | | |
| | | ARGENTINA, | | | | | | |
| | | | | | | 1 | 1 | |
| | | BOLIVIA, BRAZIL, | EMERGENCY FUND - | | | | | |

GLOBAL FUND FOR CHILDREN

56-1834887

| Part II Continuation of | f Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line [·] | 1) | |
|-------------------------------|---|------------------------|--------------------------------|------------------------------------|---------------------------------|--|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV appraisal, other) |
| | | SOUTH AMERICA - | | | | | | |
| | | ARGENTINA, | | | | | | |
| | | BOLIVIA, BRAZIL, | | | | | | |
| | | CHILE, COLUMBIA, | SUSTAINABILITY AWARD | 15,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH AMERICA - | | | | | | |
| | | ARGENTINA, | | | | | | |
| | | BOLIVIA, BRAZIL, | | | | | | |
| | | CHILE, COLUMBIA, | EMERGENCY GRANT | 10,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH AMERICA - | | - | | | | |
| | | ARGENTINA, | | | | | | |
| | | BOLIVIA, BRAZIL, | | | | | | |
| | | CHILE, COLUMBIA, | SPECIAL AWARD | 5,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | HAZARDOUS CHILD | | | | | |
| | | BHUTAN, INDIA, | LABOUR | 13,500. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | HAZARDOUS CHILD | | | | | |
| | | BHUTAN, INDIA, | LABOUR | 11,500. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | HAZARDOUS CHILD | | | | | |
| | | BHUTAN, INDIA, | LABOUR | 13,500. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | HAZARDOUS CHILD | | | | | |
| | | BHUTAN, INDIA, | LABOUR | 11,500. | WIRE TRANSFER | 0. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | CHILDREN WITH | | | | | |
| | | BANGLADESH, | DISABILITIES & CHILD | | | | | |
| | | , BHUTAN, INDIA, | TRAFFICKING | 9,500. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | CHILDREN WITH | | | | | |
| | | , BANGLADESH, | DISABILITIES & CHILD | | | | | |
| | | , BHUTAN, INDIA, | TRAFFICKING | 9,500. | WIRE TRANSFER | 0. | N/A | N/A |

GLOBAL FUND FOR CHILDREN

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| Part II Continuation of | | Accietores to Organiza | ations or Entities Outside the | I Inited States | (Sebedule E (Form (| 00) Dort II lino | 1) | Tage |
|--------------------------------|-------------------------|------------------------|--------------------------------|-----------------|---------------------|------------------------|--------------------------------|-----------------------------------|
| | | | | | | | | (i) Mathad of |
| a) Name of organization | (b) IRS code section | (c) Region | (d) Purpose of | (e) Amount | (f) Manner of | (g) Amount of non-cash | (h) Description of non-cash | (i) Method of valuation (book, FM |
| -, | and EIN (if applicable) | (0) | grant | of cash grant | cash disbursement | assistance | assistance | appraisal, other) |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | HAZARDOUS CHILD | | | | | |
| | | , BHUTAN, INDIA, | LABOUR | 12,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | , | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | HAZARDOUS CHILD | | | | | |
| | | BHUTAN, INDIA, | LABOUR | 12,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | HAZARDOUS CHILD | | | | | |
| | | BHUTAN, INDIA, | LABOUR | 12,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | PRIMARY GRANT | 21,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | PRIMARY GRANT | 20,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | PRIMARY GRANT | 23,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | PRIMARY GRANT | 21,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | PRIMARY GRANT | 21,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | DIGNITY AWARD | 5,000. | WIRE TRANSFER | ٥. | N/A | N/A |

GLOBAL FUND FOR CHILDREN

56-1834887

| chedule F (Form 990) | GIOBA | L FUND FOR (| | | 30-18 | 74007 | | Page |
|-------------------------------|---|-----------------------|--------------------------------|---------------------------------|---------------------------------|--|---|--|
| Part II Continuation of | of Grants and Other | Assistance to Organiz | ations or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line | 1) | |
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FN appraisal, other) |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 7,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 7,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 7,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 10,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 7,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGANCY GRANT | 7,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 7,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 10,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 7,000. | WIRE TRANSFER | ٥. | N/A | N/A |

GLOBAL FUND FOR CHILDREN

56-1834887

| | | | | | (O - h h - h - F - (F | | 4) | i age z |
|--------------------------|-------------------------|--------------------------------|-------------------------------|----------------|-----------------------|------------------------|---------------------------|---|
| | Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form S | | | |
| 1 | (b) IRS code section | (a) Degion | (d) Purpose of | (e) Amount | (f) Manner of | (g) Amount of | (h) Description | (i) Method of |
| (a) Name of organization | and EIN (if applicable) | (c) Region | grant | of cash grant | cash disbursement | non-cash assistance | of non-cash assistance | valuation (book, FM) appraisal, other) |
| | | | | | | | | |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 7,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 6,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 15,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 5,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 6,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 6,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | SOUTH ASIA - | | , - | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 6 000 | WIRE TRANSFER | 0 | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | | EMERGENCY GRANT | 5 000 | WIRE TRANSFER | | N/A | N/A |
| | | BHUTAN, INDIA, SOUTH ASIA - | UMENGENCI GRANI | 5,000. | MINE INAMOPER | , ⁰ . | L4 / 21 | |
| | | | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | ENERGENCY OF NUM | E 000 | | | AT / A | NT / 3 |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 5,000. | WIRE TRANSFER | ۰ ⁰ | N/A | N/A |

GLOBAL FUND FOR CHILDREN

56-1834887

| schedule F (Form 990) | ADOR9 | L FUND FOR C | | | 20-10 | 54007 | | Page |
|-------------------------------|---|------------------------|--------------------------------|---------------------------------|---------------------------------|--|--|--|
| Part II Continuation o | f Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line [·] | 1) | |
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FN appraisal, other) |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 5,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 5,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | EMERGENCY GRANT | 6,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | SPECIAL AWARD | 22,266. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | SPECIAL AWARD | 19,507. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | SPECIAL AWARD | 182,867. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | SPECIAL AWARD | 29,762. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SUB-SAHARAN | ENSURING THE | | | | | |
| | | AFRICA - ANGOLA, | WELLBEING OF | | | | | |
| | | BENIN, BOTSWANA, | CHILDREN: A HOLISTIC | | | | | |
| | | BURKINA FASO, | APPROACH TO GIRLS | 24,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SUB-SAHARAN | ENSURING THE | | | | | |
| | | AFRICA - ANGOLA, | WELLBEING OF | | | | | |
| | | BENIN, BOTSWANA, | CHILDREN: A HOLISTIC | | | | | |
| | | BURKINA FASO, | APPROACH TO GIRLS | 27,000. | WIRE TRANSFER | 0. | N/A | N/A |

| Schedule I | F (Form | 990) |
|------------|---------|------|
| | | 330) |

GLOBAL FUND FOR CHILDREN

56-1834887

| Part II Continuation o | f Grants and Other | Assistance to Organiza | ations or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line | 1) | 1 ugo 2 |
|-------------------------------|---|------------------------|--------------------------------|---------------------------------|--|--|---|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Begion | (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 | ENSURING THE | | | | | |
| | | AFRICA - ANGOLA, | WELLBEING OF | | | | | |
| | | BENIN, BOTSWANA, | CHILDREN: A HOLISTIC | | | | | |
| | | BURKINA FASO, | APPROACH TO GIRLS | 20,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | SUB-SAHARAN | ENSURING THE | | | | | |
| | | AFRICA - ANGOLA, | WELLBEING OF | | | | | |
| | | BENIN, BOTSWANA, | CHILDREN: A HOLISTIC | | | | | |
| | | BURKINA FASO, | APPROACH TO GIRLS | 27,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SUB-SAHARAN | ENSURING THE | | | | | |
| | | AFRICA - ANGOLA, | WELLBEING OF | | | | | |
| | | BENIN, BOTSWANA, | CHILDREN: A HOLISTIC | | | | | |
| | | BURKINA FASO, | APPROACH TO GIRLS | 24,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | NOVO WEST AFRICA | | | | | |
| | | BURKINA FASO, | GIRLS EMPOWERMENT | 9,250. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | NOVO WEST AFRICA | | | | | |
| | | BURKINA FASO, | GIRLS EMPOWERMENT | 14,250. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | NOVO WEST AFRICA | | | | | |
| | | BURKINA FASO, | GIRLS EMPOWERMENT | 14,250. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | NOVO WEST AFRICA | | | | | |
| | | BURKINA FASO, | GIRLS EMPOWERMENT | 12,250. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | NOVO WEST AFRICA | | | | | |
| | | BURKINA FASO, | GIRLS EMPOWERMENT | 14,250. | WIRE TRANSFER | 0. | N/A | N/A |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | NOVO WEST AFRICA | | | | | |
| | | BURKINA FASO, | GIRLS EMPOWERMENT | 14,250. | WIRE TRANSFER | 0. | N/A | N/A |

GLOBAL FUND FOR CHILDREN

56-1834887

| Schedule F (Form 990) | OTODA | D FOND FOR C | | | <u> </u> | 54007 | | Page Z |
|--------------------------------------|--|------------------------|--------------------------------|---------------------------------|---------------------------------|--|---|--|
| Part II Continuation of | of Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line | 1) | |
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV appraisal, other) |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | DIGNITY AWARD | 5,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | COURAGE AWARD | 20,000. | WIRE TRANSFER | 0. | N/A | N/A |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SUSTAINABILITY AWARD | 15,000. | WIRE TRANSFER | ٥. | N/A | N/A |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | EMERGENCY FUND - | | | | | |
| | | BURKINA FASO, | COVID-19 | 5,000. | WIRE TRANSFER | ٥. | N/A | N/A |
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| | | | CHILDREN |
|--------|-------|-----|----------|
| GLUBAL | L OND | rUR | CHILDREN |

56-1834887

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.

Schedule F (Form 990) 2020

| (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) |
|---------------------------------|-------------------|--------------------------|--------------------------|------------------------------------|---|---------------------------------------|--|
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Schedule F (Form 990) 2020

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|--|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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 | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i> | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i> | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i> | Yes | X No |

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

BIANNUAL 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.

49

032075 12-03-20

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.

50

032075 12-03-20

| | (Form 990) 2020 | GLOBAL | FUND | FOR | CHILDREN | 56-1834887 | Page \$ | |
|--------|---|----------------|-------------|-------------|-------------------------|---|---------|--|
| Part V | Supplementa | I Informatio | on | | | | | |
| | Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of | | | | | | | |
| | investments vs. e | xpenditures pe | er region); | Part II, li | ine 1 (accounting metho | od); 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,

 032075
 12-03-20

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 51

 12590525
 131839
 064-03813500

 2020.05095
 GLOBAL FUND FOR CHILDREN
 064-0382

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 II, COLUMN (D):

(A) REGION:

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

(D) PURPOSE OF GRANT: ENSURING THE WELLBEING OF CHILDREN: A HOLISTIC

APPROACH TO GIRLS EMPOWERMENT

(A) REGION:

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

(D) PURPOSE OF GRANT: ENSURING THE WELLBEING OF CHILDREN: A HOLISTIC

APPROACH TO GIRLS EMPOWERMENT

(A) REGION:

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

(D) PURPOSE OF GRANT: ENSURING THE WELLBEING OF CHILDREN: A HOLISTIC

APPROACH TO GIRLS EMPOWERMENT

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

(D) PURPOSE OF GRANT: ENSURING THE WELLBEING OF CHILDREN: A HOLISTIC

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APPROACH TO GIRLS EMPOWERMENT

032075 12-03-20

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

(D) PURPOSE OF GRANT: ENSURING THE WELLBEING OF CHILDREN: A HOLISTIC

APPROACH TO GIRLS EMPOWERMENT

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

(D) PURPOSE OF GRANT: ENSURING THE WELLBEING OF CHILDREN: A HOLISTIC

APPROACH TO GIRLS EMPOWERMENT

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

(D) PURPOSE OF GRANT: ENSURING THE WELLBEING OF CHILDREN: A HOLISTIC

APPROACH TO GIRLS EMPOWERMENT

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

(D) PURPOSE OF GRANT: ENSURING THE WELLBEING OF CHILDREN: A HOLISTIC

APPROACH TO GIRLS EMPOWERMENT

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

(D) PURPOSE OF GRANT: ENSURING THE WELLBEING OF CHILDREN: A HOLISTIC

APPROACH TO GIRLS EMPOWERMENT

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

(D) PURPOSE OF GRANT: ENSURING THE WELLBEING OF CHILDREN: A HOLISTIC

53

APPROACH TO GIRLS EMPOWERMENT

032075 12-03-20

| SCHEDULE I (Form 990) | | 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. | | | | | | | | |
|--|--|--|------------------------------------|-----------------------------|---|---|---------------------------------------|---------------------|-------------------|-----------|
| Department of the Treasury Internal Revenue Service | | · | - | Attach to Form | n 990. | | | | Open to Inspec | |
| | ~~ | | Go to www.ir | s.gov/Form990 for | r the latest inform | hation. | | Employer id | • | |
| Name of the organizatio | GLOBAL FU | ND FOR CH | ILDREN | | | | | | 56-183 | |
| Part I General In | formation on Grants a | nd Assistance | | | | | | | | |
| | ation maintain records t ward the grants or assis | | | | | | | _ | X Yes | No No |
| | V the organization's pro | | | | | | | | | |
| | d Other Assistance to I | | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, fo | or any | |
| | at received more than \$ | | | | | (f) Method of | () > | (1) 5 | | |
| • • | dress of organization ernment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | | assistance | |
| TAHIRIH JUSTICE CE 1717 ST. JAMES PLA HOUSTON, TX 77056 | | 54-1858176 | 501(C)(3) | 13,000. | 0. | | | PRIMARY G | RANT | |
| | | | | , | | | | | | |
| HOMIES UNIDOS | | | | | | | | | | |
| 2105 BEVERLY BLVD. | ., SUITE 219 | | | | | | | PRIMARY AN | ND OPPORT | TUNITY |
| LOS ANGELES, CA 90 | 057 | 95-4740768 | 501(C)(3) | 19,500. | 0. | | | GRANT | | |
| IMMIGRANT YOUTH CC 23532 CALABASAS RC CALABASAS, CA 9130 | DAD, SUITE A | 95-4116679 | 501(C)(3) | 12,000. | 0. | | | PRIMARY AN GRANT | ND EMERGE | ENCY |
| LAUNIDAD11 457 RIVERSIDE DRIV NEW YORK, NY 10115 | , | 13-4080201 | 501 (C) (3) | 5,000. | 0. | | | PRIMARY G | а N/T | |
| THE NICARAGUAN EDU CENTER (CREA) - 58 | JCATION RESOURCE 324 CLOVER DRIVE | | | | | | | | | |
| - OAKLAND, CA 9461 | ۲۵ | 47-4997229 | 5UT(C)(3) | 21,400. | 0. | | | PRIMARY GE | KAN'I' | |
| WOMEN'S JUSTICE IN PO BOX 21540 | ITIATIVE | | | | | | | | | |
| NEW YORK, NY 10087 | , | 30-0681223 | 501(C)(3) | 18,000. | 0. | | | PRIMARY GE | RANT | |
| | er of section 501(c)(3) ar | | | · · · | | | | · | | |
| | er of other organizations | • | | ······ | <u></u> | | | > | | |
| LHA For Paperwork | Reduction Act Notice, | see the Instruction | ons for Form 990. | | | | | Schedul | e I (Form 9 | 990) 2020 |

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Schedule I (Form 990) GLOBAL FUND FOR CHILDREN

| | | (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 |
|---------------------|------------|----------------------------------|-----------------------------|---|---|--|---------------------------------------|
| OTRO LADO | | | | | | | |
| BOX 32578 | | | | | | | |
| S ANGELES, CA 90032 | 47-2910078 | 501(C)(3) | 12,000. | 0. | | | PRIMARY GRANT |
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Schedule I (Form 990)

GLOBAL FUND FOR CHILDREN

Schedule I (Form 990) 2020 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 |
|---------------------------------|--------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
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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.

56-1834887

| sc | HEDULE J | Compensation Information | | OMB No. 1 | 1545-004 | 47 | |
|------|--|--|-----------|---------------|----------|----------|--|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | ົງດ | | |
| | | Compensated Employees | | 20 | ZU | J | |
| Depa | tment of the Treasury | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | Open to | | ic | |
| | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | ection | | |
| Nan | e of the organizatio | | | identificatio | | mber | |
| | | GLOBAL FUND FOR CHILDREN | 56-3 | 183488' | 7 | | |
| Pa | rt I Question | s Regarding Compensation | | | | —— | |
| | | | | | Yes | No | |
| 1a | | iate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| | First-class or | | | | | | |
| | Travel for companions Payments for business use of personal residence | | | | | | |
| | | cation and gross-up payments | | | | | |
| | | spending account Personal services (such as maid, chauffer | ir, cnet) | | | | |
| | If any of the barren | | | | | | |
| D | b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | | |
| ~ | | | | 1b | | <u> </u> | |
| 2 | • | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | 0 | | | |
| | trustees, and onice | rrs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | |
| 3 | Indicato which if a | ny, of the following the organization used to establish the compensation of the organization's | | | | | |
| U | | ector. Check all that apply. Do not check any boxes for methods used by a related organization of the orga | | | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | | | | |
| | Compensatio | | | | | | |
| | | compensation consultant | | | | | |
| | X Form 990 of c | | ommittee | | | | |
| | | | | | | | |
| 4 | During the year, di | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | |
| | organization or a re | | | | | | |
| а | - | e payment or change-of-control payment? | | 4a | | X | |
| b | Participate in or re | ceive payment from a supplemental nonqualified retirement plan? | | 4b | | X | |
| с | | ceive payment from an equity-based compensation arrangement? | | 4c | | X | |
| | | nes 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 compensatic | 'n | | | | |
| | contingent on the | evenues of: | | | | | |
| а | The organization? | | | 5a | | X | |
| b | | ation? | | | | X | |
| | | 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 compensatio | 'n | | | | |
| | contingent on the | net earnings of: | | | | | |
| а | | | | | | X | |
| b | | ation? | | <u>6b</u> | | X | |
| | | or 6b, describe in Part III. | | | | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | |
| | | nes 5 and 6? If "Yes," describe in Part III | | 7 | | X | |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | ne | | | 37 | |
| | | | | 8 | | X | |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | | | | |
| | Regulations sectio | | | | | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | Schee | dule J (Forn | n 990) | 2020 | |

032111 12-07-20

56-1834887

Page 2

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.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in column (B) |
|---------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|----------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | benefits | (B)(i)-(D) | reported as deferred on prior Form 990 |
| (1) JOHN HECKLINGER | (i) | 220,876. | 0. | 0. | 9,000. | 22,672. | 252,548. | 0. |
| CEO/PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) COREY OSER | (i) | 161,059. | 0. | 0. | 6,480. | 10,958. | 178,497. | 0. |
| VP PROGRAMS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2020

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 3:

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

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ

| 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.

20 **/**U Open to Public Inspection

| _ | | | |
|------|--------|----------|-------|
| Name | of the | organiza | ation |

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

| Name | e of the organization | | | | | Employer identif | | | nber |
|------|--|-------------------------------|---|--|---------|---|------|------|------|
| | GLOBAL FUND | FOR CH | ILDREN | | | 56-18 | 348 | 387 | |
| Par | t 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 1 <u>c</u> | | (d) Method of dete noncash contributi | | | 3 |
| 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 | 27,864 | MAI | RKET 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 \ldots | | | | | | | | |
| 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 organi | | | | | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledg | ement | | | | | |
| | | | | | | | _ | Yes | No |
| 30a | During the year, did the organization receive b | • | • • • • • | | | | | | |
| | must hold for at least three years from the dat | | l contribution, and | which isn't required to be u | ised fo | | | | 77 |
| | exempt purposes for the entire holding period | ? | | | | ····· | 30a | _ | X |
| | If "Yes," describe the arrangement in Part II. | | | | | 、 | | | |
| 31 | Does the organization have a gift acceptance | | - | - | | ′ - | 31 | X | |
| 32a | Does the organization hire or use third parties contributions? | | • | cit, process, or sell noncash | | | 32a | | х |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an amount in c | column (c) fo | r a type of property | / for which column (a) is che | ecked. | | | | |
| | describe in Part II. | . , | | | , | | | | |
| LHA | For Paperwork Reduction Act Notice, see | the Instruct | tions for Form 990 |). | | Schedule M | Form | 990) | 2020 |

Schedule M (Form 990) 2020 GLOBAL FUND FOR CHILDREN Part II Supplemental Information. Provide the information required

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.

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



Employer identification number 56-1834887

GLOBAL FUND FOR CHILDREN

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

THE BOARD OF DIRECTORS MAY BY RESOLUTION DESIGNATE AN EXECUTIVE COMMITTEE CONSISTING OF THREE OR MORE DIRECTORS AND MAY DELEGATE TO SUCH COMMITTEE 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 INTEREST DISCLOSURE POLICY AND ARE REQUIRED TO SIGN THE CONFLICT OF OF INTEREST DISCLOSURE STATEMENT. IF A CONFLICT ARISES, THE CHIEF EXECUTIVE OFFICER (CEO) IS ENGAGED TO DETERMINE IF THERE IS A CONFLICT OF INTEREST. 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 BOARD MEMBER AND STAFF HAVE TO SIGN THE CONFLICT OF INTEREST DISCUSSION. 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20

12590525 131839 064-03813500

62

2020.05095 GLOBAL FUND FOR CHILDREN 064-0382

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 SELF EVALUATIONS WHICH ARE REVIEWED AT THE MANAGER LEVEL AND SENT TO HR AND CEO FOR REVIEW AND APPROVAL. ANY PERFORMANCE-BASED OR MARKET BASED 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 CO-CHAIR. THE MOST RECENT YEAR IN WHICH THE PROCESS INCLUDED A REVIEW WAS FISCAL YEAR ENDING, JUNE 30, 2021

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.

63

032212 11-20-20

LHA

THE GLOBAL FUND FOR CHILDREN UK TRUST TO IMPROVE THE LIVES OF VULNERABLE CHILDREN AND EPWORTH HOUSE 25 CITY ROAD LONDON, LONDON, UNITED KINGDOM EC1YAA YOUTH IN OUR WORLD UNITED KINGDOM

| Identification of Related Tax-Exempt Organizat organizations during the tax year. | ions. Complete if the organization ans | wered "Yes" on Form 990, Pa | rt IV, line 34, becaus | e it had one or more | related tax-exempt |
|--|--|-----------------------------|------------------------|----------------------|--------------------|

Related Organizations and Unrelated Partnerships

(c)

Legal domicile (state or

foreign country)

(c)

Legal domicile (state or

foreign country)

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

(b)

Primary activity

(b)

Primary activity

TO ADVANCE EDUCATION FOR

IN HONG KONG

CHILDREN AND YOUNG PEOPLE

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.

Name of the organization

(a)

Name, address, and EIN (if applicable)

of disregarded entity

(a)

Name, address, and EIN

of related organization

THE GLOBAL FUND FOR CHILDREN HK LIMITED

30 HARBOUR ROAD, WANCHAI, HONG KONG, CHINA

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

3 FLOOR ROOM 301, SUN HUNG KAI CENTRE

(Form 990)

Part I

Part II

Department of the Treasury Internal Revenue Service

Inspection

Employer identification number

(f)

Direct controlling

entity

56-1834887

Schedule R (Form 990) 2020

(g) Section 512(b)(13)

controlled

entity?

No

Yes

Х

Х

CHINA

OMB No. 1545-0047 2020 **Open to Public**

(e)

Public charity

status (if section

501(c)(3))

(f)

Direct controlling

entity

GLOBAL FUND FOR

GLOBAL FUND FOR

CHILDREN

CHILDREN

(d)

Exempt Code

section

(d)

Total income

(e)

End-of-year assets

Schedule R (Form 990) 2020 GLOBAL FUND FOR CHILDREN

56-1834887 Page 2

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-------------------------------|----|-----------------|---------------------------|----------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | Disproportionate allocations? | | | Genera manag partne | or Percentage ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | 10 |
| | | | | | | | | | | | |
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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 | (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? | |
|---|--------------------------------|---|-------------------------------------|--|--|---|--------------------------------|---|----------|
| | | country) | | | | | | Yes | No |
| | | | | | | | | | |
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Schedule R (Form 990) 2020 GLOBAL FUND FOR CHILDREN

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

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|--|----|-----|----|
| 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? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | Х |
| | Gift, grant, or capital contribution to related organization(s) | 1b | | Х |
| | Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| | Loans or loan guarantees to or for related organization(s) | 1d | | Х |
| | Loans or loan guarantees by related organization(s) | 1e | | Х |
| | | | | |
| f | Dividends from related organization(s) | 1f | | Х |
| g | Sale of assets to related organization(s) | 1g | | Х |
| | Purchase of assets from related organization(s) | 1h | | Х |
| i | Exchange of assets with related organization(s) | 1i | | Х |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | Х |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | X |
| | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | X |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | X |
| | Sharing of paid employees with related organization(s) | 10 | | X |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | X |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | X |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | X |
| S | Other transfer of cash or property from related organization(s) | 1s | | Х |
| 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) THE GLOBAL FUND FOR CHILDREN UK TRUST | С | 525,451. | GRANTS TO US ENTITY |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2020 GLOBAL FUND FOR CHILDREN

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) Are all partners so 501(c)(3 orgs.? Yes No | (g) Share of end-of-year assets | (h Dispro tion allocati Yes |) ate ons? No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General managin partner Yes No | (k) Percentage ownership |
|--|--------------------------------|---|---|---|---|--|-------------------------------|---|--|--------------------------------|
| | | | | | | | | | | |
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Schedule R (Form 990) 2020

Part VII Supplemental Information

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

Type text here

032165 10-28-20

68 2020.05095 GLOBAL FUND FOR CHILDREN 064-0382

Schedule R (Form 990) 2020