2008 RETURN WAS FOR 10/1/08-12/31/08 ONLY DUE TO CHANGE OF ACCTG. PD.

	A			1 199	OM8 No. 1545-004	
Form	990	,	Return of Organization Exempt From		୭ <b>୷</b> 1	
	-		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	de (except black lung	LEVIU	
	ent of the Trea levenue Servi		benefit trust or private foundation)		Opon to Pub	
		1	The organization may have to use a copy of this return to setisfy stating , 2010, and endline , 2010, and		Inspection	
			forganization	D Employer Identificati		
B Check	il applosols:	1	THE CHILDREN FEDERATION, INC.	06-0726487		
	ddress hange	Doing E	usiness As			
M	ama changa	Numbe	and street (or P.O. box if mall is not delivered to street address) Room/suite	E Telephone number		
15	reten late		ILTON ROAD	(203) 221-403	81	
	believen the		own, stale or country, and ZIP + 4			
re re	mended turn poScation	_	PORT, CT 06880		639,930,50	
	anding		and address of principal officer: CHARLES F MACCORMACK	H(A) is this a group return for afféctes?		
Тах	-exempt sta		ILTON ROAD, WESTPORT, CT 06880           501(c)(3)         501(c)()         ◀ (insert no.)         4947(a)(1) or         55	H(b) Are all affiliates included		
			501(c)(3)         501(c)(         ↓         (insert no.)         4947(a)(1) or         52           VETHECHILDREN.ORG         0	······	-	
	m of organiz			H(c) Group exemption number of formation: 1932 M State of H		
Part I		nmary		a totinador: 1932 m State of h	egai domicae;	
1			he organization's mission or most significant activities:	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •	
	SAVE	THE (	HILDREN IS AN INTERNATIONAL NONPROFIT CHILDREN	'S RELIEF AND		
20	DEVE	LOPMEN	T ORG. WHOSE MISSION IS TO INSPIRE BREAKTRHOUG	HS IN THE WAY		
Activitias & Governance 9 9 4 5 0	THE	WORLD	TREATS CHILDREN, AND TO ACHIEVE IMMEDIATE AND	LASTING CHANGE		
§ 2	Check f	this box	If the organization discontinued its operations or disposed of more than	25% of its net assets.		
a 3			members of the governing body (Part VI, line 1a)		3	
sg 4			endent voting members of the governing body (Part VI, line 1b)		З	
5 6	Total nu	umber of i	ndividuals employed in calendar year 2010 (Part V, line 2a)	5	92	
-			olunteers (estimate if necessary)	6	3	
			ated business revenue from Part VIII, column (C), line 12		•	
t	D Net unn	elated bu	iness taxable income from Form 990-T, line 34			
. 8	Contribu			Prior Year	Current Year	
9 9			I grants (Part VIII, line 1h)		5,758,21	
9 Kevenue 10	0/01/120,					
ž 11	Other re	venue (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,458,441.	4,875,46	
12	Total res	venue - a	Id lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,250,88	
13			computer and (Deck IV, and the (A) times 4.0)		62,282,63	
14			r for members (Part IX, column (A), line 4)	0.	027202705	
o 15					45,324,662	
Ê 16;	a Professi	Ional fund	aising fees (Part IX, column (A), line 11e)	7,191,427.	7,284,79	
8 16 a	b Total fur	ndraising	mpensation, employee benefits (Part IX, column (A), lines 5-10) raising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25) 24,679,971.	.,	77201775	
<sup>11</sup>	Other ex	xpenses (	Part IX, column (A), lines 11a-11d, 11f-24f)	156,084,568. 2	01,198,719	
18			dd lines 13-17 (must equal Part IX, column (A), line 25)		16,090,817	
19	Revenue	e less exp	enses. Subtract line 18 from line 12		25,759,241	
20				Beginning of Current Year	End of Year	
20	Total ass	sets (Part	X, line 16)	273,803,691. 3	15,121,126	
20 21 22 22	Total liat	bilities (Pa	rt X, line 26)	121,248,939. 1	35,885,831	
	Net asse	ets or fund	balances. Subtract line 21 from line 20	152,554,752. 1	79,235,295	
art II	Sign	ature Bl	DCK			
nuer pei	ind complet	egury, i de le. Declara	stare that I have examined this return, including accompanying schedules and statements ion of preparer (other than officer) is based on all information of which preparer has any	, and to the best of my knowledge a knowledge.	nd belief, it is true,	
	Τ.	5.	ILA RI			
Sign Here		O A Constant	Might MU	18-11-20	211	
1010					A 10-	
	1 1 3	<u>a rar</u>	A. Gillman Vice President Finance + Inform	stion Management /	CF0	
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	1 1 13			Cheat #	riki	
td	Print/Typ	he preparer	s name Preparer's signature Date	/ seif-		
eparer	Print/Typ Mar	e preparer	sname 241 Antonetti Wrey, Euly Saltorda 8/10	SO// employed ► P	00431862	
	Print/Typ MG( Fikm's na	He preparer 14 ° Cur anne D	sname Lyn Antonett Wrey Culy Artorets 8/10 KPMG LLP	Self- employed     ►     P       Firm's EIN     ►     13-556	00431862 5207	
eparer e Only	PrinvTyp MG( Firm's na Firm's ed	toress D	s name Preparer's signature Lun Antoneth Wkey Luly 24 Jonath 8/10 KPMG LLP ONE FINANCIAL PLAZA HARTFORD, CT 06103-2608	Self- employed         ■         P           Firm's EIN         ■         13-556           Phone no.         860-52	00431862 5207	

	10)		06-0726487	Pag
Part III	Statement of Program Servi Check if Schedule O contains	ce Accomplishments a response to any question in th	is Part III	
1 Briefly	describe the organization's m			
			T CHILDREN'S RELIEF AND	
DEVEI	OPMENT ORGANIZATION	WHOSE MISSION IS TO I	NSPIRE BREAKTHROUGHS IN	
THE W	AY THE WORLD TREATS	CHILDREN, AND TO ACHI	EVE IMMEDIATE AND	
LASTI	NG CHANGE IN THEIR I	JIVES.		
the prio If "Yes	or Form 990 or 990-EZ? ," describe these new services	on Schedule O.	during the year which were not listed	
service			s in how it conducts, any program	Yes X
4 Descril Section	be the exempt purpose achiev n 501(c)(3) and 501(c)(4) orga	rements for each of the organiza	tion's three largest program services by ) trusts are required to report the amount h program service reported.	
4a (Code: SEE S	) (Expenses \$	468,469,661. including grants o	of \$	5,758,211.)
<b>b</b> (Code:	) (Expenses \$)	including grants of	of \$) (Revenue \$	)
c (Code:	) (Expenses \$	including grants of	\$) (Revenue \$	)
<b>c</b> (Code:	) (Expenses \$	including grants of	\$) (Revenue \$	)
	) (Expenses \$	including grants of	\$) (Revenue \$	)
Lc (Code:	) (Expenses \$	including grants of	\$) (Revenue \$	)
Code:	) (Expenses \$	including grants of	\$) (Revenue \$	)
LC (Code:	) (Expenses \$	including grants of	\$) (Revenue \$	)
Lc (Code:	) (Expenses \$	including grants of	*\$) (Revenue \$)	)
Ic (Code:	) (Expenses \$)	including grants of	\$) (Revenue \$	)
Lc (Code:	) (Expenses \$)	including grants of	\$) (Revenue \$)	)
Le (Code:	) (Expenses \$)	including grants of	\$) (Revenue \$	)
			\$) (Revenue \$)	)
	program services. (Describe in	Schedule O.)		)
Id Other p	program services. (Describe in	Schedule O.) ng grants of \$	\$) (Revenue \$ 	)

Checklist of Required Schedules         visc           1         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."         visc           2         Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)         3           3         Did the organization required to complete Schedule B, Schedule C, Parl II.         3           4         Section 501(c)(3) organizations. Did the organization orgage in lobbying activities on behalf of or in opposition to candidates for public office/11 "ress" complete Schedule C, Parl II.         3           5         Is the organization ascient S01(c)(4), S01(c)(5), or 501(c)(10) organization that receives membership dues assessments, or similar amounts as defined in Revenue Proceedure 94197 II "ress" complete Schedule D, Parl II.         4           6         Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or amounts in such funds or accounts? II "Yes." complete Schedule D, Parl II.         5           7         Did the organization maintain collections of works of art. historical treasures, or toher similar asset? II "Yes." complete Schedule D, Parl II.         7           8         Did the organization report an amount for line fullowing quasinons is "Yes." then complete Schedule D, Parl V.         10           9         X         0         Did the organization directly or through a related organization, he	Form 9	Form 990 (2010) 06-0726487					
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,''         Ves         No           2 Is the organization required to complete Schedule B, Schedule of Contributors' (see instructions)         2         X           3 Dd the organization required to complete Schedule B, Schedule of Cantibutors' (see instructions)         3         X           4 Section 501(K) organizations. Dd the organization angage in lobbying activities, or have a section 501(h)         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 Revene Procedure 89-197 If 'Yes,' complete Schedule C, Part I.         5           6 Dd the organization receives on the distribution or investment of amounts in such funds or accounts where donors have a section 501(c)(4). 501(c)(5), or 501(c)(6) crossinglete Schedule C, Part I.         5           7 Db the organization receive on the distribution or investment of amounts in such funds or accounts? If 'Yes,'' complete Schedule D, Part I.         8         X           9 Dd the organization receiver an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,'' complete Schedule D, Part I.         8         X           10 Dd the organization report an amount in Part X, line 21; serve as a custodian for amounts on listed in Part X, icomplete Schedule D, Part V.         8         X           10 Dd the organization	Part				Page <b>3</b>		
complete Schedule A         1         1         1         1         1         1         1         1         2         1         1         1         2         1         1         1         2         1         1         1         2         1         1         1         2         1         1         1         2         1         1         1         2         1				Yes	No		
2         is the organization required to complete Schedule B Schedule of Contributers? (see instructions)         2         X           3         Dd the organizations indirect or indirect political compaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.         3         X           4         Section 501(c)(3) organizations. Did the organization engage in lobbing activities, or have a section 501(b)         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 88-197 'Yes,'' complete Schedule C, Part II.         5           6         X         0         Dd the organization maintain any donor advised funds or any similar funds or accounts? If 'Yes,'         6         X           7         Dd the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'         6         X           9         Dd the organization report an amount in Part X, line 21; serve as a custodian for amounts to listed in Part X, ior provide credit counseling, debt management, credit repair, or debt schedule D, Part II.         9         X           10         Dd the organization report an amount in Part X, line 12; serve as a custodian for amounts to listed in Part X, ior provide credit counseling, debt management, credit repair, or debt schedule D, Part V, VI, VII, VII, X, VX as applicable.         9         X           10	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"					
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         ×           Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) effectivity in tax year II 'Yes,' complete Schedule C, Part I.         4         ×           4         Section 501(c)(3) organization section that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 /I 'Yes,' complete Schedule C, Part I.         4         ×           6         Did the organization naintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice or hold a conservation essement, including essements to preserve open space, the environment, histonc land areas, or historic structures? If 'Yes,' complete Schedule D, Part I.         7         ×           9         Did the organization receiver an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide arealit counseling, debt management, credit repair, or debt negatiaton services? If 'Yes,' complete Schedule D, Part IV.         10         ×           9         Did the organization receiver to any othe following questions is 'Yes,' then complete Schedule D, Part V, VI, VII, VII, X, or X as applicable.         10         ×           9         Did the organization administor in and buildings, and equipment in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part V.         10         ×		complete Schedule A	1	Х			
andidates for public office? // "Yes," complete Schedule C, Part I.       3       X         4 Section Soft(X) or granization. Did the organization regains (indbying activities, or have a soction 501(h)       4       X         5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership due, assessments, or similar anounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part II.       4       X         6 Did the organization maintain any door advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts /// "Yes," complete Schedule D, Part I.       6       X         7 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repari, or debt negotiation services? // "Yes," complete Schedule D, Part V.       8       X         9 Did the organization report an amount for land, buildings, and equipment in Part X, line 12; serve as a custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repari, or debt negotiation services? // "Yes," complete Schedule D, Part V.       9       X         10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16 more schedule D, Part VII, VII, VII, VII, VII, VII, VII, VII	2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х			
4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II.         4         X           5         Is the organization assistive as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II.         5           6         Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.         5           7         Did the organization receive or hold a conservation easement, including easements to preserve open space. The environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.         7         X           7         Did the organization receive or hold a conservation easement, including easements to preserve open space. The environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.         8         X           9         Did the organization receives to any of the following questions is "Yes," then complete Schedule D, Part IV.         9         X           10         Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X VI.         10         X	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to					
election in effect during the tax year? If "Yes," complete Schedule C, Part II.       4       X         5 Is the organization assistion 501(c)(4), 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         6 Did the organization receive or hold a conservation assement, including essements to preserve open space, the environment, histoic atructures? If "Yes," and the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"       6       ×         7 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, histoic atructures? If "Yes," complete Schedule D, Part II.       7       ×         8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt magoliation services? If "Yes," orapilete Schedule D, Part IV.       10       ×         10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV.       10       ×         11 If the organization report an amount for investments-orhersecurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16 III Part X, line 16 IIII Part X, line 16 IIII Part X, line 16 IIII Part X, line 16 IIIII Part X, line 17 IIIII X       11d       ×         10 Did the organization report an amount for investments-orbersecurities in Part X, line 13 that is 5% or more of its total assets reported in Part X,		candidates for public office? If "Yes," complete Schedule C, Part I	3		Х		
5         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedue 98-19? If "Yes," complete Schedule C, Part II.           6         Did the organization maintain any donor advised hunds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.         6         X           7         Did the organization reserves or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.         7         X           8         Did the organization maintain collections of works of ant, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.         7         X           9         Did the organization faited y or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV.         9         X           10         Did the organization faited y or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI.         9         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.         10         X           12         If the organization report an amount for linvestments-porgram related in Part X.         111	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)					
assessments, or similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part II.       5         6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.       6         7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7         8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.       7         9 Did the organization report an amount in Part X, line 21: serve as a custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repar, or debt negotiation services? If "Yes," omplete Schedule D, Part IV.       8         10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.       10         11 If the organization report an amount for investments—othersecurities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI.       11         2 Did the organization report an amount for other sestins In Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI.       11         2 Did the organization report an amount for investments-		election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х			
Part III       5         6 Did the organization maintain any doner advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes," complete Schedule D, Part I.       6         7 Did the organization reserves or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes," complete Schedule D, Part II.       7         8 Did the organization resorties of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part IV.       8         9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X. or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes," organization? answer to any of the following questions is 'Yes," then complete Schedule D, Part V.       9         10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part VII.       10         11 If the organization report an amount for investments—othersecurities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII.       11         c Did the organization report an amount for investments—othersecurities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII.       11         c Did the organization report an amount for investments—othersecurities in Part X, line 13 that is 5% or more of its total assets reported in Part X	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,					
6       Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. <ul> <li>if the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.</li> <li>if the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.</li> <li>if the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repart, or debt negotiation services? If "Yes,"</li> <li>if the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV.</li> <li>if the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V</li> <li>if the organization report an amount for investments—othersecurities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V</li> <li>if the organization report an amount for other assetis In Part X, line 13 that is 5% or more of its total assets reported in negnization completed francial statements for the taxy seri include a condice D, Part X, inte 12? If "Yes," complete Schedule D, Part X, inte 12? If "Yes," complete Schedule D, Part X, inte 12? If "Yes," complete Schedule D, Part X, inte 12? If "Yes," complete Schedule D, Part X, inte 12? If "Yes," complete Schedule D, Part X, inte 12? If "Yes," complete Schedule D, Part X, inte 12? If "Yes," complete Schedule D, Part X, inte 12? If "Yes," complete Schedule D, Part X, i</li></ul>		assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,					
the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.       6       X.         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X.         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV.       8       X.         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV.       8       X.         10       Did the organization factely or through a related organization, somewrot any of the following questions is "Yes," then complete Schedule D, Part V.       10       X.         11       If the organization resort an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.       11       X.         11       If the organization report an amount for other assets in Part X, line 12? If "Yes," complete Schedule D, Part VII.       11       X.         11       If the organization report an amount for other assets in Part X, line 13? If "Yes," complete Schedule D, Part VII.       11       X.         11       X.       Did the organization report an amount for other assets in Part X, line 13? If "Yes," complete Schedule D, Part X.       11       X. <td></td> <td></td> <td>5</td> <td></td> <td></td>			5				
complete Schedule D, Part I       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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 Schedule D, Part III.       8       X         9       Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV.       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         11       The organization report an amount for investments—othersecurities in Part X, line 10? If "Yes," complete Schedule D, Part VI       10       X         11       Did the organization report an amount for investments—othersecurities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11       X         12       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11       X         13       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part VII       11       X	6						
<ul> <li>7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.</li> <li>9 Did the organization minitain collections of works of at, historical treasures, or there similar assets? If "Yes," complete Schedule D, Part IV.</li> <li>9 Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV.</li> <li>10 Did the organization idirectly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.</li> <li>11 The organization report an amount for law guestions is "Yes," then complete Schedule D, Part V.</li> <li>10 X</li> <li>11 The organization report an amount for investments—othersecurities in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>11 Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.</li> <li>11 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.</li> <li>11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X</li> <li>11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets the organization report an amount for other assets in Part X, line 14 that is 5% or more of its total assets the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets the organization report a</li></ul>		the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"					
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complete Schedule D, Part III       8       X         9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V       9       X         10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V       9       X         11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       10       X         12 Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11b       X         13 Did the organization report an amount for other isbittes in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11b       X         14 Did the organization report an amount for other isbittes in Part X, line 25' If "Yes," complete Schedule D, Part X       11c       X         15 Did the organization report an amount for other liabilities in Part X, line 25' If "Yes," complete Schedule D, Part X       11c       X         16 Did the organization report an amount for other liabilities in Part X, line 25' If "Yes," complete Schedule D, Part X       11c       X         17 Did the organization report an amount for other RNA (SCA 270) If "Yes,			7		X		
9       Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negatization services? If "Yes,"       9       X         10       Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.       10       X         11       If the organization senver to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, VII, VII, X, or X as applicable.       10       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 12 thrat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       110       X         13       Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       116       X         14       X       Did the organization report an amount for other tassets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       116       X         14       Did the organization's separate or consolidated financial statements for the tax year?       116       X         15       Did the organization include an independent audited financial statements for the tax year?       117       X         116	8				37		
X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, X, or X as applicable.       10       X         12       Did the organization report an amount for investments—othersecurities in Part X, line 10? If "Yes," complete Schedule D, Part VII.       11       X         13       Did the organization report an amount for investments—othersecurities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11       X         14       Did the organization report an amount for investments—othersecurities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       116       X         15       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       116       X         16       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       116       X         17       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	-		8		X		
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10       Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.       10       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII       11a       X         13       C Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         14       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11c       X         15       Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X       11d       X         16       Did the organization batin separate, independent audited financial statements for the tax year?       If "Yes," and if the organization neutota in tax pasilons under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X, IX, and XIII, an					v		
quasi-endowments? If "Yes," complete Schedule D, Part V.       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, X, or Xa sapplicable.       11a       X         a Did the organization report an amount for investments—othersecurities in Part X, line 10? If "Yes," complete Schedule D, Part VII       11a       X         b Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11b       X         c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11c       X         d Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year?       11f       X         12a       2b did the organization included in consolidated financial statements for the tax year?       11f       X         11a       X       11d       X       11d       X         11d       X       11d       X       11d       X         11d       X       11d       X       11d       X         11d       X       11d       X       11d       X <td>40</td> <td></td> <td>9</td> <td></td> <td></td>	40		9				
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.       11       11       11         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       11       11         b Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11	10		10	v			
VII, VIII, IX, or X as applicable.       Image: Complete Schedule D, Part V V         a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V V       11a       X         b) Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII,       11d       X         d) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets       11d       X         e) Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets       11d       X         f) Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       11d       X         12a       X/I dhe organization obtain separate, independent audited financial statements for the tax year?       If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year?       11d       X         12a       X       12a       X       11d       X         12a       X       11d       X       11d       X <tr< th=""><td>11</td><td></td><td>10</td><td>Λ</td><td></td></tr<>	11		10	Λ			
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reported in Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X, III, and XIII.       11d       X         12 a Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization aschool described in section 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       12a       X         13 Is the organization maintain an office, employees, or agents outside of the United States?       If "Yes," complete Schedule F, Parts I and IV       14a       X         14 a Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts I and IV       16       X         14 Did the organization report more than \$15,000 of grants or assistance to any organization report more than \$15,000 of grass income and contributions on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule F, Parts III and IV       16       X	d						
<ul> <li>e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X, f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X</li></ul>			11d		Х		
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"       12a       X         b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       12a       X         13 Is the organization maintain an office, employees, or agents outside of the United States?       13       X         14 a Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts II and IV       14b       X         16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargate grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       X         16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to any organization report at 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 F, Parts II and IV       15       X         18 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lin	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х			
12 a Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes,"       12a       X         b Was the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," and if       12b       X         13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional       13i       X         14 a Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV       14b       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       X         16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to any organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to and NV       16       X         17 Did the organization report 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 (see instructions) <td< th=""><td>f</td><td>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses</td><td></td><td></td><td></td></td<>	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
complete Schedule D, Parts XI, XII, and XIII.         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, XII, and XIII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(iii)?       If "Yes," complete Schedule E       13       X         14 a Did the organization maintain an office, employees, or agents outside of the United States?       14a       X       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garsts or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or assistance to individuals located outside the United States? 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), line 3, more than \$5,000 of garst income and contributions on Part IX, column (A), line 3, more than \$5,000 of garse income and contributions on Part IX, column (A), line 3, more than \$5,000 of garse income assistance to any organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6 and		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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, XII, and XIII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       13       X         14 a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV-       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, 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 II (see instructions)       17       X	12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"					
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<ul> <li>14 a Did the organization maintain an office, employees, or agents outside of the United States?</li></ul>			12b				
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business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV       15       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 (see instructions)       17       X         18       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 II       18       X         19       Did the organization operate one or more hospitals? If "Yes," complete Schedule H       19       X         20 a       Did the organization operate one or more hospitals? If "Yes," complete Schedule H       19       X         20 a       Did the organization operate one or more hospitals? If "Yes," complete Schedule H       20a       X         19       K       20a       X			14a	X			
<ul> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i></li></ul>	b			37			
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<ul> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i></li></ul>	15		45	37			
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<ul> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i></li></ul>	16		10	v			
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<ul> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i></li></ul>	17		17	v			
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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       X         20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H       20a       X         b If "Yes" to line 20a, did the organization attach its audited financial statements to this return?       Note. Some Form       0	10		18	x			
If "Yes," complete Schedule G, Part III       19       X         20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H       20a       X         b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form       Note. Some Form	10		10	21			
20 a Did the organization operate one or more hospitals?       If "Yes," complete Schedule H       20a       X         b If "Yes" to line 20a, did the organization attach its audited financial statements to this return?       Note. Some Form       0	13		19		х		
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form	20 a						
990 filers that operate one of more nospitals must attach audited financial statements (see instructions)	2	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b				

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Par	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	~	37	
		21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	~		Х
		22		
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	23	Х	
24 -	employees? <i>If "Yes," complete Schedule J</i>	23	Λ	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
b		24b		
c c	Did the organization mointain an escrow account other than a refunding escrow at any time during the year	240		
U		24c		
d		240 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
20 4		25a		Х
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?			
		25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
		26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	= = = = = = = = = = = = = = = = = = =	28c	Х	
29		29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	_		
		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	$\sim$	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34		34	Х	
35	,	35	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Х
зэ а	Did the organization receive any payment from or engage in any transaction with a	35		
a	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
55		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,			
		37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
		38	Х	
		Form	990	(2010)

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Par				
	Check if Schedule O contains a response to any question in this Part V.			<b>.</b> X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 226			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
<b>.</b> .	reportable gaming (gambling) winnings to prize winners?	1c		
za	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 <u>922</u>			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	20		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Х
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country:  SEE SCHEDULE O			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
2	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711		21
,	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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			
3	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			
	Enter the amount of reserves on hand	4.4.		37
1 2	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7	b bel	OW, a	and
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, o	r cha	nge	s in
	Schedule O. See instructions.		Ũ	
	Check if Schedule O contains a response to any question in this Part VI			X
Saat	ion A. Governing Body and Management			Δ
Jeci	ion A. Governing body and management		Vee	Na
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 34			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
Ŭ		3		Х
4		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
•	The governing body?	8a	Х	
a		8b	Х	
b	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
0 1	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	, i i i i i i i i i i i i i i i i i i i	
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	Х	
h				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	21	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~	The organization's CEO, Executive Director, or top management official	15a	Х	
a			X	
b	Other officers or key employees of the organization	15b	23	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   ATTACHMENT 1			
	1, 1			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only available for public inspection. Indicate how you make these subjicible. Check all that apply	)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ SARAH A. GILLMAN 54 WILTON ROAD WESTPORT, CT 06880			
	203-221-4091			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII.......

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average	Posit	ion (r	(C		hat app	lv)	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week (describe hours for related organizations in Schedule O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	roportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) SUSAN ARNOLD								_		
TRUSTEE - ROTATED OFF 2010	1.00	Х						0.	0.	. 0.
(2) SUSAN J. BLUMENTHAL TRUSTEE	1.00	Х						0.	0.	0.
(3) ROXANNE MANKIN-CASON TRUSTEE	1.00	Х						0.	0.	0.
(4) ANDREA COLLINS										
TRUSTEE	1.00	Х						0.	0.	0.
(5) ROBERT DALY										
CHAIRMAN - ROTATED OFF 2010	1.00	Х						0.	0.	0.
(6) SUSAN DECKER										
TRUSTEE	1.00	Х						0.	0.	0.
(7) MARTHA DE LAURENTIIS										
TRUSTEE	1.00	Х						0.	0.	0.
(8) GRETCHEN DYKSTRA										
TRUSTEE	1.00	Х						0.	0.	0.
(9) RANDALL EISENBERG										
TRUSTEE	1.00	Х						0.	0.	0.
(10)WILLIAM FRIST										
TRUSTEE	1.00	Х						0.	0.	0.
(11)PHILIP H. GEIER JR.										
VICE CHAIRMAN	1.00	Х						0.	0.	0.
(12)CHARLOTTE GUYMAN										
TRUSTEE	1.00	Х						0.	0.	0.
(13)WILLIAM HABER										
TRUSTEE - ROTATED OFF 2010	1.00	Х						0.	0.	0.
(14) LAWRENCE HOROWITZ										
TRUSTEE	1.00	Х						0.	0.	0.
(15)GARY E. KNELL										
TRUSTEE	1.00	Х						0.	0.	0.
(16)CHARLES F. MACCORMACK PRESIDENT/CEO/TRUSTEE	35.00	Х		X				391,194.	0.	66,980.

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Form 990 (2010) Part VII Section A. Officers, Directors, Tru	ustees. Ke	ev En	npla		es	and	Hia	06-0726487	ted Employee	<b>s</b> (contin)		age <b>8</b>
(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	Posit		(C	C)	hat employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC	) 01 a	(F) Estimated amount of other compensation from the organization and related organizations	
(17) MARK V. MACTAS TRUSTEE	1 00	37						0.		0.		
(18) JOE MANDATO	1.00	X						0.		0.		0.
TRUSTEE (19) DAVID J. MASTROCOLA TRUSTEE	1.00	X						0.		0.		<u> </u>
(20) HEATH B. MCLENDON TRUSTEE	1.00	X						0.		0.		0.
(21) HENRY S. MILLER TRUSTEE	1.00	X						0.		0.		0.
(22) ANNE MULCAHY CHAIRMAN	1.00	X						0.		0.		0.
(23) THOMAS S. MURPHY TRUSTEE	1.00	x						0.		0.		0.
(24) BRADLEY C. PALMER TRUSTEE	1.00	X						0.		0.		0.
(25) CHARLES R. PERRIN TRUSTEE	1.00	X						0.		0.		0
(26) JUDITH REICHMAN, MD TRUSTEE	1.00	х						0.		0.		0.
(27) DR. ANDREA L. RICH TRUSTEE	1.00	Х						0.		0.		0
(28) COKIE ROBERTS VICE CHAIRMAN	1.00	X						0.		0.		0
1b Sub-total c Total from continuation sheets to Part VII, Sec								391,194. 5,147,616. 5,538,810.			66,98 750,60 817,58	01.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not lin reportable compensation from the organization</li> </ul>			ed al			ho re	ceiv		,000 in	<u> </u>	017,30	<u>)</u> .
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	ule J for su	or or ch ind	tru <i>lividu</i>	ıal	• •	• • •	••			3	Yes X	No
4 For any individual listed on line 1a, is the the organization and related organizations <i>individual</i>	greater th	ian \$	150	,000	)?	lf "Y	'es,'	complete Sched		4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	X	
<ul> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest compensation from the organization.</li> </ul>	compensate	ed ir	idep	end	lent	cont	ract	tors that received	d more than \$	100,000	of	
(A) Name and business add	ress							<b>(B)</b> Description of ser	vices	(C Compe		
ATTACHMENT 3								,		,		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 22

JSA

	990 (20 t VIII	/	nuo			06-0726487		Page
an	u viii	Statement of Reve			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tay under sections 512, 513, or 514
ß	1a	Federated campaigns	1a	1,104,985.				
and other similar amounts	b	Membership dues	1b					
a a a	с	Fundraising events	1c	1,047,837.				
ar	d	Related organizations	1d					
<u><u></u><u></u></u>	е	Government grants (contribut	ions) 1e	211,720,814.				
ers	f	All other contributions, gifts, grant	s,					
븅		and similar amounts not included		316,091,868.				
pug	g	Noncash contributions included in						
	h	Total. Add lines 1a-1f	<u></u>		529,965,504.			
Program Service Revenue				Business Code				
eve	2a	FEE FOR SERVICE CONTRACTS		624200	5,758,211.	5,758,211.		
е В	b							
ž	С							
ŝ	d							
ran	е							
rog	f	All other program service reve						
	g	Total. Add lines 2a-2f			5,758,211.			
	3	Investment income (including			0.005.005			0.005.000
		other similar amounts)			2,065,125.			2,065,12
	4	Income from investment of tax Royalties			0.			
	5	Royalties	(i) Real	(ii) Personal	0.			
	0-	One of Dente						
	6a	Gross Rents						
	b	Less: rental expenses						
	c d	Rental income or (loss)			14,425.			14,425
			(i) Securities	(ii) Other	14,425.			14,42.
	7a	Gross amount from sales of assets other than inventory	100,059,599.	505,052.				
	b	Less: cost or other basis		,				
		and sales expenses	97,754,314.					
	c	Gain or (loss)		505,052.				
	d	Net gain or (loss)			2,810,338.			2,810,338
ъ	8a	Gross income from f						
n l	•••	events (not including \$1	-					
Š		of contributions reported on li						
<b>~</b>		See Part IV, line 18		124,485.				
Other Revenue	b	Less: direct expenses						
Ξl	с	Net income or (loss) from fund			35,243.			35,243
	9a	Gross income from gaming ad See Part IV, line 19						
	b c	Less: direct expenses Net income or (loss) from gan			0.			
	10a	Gross sales of inventor returns and allowances	ory, less					
	b c	Less: cost of goods sold Net income or (loss) from sale	b	747.	-9.		-9	
ſ		Miscellaneous Reven		Business Code				
ſ	11a	MISCELLANEOUS RECEIPTS		624200	655,083.			655,083
	b	SC MEMBER EQUITABLE COST	RECOVERY	624200	445,983.			445,983
	c	COURSE AND SEMINAR FEES		611600	100,155.			100,155
	d	All other revenue						
	е	Total. Add lines 11a-11d			1,201,221.			
	12	Total revenue. See instructio			541,850,058.	5,758,211.	- 9	. 6,126,352

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Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to governments and				
0	rganizations in the U.S. See Part IV, line 21	27,647,294.	27,647,294.		
	Grants and other assistance to individuals in				
th	ne U.S. See Part IV, line 22	0.			
	Grants and other assistance to governments,				
	rganizations, and individuals outside the				
	J.S. See Part IV, lines 15 and 16	134,635,343.	134,635,343.		
	enefits paid to or for members	0.			
	compensation of current officers, directors,				
tr	ustees, and key employees	5,085,013.	2,467,155.	2,089,202.	528,656
	compensation not included above, to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	0.			
	Other salaries and wages	107,819,021.	94,071,995.	7,311,419.	6,435,607
	ension plan contributions (include section 401(k)	2	0 1 60 0 65	F 0 0 0 0 1	200 000
	nd section 403(b) employer contributions)	3,093,826.	2,168,967.	533,921.	390,938
	Other employee benefits	25,337,066.	21,748,230.	2,228,449.	1,360,387
	Payroll taxes	3,989,736.	3,011,513.	520,552.	457,671
	ees for services (non-employees):				
	lanagement	775,549.	1.65.05.6	775,549.	0.055
bL	egal	916,432.	167,956.	739,619.	8,857
		1,058,219.	314,089.	744,130.	
	obbying	0.			
	rofessional fundraising services. See Part IV, line 17	7,284,799.	0.0.0 4.0.0		7,284,799
f Ir	nvestment management fees	1,008,434.	233,482.	769,594.	5,358
	Other	16,522,297.	15,314,262.		1,208,035
	dvertising and promotion	-470,618.	0.017.045	202.070	-470,618
	Office expenses	11,394,432.	8,817,845.	383,270.	2,193,317
	nformation technology	6,653,675.	2,530,682.	3,191,995.	930,998
	Royalties	0.	10 044 710	200 610	
	Occupancy	10,736,880.	10,044,710.	308,619.	383,551
7 T	ravel	24,755,404.	23,736,112.	723,086.	296,206
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials	0.	1 005 105	24.445	1.00
9 C	Conferences, conventions, and meetings	1,329,742.	1,295,135.	34,445.	162
	nterest	34,521.	34,517.		2
	Payments to affiliates	0.	1 000 501	0.01 4.20	272 666
	Depreciation, depletion, and amortization	2,480,627.	1,226,531.	881,430.	372,666
	nsurance	891,544.	782,104.	64,649.	44,791
	other expenses. Itemize expenses not covered				
	bove (List miscellaneous expenses in line 24f. If				
	ne 24f amount exceeds 10% of line 25, column				
	A) amount, list line 24f expenses on Schedule O.)	116 550 610	115 144 001	1 000 000	216 701
	THER PROJECT COSTS	116,559,610.	115,144,221.	1,098,608.	316,781
	EMBERSHIP_DUES	1,396,605.	253,290.	1,071,406.	71,909
	IELD TRAINING	4,415,740.	4,363,556.	52,184.	
	REDIT_CARD_FEES	580,371.	472.	578,945.	954
	THER FUNDRAISING EXPENSES	1,240,433.	1 500 000	1 150 005	1,240,433
	Il other expenses	-1,081,178.	-1,539,800.	-1,159,887.	1,618,509
	otal functional expenses. Add lines 1 through 24f	516,090,817.	468,469,661.	22,941,185.	24,679,971
S	oint Costs. Check here ► if following OP 98-2 (ASC 958-720). Complete this line nly if the organization reported in column				

**Balance Sheet** 

Part X

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	62,579,064.	1	95,649,108.
2	Savings and temporary cash investments	46,018,072.	2	27,816,586.
3	Pledges and grants receivable, net	40,097,921.	3	48,970,905.
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
	described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets 8 2	Notes and loans receivable, net		7	
8 Ass	Inventories for sale or use	8,082,532.	8	17,729,624.
9	Prepaid expenses and deferred charges	7,932,733.	9	11,203,088.
10 a	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 36,300,030.			
ł	D Less: accumulated depreciation	16,702,008.	10c	15,424,548.
11	Investments - publicly traded securities	32,549,765.	11	31,174,748.
12	Investments - other securities. See Part IV, line 11	51,853,061.	12	59,836,993.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	7,988,535.	15	7,315,526.
16	Total assets. Add lines 1 through 15 (must equal line 34)	273,803,691.	16	315,121,126.
17	Accounts payable and accrued expenses	25,984,203.	17	27,633,288.
18	Grants payable	82,285,379.	18	95,911,718.
19	Deferred revenue	596 <b>,</b> 719.	19	955 <b>,</b> 976.
20	Tax-exempt bond liabilities		20	
ഴ്ല 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	Payables to current and former officers, directors, trustees, key			
labi	employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	12,382,638.	25	11,384,849.
26	Total liabilities. Add lines 17 through 25	121,248,939.	26	135,885,831.
Se	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ŭ 27	Unrestricted net assets	102,643,163.	27	107,759,896.
28 ga	Temporarily restricted net assets	32,926,368.	28	45,191,241.
0 29	Permanently restricted net assets	16,985,221.	29	26,284,158.
r Fun	Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
၀ ဖျ 30	Capital stock or trust principal, or current funds		30	
ē a	Paid-in or capital surplus, or land, building, or equipment fund		31	
0 3				
ທີ 31 ¥ 32			32	
Net Assets or Fund Balances 65 82 82 82 82 82 82 82 82 82 82 82 82 82		152,554,752.	32 33	179,235,295.

Form 990 (2010)

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Form	n 990 (2010) 06-0726487				Pa	ge <b>12</b>
Pa	Int XI         Reconciliation of Net Assets           Check if Schedule O contains a response to any question in this Part XI				Χ	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	54	1,8	50,0	58.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51	6,0	90,8	17.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	25,7	59,2	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	52 <b>,</b> 5	54,7	52.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		9	21,3	302.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6	17	9,2	35 <b>,</b> 2	95.
Pa	Financial Statements and Reporting           Check if Schedule O contains a response to any question in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		- [		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o	f				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a separate basis, consolidated basis, or both:					
	X       Separate basis       Consolidated basis       Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	Х	

SCHEDULE A	
(Form 990 or 990-EZ)	)

Department of the Treasury

# **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.

	nent of the Treasury Revenue Service	Attac	h to Form 990 or Form 990-E	z. 🕨	See s	eparate instruct	ions.		Inspection		
Name	of the organization						Emplo	yer ident	ification number		
SAVE	THE CHILDRE	N FEDERATION, IN	NC.					06	-0726487		
Part	Reason for	Public Charity Statu	is (All organizations mu	st con	nplete	this part.) Se	e instru	uctions.			
The o	rganization is not a	private foundation beca	ause it is: (For lines 1 throu	gh 11,	check	only one box.)					
1	A church, con	vention of churches, or a	association of churches de	scribed	in s	section 170(b)	1)(A)(i).				
2	A school desc	ribed in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)							
3	A hospital or a	cooperative hospital se	rvice organization describe	ed in	sectio	n 170(b)(1)(A)	(iii).				
4	A medical re	search organization op	perated in conjunction with	ith a h	ospita	I described in	sectio	n 170(b	)(1)(A)(iii). Enter the		
_	hospital's nam	ne, city, and state:									
5	An organization	on operated for the be	nefit of a college or univ	ersity	owned	or operated	by a go	vernmei	ntal unit described in		
_	section 170(b	)(1)(A)(iv). (Complete I	Part II.)								
6		-	r governmental unit descri								
7			es a substantial part of it	s supp	ort fro	om a governme	ental ur	nit or fro	om the general public		
_		section 170(b)(1)(A)(vi).									
8			on 170(b)(1)(A)(vi). (Com								
9		An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its									
	-					-					
		-	ome and unrelated busi					n 511	tax) from businesses		
<b>40</b> [		-	ne 30, 1975. See section				-				
10 11			ed exclusively to test for pu rated exclusively for the		-				or to corru out the		
			upported organizations de			-					
			bes the type of supporting				-				
	a Type			-		ally integrated		d	-ī		
e			the organization is not				lirectly				
•			agers and other than one			-	-	-			
		ection 509(a)(2).	igore and other than one			sioly supported	a organ				
f			n determination from th	e IRS	that it	is a Type I,	Type II.	or Type	e III supporting		
	-		n received a written determination from the IRS that it is a Type I, Type II, or Type III supporting								
g	Since August	17, 2006, has the organ	, 2006, has the organization accepted any gift or contribution from any of the								
	following pers	ons?							,		
	(i) A person	who directly or indire	ectly controls, either alor	ne or t	ogethe	er with persor	ns desc	ribed in	i (ii) Yes No		
	and (iii) b	elow, the governing bo	dy of the supported organ	ization	?				11g(i)		
	(ii) A family r	nember of a person des	cribed in (i) above?						11g(ii)		
	(iii) A 35% co	ntrolled entity of a perso	on described in (i) or (ii) ab	ove?					11g(iii)		
h			t the supported organization	on(s).							
(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv)	Is the ation in	(v) Did you notify the organization		Is the	(vii) Amount of support		
	organization		above or IRC section	col. (i)	listed in verning	in col. (i) of		zation in organized	Support		
			(see instructions))	docu	ment?	your support?		e U.S.?			
				Yes	No	Yes No	Yes	No			
(A)											
(B)											
(C)											
(D)											
(E)											
(⊑)											
Total											

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

Schedule A (Form 990 or 990-EZ) 2010

OMB No. 1545-0047

2010

Open to Public

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	353,526,299.	455,115,120.	109,730,246.	437,508,125.	529,965,504.	1,885,845,294.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	353,526,299.	455,115,120.	109,730,246.	437,508,125.	529,965,504.	1,885,845,294.
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)						28,076,225.
6	Public support. Subtract line 5 from line 4.						1,857,769,069.
	tion B. Total Support	(-) 0000	(1-) 0007	(-) 0000	(4) 0000	(-) 0040	(f) T-t-1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	(e) 2010	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	353,526,299.	455,115,120.	109,730,246.	437,508,125.	529,965,504.	1,885,845,294.
	sources	5,015,586.	8,340,331.	1,599,315.	1,416,969.	2,440,183.	18,812,384.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	80,949.	89,031.		27,151.		197,131.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1	71,823.	498,904.	-172,470.	9,102.	1,201,221.	1,608,580.
11	Total support. Add lines 7 through 10						1,906,463,389.
12	Gross receipts from related activities, etc. (se	ee instructions)				12	22,646,111.
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2010 (line	e 6, column (f) di	vided by line 11,	column (f))		14	97.45%
15	Public support percentage from 2009 Se					15	98.41%
16a	33 1/3 % support test - 2010. If the o	rganization did	not check the	box on line 13,	and line 14 is	33 1/3 % or mo	
	this box and stop here. The organization						
b	33 1/3 % support test - 2009. If the c						
	check this box and stop here. The orga	•		•••			
17a	10%-facts-and-circumstances test - 2	•					
	or more, and if the organization me					-	•
	Part IV how the organization meets t			-	-		
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						•
	Explain in Part IV how the organzation				0	•	· · ¬
	supported organization						
18	Private foundation. If the organizatio						
	instructions						<u></u> ▶∟

Schedule A (Form 990 or 990-EZ) 2010

## Schedule A (Form 990 or 990-EZ) 2010

06 -	0726487
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### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Ca	tion A. Public Support alendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e	<b>)</b> 2010	(f) To	tal
1	Gifts, grants, contributions, and membership fees						,		
•	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3									
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the organization's								
	benefit and either paid to or expended on								
-	its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
	Total. Add lines 1 through 5							<u> </u>	
7 a	Amounts included on lines 1, 2, and 3								
h	received from disqualified persons Amounts included on lines 2 and 3							<u> </u>	
a	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13								
	for the year								
с	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
	line 6.)								
Sect	tion B. Total Support								
Ca	alendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2006	(b) 2007	(c) 2008	(d) 2009	(e	<b>)</b> 2010	(f) To	tal
9	Amounts from line 6								
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar								
b	sources Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
~									
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
14	First five years. If the Form 990 is for	the organizatio	n's first, second,	third, fourth, o	r fifth tax year a	ls a s	ection 501	(c)(3)	
	organization, check this box and stop here							<b>.</b>	• [
Sect	tion C. Computation of Public Sur								
15	Public support percentage for 2010 (line 8, c	olumn (f) divided	by line 13, column	(f))		15			
16	Public support percentage from 2009 Schedu	ule A, Part III, line	e 15			16			
	tion D. Computation of Investmen								
17	Investment income percentage for <b>2010</b> (li			column (f))		17			(
18	Investment income percentage from <b>2009</b>					18			(
	33 1/3 % support tests - 2010. If the or				d line 15 is mor		331/2 %	and line	
									Γ
19 a	17 is not more than 331/3 %, check th					• •	-		Ĺ
	22.4/0.0/ automatic table	anization did not	Check a box on	ime 14 or line 1	9a, and line 16 is	s more	man 331/3	₃ ‰, and	Г
	33 1/3 % support tests - 2009. If the orga							· ►	
	<b>33 1/3 % support tests - 2009.</b> If the organization 18 is not more than 33 1/3 %, check <b>Private foundation.</b> If the organization	this box and s	•	•		••	0		•  -

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

					ATTACHMENT 1	
SCHEDULE A, PART II - (	OTHER INCOM	Ε				
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
INSURANCE CLAIMS RECOVERY		199,426.				199,426.
MISCELLANEOUS RECEIPTS	30,696.	40,270.	128.	9,102.	655,083.	735,279.
SALE OF MAILING LIST	41,127.	71,217.	7,046.			119,390.
FEDERAL EXCISE TAX REFUND		121,292.				121,292.
PARTNERSHIP INCOME		66,699.	-179,644.			-112,945.
COURSE AND SEMINAR FEES					100,155.	100,155.
SC MEMBER EQUITABLE COST RECOV					445,983.	445,983.
TOTALS	71,823.	498,904.	-172,470.	9,102.	1,201,221.	1,608,580.

2523569

SCHEDULE C		Political Campaign a	and Lobbying	g Activ	ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527						
		Complete if the organized of the orga	zation is described I	below.		2010	
Department of the Treasury Internal Revenue Service	▶	Attach to Form 990 or Form 990-E			ions.	Open to Public Inspection	
-		Form 990, Part IV, line 3, or Form 990- Complete Parts I-A and B. Do not complete	· · ·	litical Campa	aign Activities)	, then	
		501(c)(3)) organizations: Complete Part	s I-A and C below. Do r	not complete	Part I-B.		
Section 527 organizat	•	,					
		• Form 990, Part IV, line 4, or Form 990- at have filed Form 5768 (election under s				o Dort II P	
		at have NOT filed Form 5768 (election under s					
		o Form 990, Part IV, line 5 (Proxy Tax) o					
-	-	nizations: Complete Part III.			Employer identif	ication number	
SAVE THE CHILDRE	N FFDFF	ATTON INC			06-072		
Part I-A Complete	e if the or	ganization is exempt under se	ction 501(c) or is	a section			
		rganization's direct and indirect polit			_		
candidates for pub		•	iour oumpaign aouvit				
2 Political expenditur					▶ \$		
3 Volunteer hours							
		ganization is exempt under se					
		se tax incurred by the organization u			► \$		
	•	se tax incurred by organization mana			► \$		
		section 4955 tax, did it file Form 472			· · ·		
4a Was a correction n							
<b>b</b> If "Yes," describe in	n Part IV.						
Part I-C Complete	e if the or	ganization is exempt under se	ction 501(c), exce	ept sectio	n <b>501(c)(3)</b> .		
	•	pended by the filing organization t					
2 Enter the amount	of the filing	g organization's funds contributed t	o other organization	s for sectio			
		es nditures. Add lines 1 and 2. Ente			• •		
					· • •		
		Form 1120-POL for this year?				. Yes No	
5 Enter the names, organization made the amount of pol	addresses payments itical contr	and employer identification numb S. For each organization listed, entor ibutions received that were promp	per (EIN) of all sect er the amount paid tly and directly deli	ion 527 po from the fil vered to a	olitical organi ling organizat separate polit	zations to which filing iion's funds. Also enter ical organization, such	
	egaled lun	d or a political action committee (F	AC). Il additional sp		ea, provide ir		
<b>(a)</b> Name		<b>(b)</b> Address	(c) EIN	filing org	nt paid from anization's ne, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
For Privacy Act and Paperwo	rk Reduction	Act Notice, see the Instructions for Form 9	90 or 990-EZ.		Schedule	C (Form 990 or 990-EZ) 2010	

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. .

Pa	Section 501(h)).	n is exempt under section 501(c)(3) and f	iled Form 5768 (election	on under
		belongs to an affiliated group. checked box A and "limited control" provisio	ons apply.	
		ying Expenditures ans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	( <b>b)</b> Affiliated group totals
1 a	Total lobbying expenditures to influence p	ublic opinion (grass roots lobbying)	43,252.	
b	Total lobbying expenditures to influence a	legislative body (direct lobbying)	419,345.	
с	Total lobbying expenditures (add lines 1a	and 1b)	462,597.	
d	Other exempt purpose expenditures		468,007,064.	
е	Total exempt purpose expenditures (add l	468,469,661.		
f	Lobbying nontaxable amount. Enter the a			
	columns.		1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25%	6 of line 1f)	250,000.	
h	Subtract line 1g from line 1a. If zero or les	s, enter -0-		
i	Subtract line 1f from line 1c. If zero or less	s, enter -0-		
j	If there is an amount other than zero on e	ither line 1h or line 1i, did the organization file Fo	rm 4720 reporting	
	section 4911 tax for this year?			Yes No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total			
2 a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.			
c Total lobbying expenditures	324,393.	3,926.	124,749.	462,597.	915,665.			
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.			
f Grassroots lobbying expenditures	68,811.	2,591.	32,130.	43,252.	146,784.			

Schedule C (Form 990 or 990-EZ) 2010

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)		
		Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-		
c	Media advertisements?			•		
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total. Add lines 1c through 1i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5),	or se	ction		
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			2	Yes	No
_	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I "Yes."	ine 3	is an	nswered		
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of perpenses for which the section 527(f) tax was paid).			1		
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	obbyin	g			
-	and political expenditure next year?	• • •		4		
5 	Taxable amount of lobbying and political expenditures (see instructions)         rt IV       Supplemental Information			5		
	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C , complete this part for any additional information.	, line 🗄	5; and	d Part II-B,	line 1i.	

V 10-7.2

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Page 4

Part IV Supplemental Information (continued)

SCHEDULE D		Supplemental Financial Statements	OMB No. 1545-0047
(Fo	rm 990)	<ul> <li>Complete if the organization answered "Yes," to Form 990,</li> </ul>	2010
Deres		Part IV, line 6, 7, 8, 9, 10, 11, or 12.	Open to Public
	rtment of the Treasury nal Revenue Service	Attach to Form 990. See separate instructions.	Inspection
	e of the organization		Employer identification number
_		N FEDERATION, INC.	06-0726487
Pa	rt I Organizati organizati	ions Maintaining Donor Advised Funds or Other Similar Funds or a nanswered "Yes" to Form 990, Part IV, line 6.	-
		(a) Donor advised funds	(b) Funds and other accounts
1		d of year	
2		tions to (during year)	
3 4	Aggregate grants f	end of year	
5		n inform all donors and donor advisors in writing that the assets held in donor a	dvised
•	-	_	Yes 🗆 No
6	Did the organizatio	n inform all grantees, donors, and donor advisors in writing that grant funds can	
		able purposes and not for the benefit of the donor or donor advisor, or for any c	
		impermissible private benefit?	
Pai 1		tion Easements. Complete if the organization answered "Yes" to Forn ervation easements held by the organization (check all that apply).	n 990, Part IV, line 7.
I			in historically important land area
			certified historic structure
		of open space	
2		through 2d if the organization held a qualified conservation contribution in the fo	orm of a conservation
	easement on the la	ist day of the tax year.	Held at the End of the Tax Year
	Total number of a		
a b			2a 2b
c	-	-	20
d		ration easements included in (c) acquired after 8/17/06, and not on a	
	historic structure lis	sted in the National Register	2d
3		ation easements modified, transferred, released, extinguished, or terminated by	y the organization during the
4 5		where property subject to conservation easement is located ion have a written policy regarding the periodic monitoring, inspection, handling	
5	•	procement of the conservation easements it holds?	
6		hours devoted to monitoring, inspecting, and enforcing conservation easement	
	▶		0,
7	Amount of expense	es incurred in monitoring, inspecting, and enforcing conservation easements du	ring the year
	▶\$		
8		vation easement reported on line 2(d) above satisfy the requirements of section	
9	(I) and 170(n)(4)(B	)(ii)? be how the organization reports conservation easements in its revenue and exp	
3		I include, if applicable, the text of the footnote to the organization's financial stat	
_		punting for conservation easements.	
Pa		ions Maintaining Collections of Art, Historical Treasures, or Other if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization works of art, hist public service, pro	elected, as permitted under SFAS 116 (ASC 958), not to report in its re- orical treasures, or other similar assets held for public exhibition, educa vide, in Part XIV, the text of the footnote to its financial statements that descr	venue statement and balance sheet tion, or research in furtherance of ibes these items.
b	works of art, hist public service, pro	<ul> <li>elected, as permitted under SFAS 116 (ASC 958), to report in its rev orical treasures, or other similar assets held for public exhibition, educa vide the following amounts relating to these items:</li> </ul>	tion, or research in furtherance of
		ided in Form 990, Part VIII, line 1	
~	· · /	d in Form 990, Part X	
2	•	n received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
а	Revenues included	required to be reported under SFAS116 (ASC958) relating to these items: I in Form 990, Part VIII, line 1	► ¢
b	Assets included in	Form 990, Part X	••••••••••••••••••••••••••••••••••••••
	Paperwork Reduction	Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2010
JSA			

Scheo	lule D (Form 990) 2010			-		26487			Page	2
Par	t III Organizations Maintainir	ng Collections of	of Art, Histori	al Treasure	es, or (	Other Similar	Assets(c	continue	d)	
3	Using the organization's acquisition collection items (check all that apply		other records	-		-	re a sign	ificant u	se of its	;
а	Public exhibition		d	Loan or exc						
b	Scholarly research		е	Other						
С	Preservation for future gene									
4	Provide a description of the organi XIV.	zation's collectior	ns and explain	how they fur	rther tl	he organization's	s exempt	purpose	in Par	t
5	During the year, did the organization	solicit or receive	donations of a	rt, historical tr	easure	es, or other simila	ar			
	assets to be sold to raise funds rathe	er than to be mair	ntained as part	of the organiza	ation's	collection?	[	Yes	No	2
Par	t IV Escrow and Custodial An line 9, or reported an amo				answ	vered "Yes" to F	orm 990	D, Part I	V,	_
1a	Is the organization an agent, trustee,		-				Г	<b>_</b>	<b>—</b>	
_	included on Form 990, Part X?						· • • • L	Yes	No	)
b	If "Yes," explain the arrangement in F	Part XI V and com	plete the followi	ng table:						
						A	mount			
С	Beginning balance				1c					_
d	Additions during the year				1d					_
е	Distributions during the year				1e					_
f	Ending balance									
2a	Did the organization include an amou		Part X, line 21				· • • • L	Yes	No	)
-	If "Yes," explain the arrangement in F									_
Par	t V Endowment Funds. Com		tion answered							
		(a) Current year	(b) Prior year	(c) Two ye	ears back	(d) Three yea	ars back	(e) Four y	ears back	_
1a	Beginning of year balance	89,333,802.	67,893,23	5. 82,7	89,556	j.				
b	Contributions	15,991,237.	18,233,50	ł. 1	L34,698	3.				
С	Net investment earnings, gains,									
	and losses	6,703,783.	7,017,59	114,9	919,940	).				
d	Grants or scholarships	4,377,462.	3,526,27	5.	15,277					
е	Other expenditures for facilities .									
	and programs									
f	Administrative expenses	86,378.	284,25	ō.	95,802	2.				
g	End of year balance	107,564,982.	89,333,80	2. 67,8	93 <b>,</b> 235					
2	Provide the estimated percentage of	the y ear end bal	ance held as:							
а	Board designated or quasi-endowme	nt ▶ _ 76.000	0_%							
b	Permanent endowment  23.0	000 %								
С	Term endowment ▶1.0000 %	6								
3a	Are there endowment funds not in the	e pos session of	the organizatior	that are held	and ac	dministered for th	е			
	organization by:							Y	'es No	
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)	X	
b	If "Yes" to 3a(ii), are the related organ	nizati ons listed as	s required on Sc	hedule R? .				3b		
4	Describe in Part XIV the intended use	es of t he organiza	ation's endowme	ent funds.						
Par	t VI Land, Buildings, and Equ	uipment.See Fo	rm 990, Part ک	(, line 10.						
	Description of investment		or other basis (I estment)	<b>)</b> Cost or other ba (other)	asis	(c) Accumulated depreciation	(0	<b>i)</b> Book valu	e	
1a	Land			1,026,78	89.			1,020	5,789.	_
b	Buildings			12,818,14		4,920,169.			7,976.	_
с	Leasehold improvements			336,93		83,988.			2,942.	_
d	Equipment			13,250,20		11,408,105.			2,096.	_
е	Other			8,867,96		4,463,220.			4,745.	_
Tota	I. Add lines 1a through 1e. (Column	d) must equal For	rm 990, Part X, o					15,424		_

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010		06-0726487	Page <b>3</b>
Part VII Investments - Other Securities. See Fo	orm 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) CORPORATE BONDS	3,264,881.	FMV	
(B) COMMON COLLECTIVE TRUST FUNDS	17,410,116.	FMV	
(C) ALTERNATIVE STRATEGIES AND	39,161,996.	FMV	
(D) PRIVATE EQUITY			
(E)			
(F)(G)			
(8) (H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	59,836,993.		
Part VIII Investments - Program Related. See Fo		13	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuatio Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lir			
	Description		(b) Book value
(1)			
(2) (3)			
$\frac{(3)}{(4)}$			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X,	line 25.		
1.         (a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2) FOREIGN NATL. EMPLOYEES	6,436,6	32.	
(3) LOAN PROGRAM FUND ASSETS HELD			
(4) IN TRUST BY OTHERS	803,9		
(5) POST RETIREMENT BENEFITS	4,144,2	39.	
<u>(6)</u>			
$\frac{(7)}{(2)}$			
<u>(8)</u>			
<u>(9)</u> (10)			
<u>(10)</u> (11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 11,384,8	49	
	F 11,304,0	1.5.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). JSA 0E1270 1.000 1227714 2210 Schedule D (Form

Schedule	D (Form 990) 2010 06-0726487			Page 4
Part 2	Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	men	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		541,850,058.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		516,090,817.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-		25,759,241.
4	Net unrealized gains (losses) on investments			3,984,107.
5	Donated services and use of facilities			11,449,493.
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV.)			-14,512,298.
9	Total adjustments (net). Add lines 4 through 8	9	_	921,302.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		_	26,680,543.
Part				
1	Total revenue, gains, and other support per audited financial statements			553,847,458.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	••	•	
a		07.		
b				
c	Donated services and use of facilities       2b       11,449,4         Recoveries of prior year grants       2c			
d	2d $-2,865,5$ $2d$ $-2,865,5$	98		
e			2e	12,568,002.
3	Add lines 2a through 2d Subtract line 2e from line 1	• •	3	541,279,456.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	••	3	041,270,400.
		02		
a b		02.		
b			4c	570,602.
с 5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )		40 5	541,850,058.
-	KIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		-	341,030,030.
1	Total expenses and losses per audited financial statements	Neit	1	527,166,915.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •	•	527,100,515.
		az		
a h		93.		
b				
C	Other losses     2c       Other (Describe in Part XIV.)     2d	07		
d			0.	11,646,700.
e	Add lines 2a through 2d		2e 3	515,520,215.
3	Subtract line <b>2e</b> from line <b>1</b>	• •	3	515,520,215.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	0.2		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 570, 6	02.		
	Other (Describe in Part XIV.)			
	Add lines 4a and 4b	• •	4c	570,602.
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	• •	5	516,090,817.
Part	Supplemental Information			
Part V,	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com ditional information.			
SEE	PAGE 5			

Schedule D (Form 990) 2010

RECONCILIATION OF CHANGE IN NET ASSETS		
SCHEDULE D, PART XI, LINE 8		
FOREIGN CURRENCY EXCHANGE LOSS	:	\$ (3,191,735)
GAIN ON FOREIGN EXCHANGE	:	\$ 128,930
DONATED SERVICES EXPENSED	:	\$(11,449,493)
TOTAL LINE 8	:	\$(14,512,298)

OTHER REVENUE INCLUDED IN AUDITED F	INANCIAL STATEN	MENTS BUT NOT IN FORM 99	0
SCHEDULE D, PART XII, LINE 2D			
FOREIGN CURRENCY EXCHANGE LOSS	: \$ (3,2	191,735)	
RENTAL EXPENSE	: \$ 2	236,148	
EVENTS EXPENSE	: \$	89,242	
COST OF GOODS SOLD	: \$	747	
TOTAL LINE 2D	: \$ (2,8	865,598)	

OTHER EXPENSE INCLUDED IN AUDITED FINANCIAL STATEMENTS BUT NOT IN FORM 990 SCHEDULE D, PART XIII, LINE 2D : \$ (128,930) GAIN ON FOREIGN EXCHANGE : \$ 236,148 RENTAL EXPENSE : \$ 89,242 EVENTS EXPENSE : \$ 747 COST OF GOODS SOLD \_\_\_\_\_ TOTAL LINE 2D : \$ 197,207

Schedule D (Form 990) 2010

USE OF ENDOWMENT FUNDS

### SCHEDULE D, PART V, LINE 4

THE POLICY GOVERNING THE INVESTMENT OF SC'S ENDOWMENT IS TWOFOLD: TO PROVIDE A REASONABLE AND PRUDENT LEVEL OF CURRENT EXPENDABLE INCOME IN ACCORDANCE WITH THE SPENDING POLICY SET BY THE FINANCE AND ADMINISTRATION COMMITTEE OF SC'S BOARD OF TRUSTEES (5% OF THE AVERAGE OF THE ENDOWMENT'S TOTAL MARKET VALUE FOR THE EIGHT QUARTERS PRECEDING AND INCLUDING JUNE 30TH OF THE PREVIOUS YEAR); AND TO SUPPORT SC AND ITS MISSION OVER THE LONG TERM BY ENSURING THAT THE FUTURE GROWTH OF THE ENDOWMENT IS SUFFICIENT TO OFFSET NORMAL INFLATION PLUS REASONABLE SPENDING, THEREBY PRESERVING THE CONSTANT DOLLAR VALUE AND PURCHASING POWER OF THE ENDOWMENT FOR THE BENEFIT OF FUTURE GENERATIONS OF CHILDREN IN NEED.

## UNCERTAIN TAX POSITIONS

SCHEDULE D, PART X, LINE 2

THE INTERNAL REVENUE SERVICE HAS RULED THAT, PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), SAVE THE CHILDREN FEDERATION, INC. (SCUS) IS EXEMPT FROM FEDERAL INCOME TAXES AND IS A PUBLICLY SUPPORTED ORGANIZATION, AS DEFINED IN SECTION 509(A)(1) OF THE CODE. AS A NOT-FOR-PROFIT ORGANIZATION, SC IS ALSO EXEMPT FROM STATE AND LOCAL INCOME TAXES.

SCUS FOLLOWS THE GUIDANCE OF ACCOUNTING STANDARDS CODIFICATION (ASC) 740, ACCOUNTING FOR INCOME TAXES (ASC 740), RELATED TO UNCERTAINTIES IN INCOME TAXES, WHICH PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE

Schedule D (Form 990) 2010

V 10-7.2

## Part XIV Supplemental Information (continued)

TAKEN IN A TAX RETURN. SCUS BELIEVES IT HAS TAKEN NO SIGNIFICANT

UNCERTAIN TAX POSITIONS.

SCI	SCHEDULE F State		nent of A	ctivities (	Outside the Unit	ed States		IB No. 1545-0047
(For	m 990)	Otaten		the organization	answered "Yes" to Form 99 14b, 15, or 16.			2010
	tment of the Treasury		Attach t	-	<ul> <li>See separate instructions.</li> </ul>			pen to Public spection
	al Revenue Service of the organization					Emp	oloyer identifica	
SAV	E THE CHILDRE	N FEDERAT	ION, INC.			06	5-0726487	
Par		nformation o		Dutside the U	Inited States. Complete	e if the organiza	ation answere	ed "Yes" to
1		intees' eligibilit	y for the grant	ts or assistance	to substantiate the amo e, and the selection crite		ard the	X Yes No
2	For grantmakers. United States.	Describe in P	art V the orgar	nization's proce	edures for monitoring the	e use of grant	funds outsid	e the
3	Activities per Regio	on. (The followi	ng Part I, line 3	table can be d	uplicated if additional spa	ce is needed.)		
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity lis a program describe spe service(s)	service, cific type of	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA/C.	ARIBBEAN	5.	273.	PROGRAM SERVICES	RELIEF AND I	DEVELOPMENT	6,460,446.
(2)	MIDDLE EAST AND N	ORTH AFRICA	6.	177.	PROGRAM SERVICES	RELIEF AND I	DEVELOPMENT	5,606,093.
(3)	RUSSIA/INDEPENDEN	T STATES	4.	213.	PROGRAM SERVICES	RELIEF AND I	DEVELOPMENT	669,779.
(4)	SOUTH ASIA		3.	1,765.	PROGRAM SERVICES	RELIEF AND I	DEVELOPMENT	28,865,681.
(5)	EAST ASIA AND THE	PACIFIC	2.	406.	PROGRAM SERVICES	RELIEF AND I	DEVELOPMENT	7,489,547.
(6)	EUROPE		1.	9.	GRANTMAKING			928,994.
(7)	NORTH AMERICA				GRANTMAKING			175,189.
(8)	SOUTH AMERICA		1.	150.	PROGRAM SERVICES	RELIEF AND I	DEVELOPMENT	1,085,639.
(9)	SUB-SAHARAN AFRIC	A	4.	1,091.	PROGRAM SERVICES	RELIEF AND I	DEVELOPMENT	28,251,771.
<u>(10)</u>	SUB-SAHARAN AFRIC	A			GRANTMAKING			11,599,362.
<u>(11)</u>	SOUTH AMERICA				GRANTMAKING			4,774,286.
<u>(12)</u>	RUSSIA/INDEPENDEN	T STATES			GRANTMAKING			7,543,082.
<u>(13)</u>	CENTRAL AMERICA/C.	ARIBBEAN			GRANTMAKING			2,457,469.
<u>(14)</u>	MIDDLE EAST AND N	ORTH AFRICA			GRANTMAKING			4,922,554.
<u>(15)</u>	SOUTH ASIA				GRANTMAKING			23,602,325.
<u>(</u> 16)								
<u>(17)</u>								
3a b	sheets to Part I	continuation	26.	4,084.				134,432,217.
	Totals (add lines		26.	4,084.				134,432,217.
For P	aperwork Reduction /	ACT NOTICE, SEE 1	ne instructions f	or Form 990.			Schedule	F (Form 990) 2010

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 0E1274 1.000

JSA

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

Enter total number of other organizations or entities

2523569

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)
(1)			SUB-SAHARAN AFRICA	SCALING UP C	12,141.	WIRE			
			JUD-SARARAN AFRICA	SCALING OF C	12,141.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	MDP PROJECT	6,284.	CHECK			
(3)			MIDDLE EAST/NORTH AFRICA	MDP PROJECT	8,105.	CHECK			
(4)			MIDDLE EAST/NORTH AFRICA	WARNACO (ECC	12,276.	CHECK			
(5)			MIDDLE EAST/NORTH AFRICA	CHL PROJECT	64,220.	CHECK			
(6)			CENT. AMERICA/CARIBBEAN	EDUCATION	12,000.	CHECK			
(7)			CENT. AMERICA/CARIBBEAN	FOOD ASSITAN	,		128.016	MILK 8 OZ	FMV
				100D HODIIIII			1207010.		1110
(8)			SUB-SAHARAN AFRICA	ACHIEVE PROG	6,836.	WIRE			
(9)			SUB-SAHARAN AFRICA	ACHIEVE PROG	45,042.	WIRE			
(10)			SUB-SAHARAN AFRICA	to donate ag	108,752.	WIRE			
(11)			SUB-SAHARAN AFRICA	TO DONATE AG	110,949.	WIRE			
(12)			SUB-SAHARAN AFRICA	TO DONATE AG	219,701.	WIRE			
(13)									
			SUB-SAHARAN AFRICA	IMPLEMENTING	108,589.	WIRE			
(14)			SUB-SAHARAN AFRICA	ACHIEVE PROG	294,756.	WIRE			
(15)			SUB-SAHARAN AFRICA	NAUSHERO FER	566,625.	WIRE			
(16)			SUB-SAHARAN AFRICA	SIMPLIFIED A	290,016.	WIRE			

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2010

Part II can be duplicated if additional space is needed.

Part II

1

06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Schedule F (Form 990) 2010

(i) Method of

Page 2

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1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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)
(1)			SUB-SAHARAN AFRICA	ACHIEVE PROG	25,020.	WIRE			
			SUD-SANAKAN AFRICA	ACHIEVE FROG	23,020.	WINE			
(2)			MIDDLE EAST/NORTH AFRICA	NASSEJ YOUTH	16,395.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	NASSEJ YOUTH	6,188.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	YOUTH LEADER	20,994.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	TO DEVELOP Y	19,344.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	NASEEJ YOUTH	5,412.	CHECK			
(7)			SUB-SAHARAN AFRICA	ACHIEVE PROG	12,217.	WIRE			
(8)			SUB-SAHARAN AFRICA	ACHIEVE PROG	20,311.	WIRE			
(9)			SOUTH AMERICA	PROMOTING A	5,556.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	NASSEJ YOUTH	59,605.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	NASSEJ PROJE	42,882.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	CHL PROJECT	60,534.	CHECK			
(13)			MIDDLE EAST/NORTH AFRICA	NASSEJ YOUTH	35,225.	WIRE			
(14)			SUB-SAHARAN AFRICA	ACHIEVE PROG	8,595.	WIRE			
(15)			SUB-SAHARAN AFRICA	ACHIEVE PROG	56,746.	WIRE			
(16)			EAST ASIA AND THE PACIFI	SUPER FELLOW	10,000.	WIRE			

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Schedule F (Form 990) 2010

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Part II

06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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Page 2

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(4)									
(1)			SUB-SAHARAN AFRICA	SCALING UP C	23,681.	WIRE			
(2)			SUB-SAHARAN AFRICA	HIV	164,664.	CHECK			
(3)			MIDDLE EAST/NORTH AFRICA	YOUTH ART PR	13,883.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	CONSTRUCTION	40,799.	WIRE			
			CENT. APERICA/CARIBBEAN	CONSTRUCTION	40,755.	WINE			
(5)			SOUTH AMERICA	TRAINNING PA	15,500.	WIRE			
(6)			SOUTH AMERICA	THE PURPOSE	17,179.	WIRE			
(7)			SUB-SAHARAN AFRICA	ACHIEVE PROG	63,227.	WIRE			
(8)			SUB-SAHARAN AFRICA	SCALING UP C	55,819.	WIRE			
(9)			SUB-SAHARAN AFRICA	ACHIEVE PROG	37,917.	WIRE			
(10)			SUB-SAHARAN AFRICA	ACHIEVE PROG	74,269.	WIRE			
(11)			SUB-SAHARAN AFRICA	ACHIEVE PROG	38,612.	WIRE			
(12)			SUB-SAHARAN AFRICA	ECD POST INT	47,710.	WIRE			
(13)			SUB-SAHARAN AFRICA	ECD POST INT	71,565.	WIRE			
(14)					18,935.	WIRE			
			SUB-SAHARAN AFRICA	SCALING UP C	10,933.	WIKE			
(15)			SUB-SAHARAN AFRICA	FACILITATING	518,687.	WIRE			
(16)			EAST ASIA AND THE PACIFI	PSYCHOSOCIAL	5,989.	CHECK			

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2010

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Part II

06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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Schedule F (Form 990) 2010

Page 2

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1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	HEALTH	51,321.	CHECK			
(2)			SUB-SAHARAN AFRICA	HIV	557,757.	CHECK			
(3)			SUB-SAHARAN AFRICA	HEALTH	104,119.	CHECK			
(4)			MIDDLE EAST/NORTH AFRICA	NASEEJ YOUTH	5,010.	CHECK			
(5)			SUB-SAHARAN AFRICA	IMPLEMENTATI	163,060.	WIRE			
(6)			SUB-SAHARAN AFRICA	TO PROVIDE S	61,125.	CHECK			
(7)			MIDDLE EAST/NORTH AFRICA	MCH PROJECT	22,886.	CHECK			
(8)			CENT. AMERICA/CARIBBEAN	MEDICINE			51,014.	ALBENDAZOLE	FMV
(9)			SUB-SAHARAN AFRICA	HEALTH	15,152.	CHECK			
(10)			SUB-SAHARAN AFRICA	SUPPORT FOR	21,104.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	CHL PROJECT	20,880.	WIRE			
(12)			SOUTH AMERICA	REALIZING TH	16,807.	WIRE			
(13)			SOUTH AMERICA	WORK OUT THE	97,654.	WIRE			
(14)			EAST ASIA AND THE PACIFI	RENOVATION O	5,459.	CHECK			
(15)			EAST ASIA AND THE PACIFI	ENSURING THE	18,818.	CHECK			
(16)			CENT. AMERICA/CARIBBEAN	TRAINING	21,459.	CHECK			

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2010

Part II can be duplicated if additional space is needed.

Part II

06-0726487

►

Schedule F (Form 990) 2010

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

. . . . . . . . .

(15)	SUB-SAHARAN AFRICA	TO PROVIDE S	7,452.	CHECK	$\vdash$
(16)	SUB-SAHARAN AFRICA	TO PROVIDE S	18,490.	CHECK	
1 0	tions listed above that are recognized as c counsel has provided a section 501(c)(3) e is or entities	equivalency letter			•••
					<u> </u>

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> 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)
(1)			CENT. AMERICA/CARIBBEAN	MEDICINE			14,667.	ALBENDAZOLE	FMV
(2)			CENT. AMERICA/CARIBBEAN	PAYROLL TO P	6,355.	CHECK			
(3)			CENT. AMERICA/CARIBBEAN	MEDECINE			12,116.	ALBENDAZOLE	FMV
			CENI. AMERICA/CARIBBEAN	MEDECINE			12,110.	ALDENDAZOLE	P MV
(4)			CENT. AMERICA/CARIBBEAN	PAYROLL TO P	5,672.	CHECK			
(5)			CENT. AMERICA/CARIBBEAN	MEDICINE			12,116.	ALBENDAZOLE	FMV
(6)			CENT. AMERICA/CARIBBEAN	PAYROLL TO P	6,265.	CHECK			
(7)			CENT. AMERICA/CARIBBEAN	PAYROLL TO P	8,366.	CHECK			
(8)			CENT. AMERICA/CARIBBEAN	MEDICINE			14,029.	ALBENDAZOLE	FMV
(9)			SUB-SAHARAN AFRICA	HEALTH	44,034.	CHECK			
(10)			SOUTH AMERICA	ACCESS TO QU	11,339.	WIRE			
(11)									
			MIDDLE EAST/NORTH AFRICA	NASSEJ YOUTH	21,303.	WIRE			
(12)			RUSSIA	STRENGTHENED	53,859.	WIRE			
(13)			RUSSIA	STRENGTHENED	32,040.	WIRE			
(14)			SUB-SAHARAN AFRICA	INITIAL EMER	46,666.	CHECK			
(15)			SUB-SAHARAN AFRICA	TO PROVIDE S	7,452.	CHECK			
(16)			SUB-SAHARAN AFRICA	TO PROVIDE S	18,490.	CHECK			

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2010 Part II

Schedule F (Form 990) 2010

06-0726487

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Page 2

Enter total number of other organizations or entities

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2523569

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	24,311.	WIRE			
(.)			EAST ASTA AND THE FACTET	BASIC EDUCAI	24,311.	WIKE			
(2)			SUB-SAHARAN AFRICA	PROVIDE FINA	25,409.	WIRE			
(3)			SUB-SAHARAN AFRICA	ACHIEVE PROG	24,012.	WIRE			
(4)			SUB-SAHARAN AFRICA	ACHIEVE PROG	17,681.	WIRE			
(5)			SUB-SAHARAN AFRICA	ACHIEVE PROG	18,397.	WIRE			
(6)			SUB-SAHARAN AFRICA	ACHIEVE PROG	6,585.	WIRE			
(7)			SUB-SAHARAN AFRICA	ACHIEVE PROG	6,370.	WIRE			
(8)			SUB-SAHARAN AFRICA	ACHIEVE PROG	23,394.	WIRE			
(9)			SUB-SAHARAN AFRICA	ACHIEVE PROG	20,818.	WIRE			
10)			SUB-SAHARAN AFRICA	ACHIEVE PROG	50,888.	WIRE			
11)			SUB-SAHARAN AFRICA	ACHIEVE PROG	56,167.	WIRE			
12)			AND CANADAM APPECA		20,020	MIDE			
12)			SUB-SAHARAN AFRICA	ACHIEVE PROG	20,930.	WIRE			
13)			SUB-SAHARAN AFRICA	ACHIEVE PROG	65,391.	WIRE			
14)			SUB-SAHARAN AFRICA	ACHIEVE PROG	21,847.	WIRE			
15)			SUB-SAHARAN AFRICA	ACHIEVE PROG	12,179.	WIRE			
16)			SUB-SAHARAN AFRICA	ACHIEVE PROG	71,674.	WIRE			

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2010
Part II Grants a

Part II can be duplicated if additional space is needed.

m 990) 2010 06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Schedule F (Form 990) 2010

Page **2** 

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UB-SAHARAN AFRICA IMPLEMENTATI 348,853. WIRE SUB-SAHARAN AFRICA MEDICINE 1,453,126. ALBENDAZOLE FMV 8,702 MIDDLE EAST/NORTH AFRICA TO DEVELOP Y CHECK RUSSIA BUILDING LOC 161,464. WIRE SUB-SAHARAN AFRICA TO PROVIDE S 75,000. CHECK SUB-SAHARAN AFRICA FOOD SECURIT 76,284. CHECK SUB-SAHARAN AFRICA EDUCATION PR 213,159. CHECK 71,415. SUB-SAHARAN AFRICA SCALING UP C WIRE CENT. AMERICA/CARIBBEAN FOOD ASSISTA 434,472. MILK 8 OZ HA FMV EUROPE/ICELAND/GREENLAND HEALTH PROG 71,357. CHECK SOUTH AMERICA IMPROVING OU 94,419 WIRE ENT. AMERICA/CARIBBEAN PROVIDE SUPP 362,474. WIRE SUPPORT FOR 17,593 WIRE SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA TO EXPAND AN 6,225. CHECK

section and EIN (if applicable)

(b) IRS code

06-0726487 Schedule F (Form 990) 2010 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

(d) Purpose of

grant

ACHIEVE PROG

ACHIEVE PROG

1

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(a) Name of organization

(f) Manner of

cash

disbursement

WIRE

WIRE

(e) Amount of

cash grant

43,425.

60,233.

(g) Amount of

non-cash

assistance

Schedule F (Form 990) 2010

Page 2

►

(i) Method of

valuation

(book, FMV,

appraisal, other)

(h) Description

of non-cash

assistance

(c) Region

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	MICROINSURAN	31,670.	WIRE			
				III OIIO III O OIII III	01,010.				
(2)			CENT. AMERICA/CARIBBEAN	TRAINING	14,820.	CHECK			
(3)			CENT. AMERICA/CARIBBEAN	MEDICINE			10,733.	VITAMIN A -	FMV
(4)			CENT. AMERICA/CARIBBEAN	MEDICINE			13,312.	VITAMIN A -	FMV
(5)			CENT. AMERICA/CARIBBEAN	MEDICINE			11,482.	VITAMIN A -	FMV
(6)			RUSSIA	PHYCHOSOCIAL	9,778.	WIRE			
(7)			EAST ASIA AND THE PACIFI	MEDICINE			335,414.	ALBENDAZOLE	FMV
(8)			EAST ASIA AND THE PACIFI	MEDICINE			71,422.	ALBENDAZOLE	FMV
(9)			SUB-SAHARAN AFRICA	HIV	28,539.	CHECK			
(10)			SUB-SAHARAN AFRICA	HIV	673,460.	CHECK			
(11)			SUB-SAHARAN AFRICA	SUPPORT PROG	84,892.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	NASEEJ PROJE	23,484.	WIRE			
(13)			SUB-SAHARAN AFRICA	SUPPORT FOR	13,500.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	NASEEJ PROJE	28,872.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	NASEEJ PROJE	13,614.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	NASEEJ PROJE	5,049.	WIRE			

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2010

06-0726487

Page 2

3 Enter total number of other organizations or entities

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

Schedule F (Form 990) 2010

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

2523569

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EACH /NODHLI AEDICA	CRONCORCUTE	04 660	CUECK			
(1)			MIDDLE EAST/NORTH AFRICA	SPONSORSHIP	94,660.	CHECK			
(2)			MIDDLE EAST/NORTH AFRICA	SPONSORSHIP	14,871.	CHECK			
(3)			MIDDLE EAST/NORTH AFRICA	NASEEJ PROJE	26,495.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	UNICEF PROJE	17,432.	CHECK			
(5)			MIDDLE EAST/NORTH AFRICA	SPONSORSHIP	148,270.	CHECK			
(6)			SUB-SAHARAN AFRICA	WOMENS HEALT			10,896.	ALWAYS PADS	FMV
(7)			MIDDLE EAST/NORTH AFRICA	SPONSORSHIP	45,954.	WIRE			
(8)			SUB-SAHARAN AFRICA	TO PROVIDE S	8,609.	CHECK			
(9)			SUB-SAHARAN AFRICA	TO PROVIDE S	26,316.	CHECK			
10)			CENT. AMERICA/CARIBBEAN	PAYROLL COLL	6,998.	CHECK			
11)			SUB-SAHARAN AFRICA	SCALING UP C	6,042.	WIRE			
12)			RUSSIA	OFFER FAMILI	54,278.	WIRE			
13)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE	8,638.	CHECK			
14)			CENT. AMERICA/CARIBBEAN	CHILD PROTEC	85,313.	CHECK			
15)			CENT. AMERICA/CARIBBEAN	TEACHER'S TR	224,492.	CHECK			
16)			CENT. AMERICA/CARIBBEAN	CHILD PROTEC	6,400.	CHECK			

Schedule F (Form 990) 2010 Part II

Part II can be duplicated if additional space is needed.

Page 2

Schedule F (Form 990) 2010

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

2523569

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	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SPONSORSHIP	80,092.	CHECK			
(2)			CENT. AMERICA/CARIBBEAN	MICRO-CREDIT	25,849.	CHECK			
				Infonto onubili	20,013.	Shillon			
(3)			SUB-SAHARAN AFRICA	FOOD SECURIT	136,537.	CHECK			
(4)			SOUTH AMERICA	PREVENTION,	8,190.	WIRE			
(5)			EAST ASIA AND THE PACIFI	PROMOTION OF	14,717.	CHECK			
					11,111.	Cilibert			
(6)			EAST ASIA AND THE PACIFI	MAINSTREAM A	34,139.	CHECK			
(7)			SUB-SAHARAN AFRICA	EDUCATION PR	20,607.	CHECK			
(8)			SUB-SAHARAN AFRICA	EDUCATION PR	44,200.	CHECK			
(9)			SUB-SAHARAN AFRICA	EDUCATION PR	45,042.	CHECK			
(10)			SUB-SAHARAN AFRICA	HEALTH	66,089.	CHECK			
(11)			SUB-SAHARAN AFRICA	EDUCATION	141,232.	CHECK			
(12)			SUB-SAHARAN AFRICA	EDUCATION PR	184,708.	CHECK			
(13)			SUB-SAHARAN AFRICA	EDUCATION PR	321,655.	CHECK			
(14)			SUB-SAHARAN AFRICA	EDUCATION	596,282.	CHECK			
(15)			SUB-SAHARAN AFRICA	HEALTH	655,061.	CHECK			
(16)			NORTH AMERICA	GENERAL PROJ	72,319.	WIRE			

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2010

Part II can be duplicated if additional space is needed.

Part II

06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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Schedule F (Form 990) 2010

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

2523569

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	HEART PROJEC	7,507.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	PROJECT IMPL	1,043,911.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	MDGS PROJECT	13,303.	CHECK			
(4)			MIDDLE EAST/NORTH AFRICA	SPONSORSHIP	24,952.	CHECK			
(5)			SUB-SAHARAN AFRICA	TO EXPAND AN	6,143.	CHECK			
(6)			SUB-SAHARAN AFRICA	TO EXPAND AN	7,327.	CHECK			
(7)			SUB-SAHARAN AFRICA	SCALING UP C	15,015.	WIRE			
(8)			SUB-SAHARAN AFRICA	SCALING UP C	16,458.	WIRE			
(9)			CENT. AMERICA/CARIBBEAN	FOOD ASSISTA			234,456.	MILK 8 OZ	FMV
(10)			MIDDLE EAST/NORTH AFRICA	WARNACO (ECC	25,519.	CHECK			
(11)			MIDDLE EAST/NORTH AFRICA	ISHRAQ PEOJE	70,657.	WIRE			
(12)			SUB-SAHARAN AFRICA	FOOD SECURIT	33,898.	CHECK			
(13)			RUSSIA	PHYCHOSOCIAL	5,070.	WIRE			
(14)			SUB-SAHARAN AFRICA	ACHIEVE PROG	13,931.	WIRE			
(15)			SUB-SAHARAN AFRICA	SCALING UP C	10,737.	WIRE			
(16)			SUB-SAHARAN AFRICA	HTV	457,473	CHECK			

Schedule F (Form 990) 2010

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . . . . Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2010

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

2523569

(a) Name of organization	n <b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		CENT. AMERICA/CARIBBEAN	MEDICINE			19,130.	ALBENDAZOLE	FMV
			Instants			13/100.		
(2)		CENT. AMERICA/CARIBBEAN	GENERAL HEAL	54,862.	WIRE			
(3)		MIDDLE EAST/NORTH AFRICA	NASSEJ YOUTH	7,740.	WIRE			
(4)		EAST ASIA AND THE PACIFI	BASIC EDUCAT	47,027.	WIRE			
(5)		SOUTH AMERICA	PROMOTING A	11,515.	WIRE			
(6)		SUB-SAHARAN AFRICA	CHCH EARTHQU	15,000.	WIRE			
(7)		CENT. AMERICA/CARIBBEAN	CHILD PROTEC	74,898.	CHECK			
(8)		EAST ASIA AND THE PACIFI	SUPPORTING C	8,027.	CHECK			
(9)		SUB-SAHARAN AFRICA	HIV	180,895.	CHECK			
10)		EUROPE/ICELAND/GREENLAND	VARIOUS CONT	6,615.	WIRE			
11)		EUROPE/ICELAND/GREENLAND	VARIOUS CONT	27,641.	WIRE			
12)		MIDDLE EAST/NORTH AFRICA	NASSEJ YOUTH	30,095.	WIRE			
13)		SUB-SAHARAN AFRICA	ACHIEVE PROG	316,476.	WIRE			
14)		SUB-SAHARAN AFRICA	EDUCATION	1,921,091.	CHECK			
15)		SUB-SAHARAN AFRICA	SCALING UP C	5,051.	WIRE			
16)		SUB-SAHARAN AFRICA	HIV	30,679.	CHECK			

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2010

Part II can be duplicated if additional space is needed.

Part II

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Schedule F (Form 990) 2010

Page 2

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Enter total number of other organizations or entities

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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

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

2523569

				uisbuisement	assistance	assistance	other)
(1)	SUB-SAHARAN AFRICA	HIV	57,177.	CHECK			
(2)	SUB-SAHARAN AFRICA	HIV	268,520.	CHECK			
(3)	MIDDLE EAST/NORTH AFRICA	NASSEJ PROJE	53,733.	WIRE			
(4)	EAST ASIA AND THE PACIFI	PROVISION OF	5,340.	CHECK			
(5)							
(5)	SUB-SAHARAN AFRICA	TO PROVIDE S	229,780.	CHECK			
(6)	EAST ASIA AND THE PACIFI	ENSURING ACC	8,219.	CHECK			
(0)	EAST ASTA AND THE PACIFI	ENSORING ACC	0,219.	CHECK			
(7)	SOUTH AMERICA	ACCESS TO QU	16,054.	WIRE			
		100200 10 20	10,001.	WITCH .			
(8)	SOUTH AMERICA	ACCESS TO QU	9,752.	WIRE			
(9)	SOUTH AMERICA	ACCESS TO QU	9,437.	WIRE			
(10)	SOUTH AMERICA	ACCESS TO QU	8,031.	WIRE			
(11)	MIDDLE EAST/NORTH AFRICA	NASEEJ PROJE	29,020.	WIRE			
(12)	EAST ASIA AND THE PACIFI	ENSURING THE	18,903.	CHECK			
(4.2)							
(13)	CENT. AMERICA/CARIBBEAN	TO INCREASE	123,115.	WIRE			
(14)							
(14)	SUB-SAHARAN AFRICA	SCALING UP C	63,826.	WIRE			
(15)	MIDDLE EACH /NODELL APPICA	CRONCORCUTE	142 615	CUECK			
	MIDDLE EAST/NORTH AFRICA	SPONSORSHIP	143,615.	CHECK			
(16)	EAST ASIA AND THE PACIFI	HEALTH	56,740.	WIRE			
	TACILI TUR VIEL TACILI	Indeptu		MIKE			1

Schedule F (Form 990) 2010

(a) Name of organization

(b) IRS code

section and EIN

(if anyliaghla)

1

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

(d) Purpose of

grant

(c) Region

06-0726487

(g) Amount of

non-cash

accietance

(f) Manner of

cash

dichurce

(e) Amount of

cash grant

Page **2** 

(i) Method of valuation

(book, FMV,

Schedule F (Form 990) 2010

(h) Description

of non-cash

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

Enter total number of other organizations or entities

2523569

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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)
(1)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	25,278.	WIRE			
			EADT ADTA AND THE FACTET	DADIC EDUCAT	20,270.	WINE			
(2)			SUB-SAHARAN AFRICA	TO EXPAND AN	6,052.	CHECK			
(3)			SUB-SAHARAN AFRICA	ACHIEVE PROG	214,527.	WIRE			
(4)			EAST ASIA AND THE PACIFI	IMPROVEMENT	5,447.	CHECK			
(5)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	23,569.	WIRE			
(6)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	6,719.	WIRE			
(7)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	7,024.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	CHL PROJECT	68,811.	CHECK			
(9)			SUB-SAHARAN AFRICA	IMPROVING NE	1,086,415.	WIRE			
(10)			SUB-SAHARAN AFRICA	TO PROVIDE S	42,186.	CHECK			
(11)			SUB-SAHARAN AFRICA	TO PROVIDE S	117,020.	CHECK			
(12)			RUSSIA	TO PROVIDE I	74,607.	WIRE			
(13)			SUB-SAHARAN AFRICA	IMPROVING NE	319,967.	WIRE			
(14)			SUB-SAHARAN AFRICA	TO PROVIDE S	123,522.	CHECK			
(15)			SUB-SAHARAN AFRICA	HIV	41,764.	CHECK			
(16)			SUB-SAHARAN AFRICA	HIV	300,696.	CHECK			

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed

Schedule F (Form 990) 2010

06-0726487

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Schedule F (Form 990) 2010

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA	PRE-SCHOOL A	10,146.	WIRE			
			KUSSIA	FRE-SCHOOL A	10,140.	WIKE			
(2)			SUB-SAHARAN AFRICA	HIV	499,207.	CHECK			
(3)			RUSSIA	DEVELOP INDI	26,927.	WIRE			
(4)			NORTH AMERICA	FOOD ASSISTA			96,672.	MILK 8 OZ	FMV
(5)			MIDDLE EAST/NORTH AFRICA	UNICEF PROJE	32,012.	CHECK			
(6)			SUB-SAHARAN AFRICA	TO PROVIDE S	7,557.	CHECK			
(7)			SUB-SAHARAN AFRICA	TO PROVIDE S	69,221.	CHECK			
(8)			SUB-SAHARAN AFRICA	EFFECTIVENES	96,640.	WIRE			
(9)			SUB-SAHARAN AFRICA	TO PROVIDE S	40,843.	CHECK			
(10)			SUB-SAHARAN AFRICA	TO PROVIDE S	41,261.	CHECK			
(11)			SUB-SAHARAN AFRICA	TO PROVIDE S	189,964.	CHECK			
(12)			SUB-SAHARAN AFRICA	year 1 q2 su	119,939.	WIRE			
(13)			EAST ASIA AND THE PACIFI	PROVISION OF	5,224.	CHECK			
(14)			EAST ASIA AND THE PACIFI	ENSURING THE	27,674.	CHECK			
(15)			EAST ASIA AND THE PACIFI	SUPPORTING C	10,387.	CHECK			
(16)			SUB-SAHARAN AFRICA	ACHIEVE PROG	12,781.	WIRE			
	ter total number of recipient orgate the IRS, or for which the grantee		-		n country, recogniz	ed as tax-exen	npt		

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

3 Enter total number of other organizations or entities

Schedule F	(Form	990)	2010
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Part II can be duplicated if additional space is needed.

Part II

06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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

2523569

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)							10,001		
(1)			CENT. AMERICA/CARIBBEAN	RATTLES			18,321.	RATTLES	FMV
(2)			SUB-SAHARAN AFRICA	MEDICINE			40,096.	ALBENDAZOLE	FMV
(3)			RUSSIA	VOCATIONAL T	108,031.	WIRE			
				Voonin on ing 1	100,001	in the second se			
(4)			SUB-SAHARAN AFRICA	SUPPORT PROG	26,066.	WIRE			
(5)			SUB-SAHARAN AFRICA	SUPPORT PROG	17,322.	WIRE			
(6)			SUB-SAHARAN AFRICA	ACHIEVE PROG	68,116.	WIRE			
(-)			JUD JAIIAIAN AFRICA	ACHIEVE TROG	00,110.	WIRE			
(7)			CENT. AMERICA/CARIBBEAN	PROJECT IMPL	1,283,951.	WIRE			
(8)			EAST ASIA AND THE PACIFI	CHILDREN IN	8,281.	CHECK			
(9)			SOUTH AMERICA	ACCESS TO QU	14,227.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	UNICEF PROJE	34,424.	CHECK			
(11)					47.074				
(11)			MIDDLE EAST/NORTH AFRICA	ISHRAQ PEOJE	47,374.	WIRE			
(12)			SUB-SAHARAN AFRICA	SCALING UP C	67,787.	WIRE			
(13)			SUB-SAHARAN AFRICA	SCALING UP C	28,454.	WIRE			
					20,101.				
(14)			SUB-SAHARAN AFRICA	SCALING UP C	7,051.	WIRE			
(15)			SUB-SAHARAN AFRICA	SCALING UP C	45,931.	WIRE			
(16)									
(10)			SUB-SAHARAN AFRICA	COMMUNITY MA	60,816.	WIRE			

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2010

Part II can be duplicated if additional space is needed.

Part II

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Page 2

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2523569

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	MOTHER'S OUT	9,389.	CHECK			
			MIDDLE BASI/NORTH AFRICA	MOTHER 5 001	<u>,,,,,</u>	CHECK			
(2)			SUB-SAHARAN AFRICA	ACHIEVE PROG	936,508.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	UNICEF PROJE	24,321.	CHECK			
(4)			SUB-SAHARAN AFRICA	SCALING UP C	8,434.	WIRE			
(5)			SUB-SAHARAN AFRICA	SCALING UP C	15,989.	WIRE			
(6)			SUB-SAHARAN AFRICA	SCALING UP C	39,137.	WIRE			
(7)									
(1)			SUB-SAHARAN AFRICA	SCALING UP C	42,042.	WIRE			
(8)			SUB-SAHARAN AFRICA	MICROINSURAN	31,415.	WIRE			
(9)			SUB-SAHARAN AFRICA	BANGLADESH R	6,031.	CHECK			
(10)			EUROPE/ICELAND/GREENLAND	EDUCATION	13,160.	CHECK			
(11)			SUB-SAHARAN AFRICA	HEALTH	48,166.	CHECK			
(12)			SUB-SAHARAN AFRICA	SCALING UP C	99,684.	WIRE			
(13)									
(13)			SUB-SAHARAN AFRICA	TO PROVIDE S	150,000.	CHECK			
(14)			SUB-SAHARAN AFRICA	TO PROVIDE S	160,144.	CHECK			
(15)			MIDDLE EAST/NORTH AFRICA	FROM YOUTH T	38,246.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	SUMMER CAMPS	6,042.	WIRE			

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2010

Part II can be duplicated if additional space is needed.

Part II

06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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Schedule F (Form 990) 2010

Page 2

. . . . . . . . .

l	Part II can be duplicate (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 valuation (book, FM appraisa other)
(1)			SUB-SAHARAN AFRICA	MEDICINE			173,592.	ALBENDAZOLE	FMV
(2)									
			SUB-SAHARAN AFRICA	MEDICINE			167,077.	ALBENDAZOLE	FMV
3)			SUB-SAHARAN AFRICA	MEDICINE			127,540.	ALBENDAZOLE	FMV
(4)			SUB-SAHARAN AFRICA	MEDICINE			65,367.	VITAMINE A 1	FMV
5)			SUB-SAHARAN AFRICA	MEDICINE			255,080.	ALBENDAZOLE	FMV
6)			SUB-SAHARAN AFRICA	MEDICINE			29,218.	VITAMINE A 1	FMV
(7)			SUB-SAHARAN AFRICA	MEDICINE			255,080.	ALBENDAZOLE	FMV
8)			SUB-SAHARAN AFRICA	MEDICINE			142,983.	ALBENDAZOLE	FMV
9)			SUB-SAHARAN AFRICA	HIV	633,922.	CHECK			
0)			SUB-SAHARAN AFRICA	TO PROVIDE F	23,996.	WIRE			
1)			SUB-SAHARAN AFRICA	SCHOOL HEALT	8,610.	WIRE			
2)			MIDDLE EAST/NORTH AFRICA	HISTORY MEMO	5,328.	WIRE			
3)			MIDDLE EAST/NORTH AFRICA	COMMUNITY DE	9,617.	WIRE			
4)			SUB-SAHARAN AFRICA	TO DONATE AG	97,264.	CHECK			
5)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	9,779.	WIRE			
6)			EAST ASIA AND THE PACIFI	WORKING FOR	20,336.	CHECK			

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

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Schedule F (Form 990) 2010

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Schedule F (Form 990) 2010

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(1)			SUB-SAHARAN AFRICA	SCHOOL HEALT	9,530.	WIRE			
(2)			RUSSIA	EMPOWERMENT	7,030.	WIRE			
(3)			SUB-SAHARAN AFRICA	TO PROVIDE S	49,891.	CHECK			
(4)			SUB-SAHARAN AFRICA	TO PROVIDE S	112,832.	CHECK			
(5)			MIDDLE EAST/NORTH AFRICA	NASEEJ PROJE	18,427.	CHECK			
(6)			SUB-SAHARAN AFRICA	TO PROVIDE S	54,621.	CHECK			
(7)			SUB-SAHARAN AFRICA	TO PROVIDE S	72,927.	CHECK			
(8)			SUB-SAHARAN AFRICA	TO PROVIDE S	210,544.	CHECK			
(9)			SUB-SAHARAN AFRICA	TO PROVIDE S	375,950.	CHECK			
(10)			SUB-SAHARAN AFRICA	TO PROVIDE S	27,782.	CHECK			
(11)			SUB-SAHARAN AFRICA	TO PROVIDE S	122,412.	CHECK			
(12)			SUB-SAHARAN AFRICA	HIV	613,207.	CHECK			
(13)			RUSSIA	FOOD CRISIS	35,972.	WIRE			
(14)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	46,845.	WIRE			
(15)			EAST ASIA AND THE PACIFI	HEALTH	69,243.	WIRE			
(16)			SOUTH AMERICA	ACCESS TO QU	17,704.	WIRE			

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Schedule F (Form 990) 2010

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Part II

06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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Schedule F (Form 990) 2010

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2523569

(1)	EAST ASIA AND THE PACIFI	RENNOVATION/	5,086.	CHECK		
(2)	 SUB-SAHARAN AFRICA	EDUCATION PR	562,328.	CHECK		
(3)			07 400	0.117.017		
(3)	SUB-SAHARAN AFRICA	FLOOD EMERGE	27,403.	CHECK		
(4)	SUB-SAHARAN AFRICA	SCALING UP C	7,070.	WIRE		
			,			
(5)	MIDDLE EAST/NORTH AFRICA	NASEEJ PROJE	6,540.	WIRE		
(6)	 SUB-SAHARAN AFRICA	ACHIEVE PROG	86,351.	WIRE		
(7)						
(7)	 SUB-SAHARAN AFRICA	ACHIEVE PROG	46,508.	WIRE		
(8)	SUB-SAHARAN AFRICA	ACHIEVE PROG	55,631.	WIRE		
		Henrie Hoo		WIRD		
(9)	SUB-SAHARAN AFRICA	ACHIEVE PROG	67,689.	WIRE		
(10)	 SUB-SAHARAN AFRICA	ACHIEVE PROG	40,845.	WIRE		
<i>"</i>						
(11)	SUB-SAHARAN AFRICA	ACHIEVE PROG	16,122.	WIRE		
(12)		COMMUNITERY MA		WIDE		
(12)	SUB-SAHARAN AFRICA	COMMUNITY MA	62,666.	WIRE		
(13)	SOUTH AMERICA	ACCESS TO QU	112,426.	WIRE		
(14)	SUB-SAHARAN AFRICA	SCALING UP C	7,647.	WIRE		
(15)	SUB-SAHARAN AFRICA	SCALING UP C	9,347.	WIRE		
(16)						
(16)	MIDDLE EAST/NORTH AFRICA	CHL ( PROJECT	23,614.	WIRE		

Schedule F (Form 990) 2010 Part II

(a) Name of organization

1

Part II can be duplicated if additional space is needed.

(b) IRS code

section and EIN

(if applicable)

(c) Region

06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

(e) Amount of

cash grant

(f) Manner of

cash

disbursement

(g) Amount of

non-cash

assistance

(d) Purpose of

grant

(h) Description

of non-cash

assistance

Page 2

(i) Method of valuation

(book, FMV,

appraisal, other)

Schedule F (Form 990) 2010

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1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(4)									
(1)			MIDDLE EAST/NORTH AFRICA	MCH PROJECT	23,001.	CHECK			
(2)			MIDDLE EAST/NORTH AFRICA	SPONSORSHIP	92,195.	CHECK			
(3)			MIDDLE EAST/NORTH AFRICA	NASEEJ PROJE	34,640.	WIRE			
(4)			EAST ASIA AND THE PACIFI	STRENGTHENIN	84,193.	CHECK			
				bindhoimdhin	01/100.	ondon			
(5)			EAST ASIA AND THE PACIFI	SUPPLEMENTAL	84,862.	CHECK			
(6)			SUB-SAHARAN AFRICA	ACHIEVE PROG	142,274.	WIRE			
(7)			SUB-SAHARAN AFRICA	FOOD SECURIT	57,814.	CHECK			
					·				
(8)			SUB-SAHARAN AFRICA	PROGRAM SUPP	23,048.	WIRE			
(9)			SUB-SAHARAN AFRICA	SUBGRANT TO	46,095.	WIRE			
(10)			SUB-SAHARAN AFRICA	SCALING UP C	62,196.	WIRE			
(11)									
(11)			EAST ASIA AND THE PACIFI	PAPUA NEW GU	10,000.	WIRE			
(12)			EAST ASIA AND THE PACIFI	PAPUA NEW GU	65,435.	WIRE			
(13)			NORTH AMERICA	COVER THE CO	6,198.	WIRE			
(14)			SOUTH AMERICA	BOLIVIA EMER	12,000.	WIRE			
			SUUTH AMERICA	DOUIVIA EMER	12,000.	WIKE			
(15)			EAST ASIA AND THE PACIFI	EMERGENCY RE	9,598.	WIRE			
(16)			SUB-SAHARAN AFRICA	INCREASE CAP	8,600.	WIRE			

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2010

Part II can be duplicated if additional space is needed.

Part II

Page 2

Schedule F (Form 990) 2010

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	(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	valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	TO SUPPORT H	39,904.	WIRE			
					·				
(2)			SUB-SAHARAN AFRICA	SUPPORT PROG	39,904.	WIRE			
(3)			SUB-SAHARAN AFRICA	CONTRIBUTION	50,000.	WIRE			
(4)			SUB-SAHARAN AFRICA	PROGRAM DEVE	50,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	TO REDUCE TH	125,425.	WIRE			
(6)			SUB-SAHARAN AFRICA	ENSURE PREVE	189,012.	WIRE			
(7)			SUB-SAHARAN AFRICA	TO PROVIDE A	587,315.	WIRE			
(8)			CENT. AMERICA/CARIBBEAN	HONDURAS PRO	446,986.	WIRE			
(9)			CENT. AMERICA/CARIBBEAN	MEDICINE			9,565.	ALBENDAZOLE	FMV
10)			SUB-SAHARAN AFRICA	MATERNAL AND	71,999.	WIRE			
11)			SUB-SAHARAN AFRICA	INTEGRATED H	658,163.	WIRE			
12)			EUROPE/ICELAND/GREENLAND	COVER THE CO	41,150.	WIRE			
13)			EAST ASIA AND THE PACIFI	MONGOLIA EME	15,000.	WIRE			
14)			MIDDLE EAST/NORTH AFRICA	SUPPORT FOR	20,000.	WIRE			
15)			EAST ASIA AND THE PACIFI	NEW ZEALAND	15,000.	WIRE			
16)			EUROPE/ICELAND/GREENLAND	DETERMINE TH	7,821.	WIRE			

Schedule F (Form 990) 2010

Part II can be duplicated if additional space is needed.

Part II

1

06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Page 2

(i) Method of

Schedule F (Form 990) 2010

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1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
(1)			SUB-SAHARAN AFRICA	SUPPORT FOR	35,735.	WIRE					
(2)			SUB-SAHARAN AFRICA	SUPPORT FOR	119,256.	WIRE					
(3)											
			SUB-SAHARAN AFRICA	TO PROVIDE S	121,346.	WIRE					
(4)			CENT. AMERICA/CARIBBEAN	SPONSORSHIP	131,918.	WIRE					
(5)			CENT. AMERICA/CARIBBEAN	SUPORT ALL P	192,152.	WIRE					
(6)			SUB-SAHARAN AFRICA	TO PROVIDE S	242,693.	WIRE					
(7)			SUB-SAHARAN AFRICA	EDUCATION, H	700,308.	WIRE					
(8)			SUB-SAHARAN AFRICA	SAVING NEWBO	932,989.	WIRE					
(9)			SUB-SAHARAN AFRICA	SUPPORT ALL	1,609,948.	WIRE					
(10)			SUB-SAHARAN AFRICA	SUPPORT SAVI	3,176,719.	WIRE					
(11)					3,170,713.	WIND	C (15	VITERNATION A 1	TIMIZ		
			CENT. AMERICA/CARIBBEAN	MEDICINE			6,615.	VITAMINE A 1			
(12)			SUB-SAHARAN AFRICA	MEDICINE			21,549.	VITAMINE A 2	FMV		
(13)			SUB-SAHARAN AFRICA	MEDICINE			142,839.	ALBENDAZOLE	FMV		
(14)			CENT. AMERICA/CARIBBEAN	MEDICINE			224,390.	VITAMINE A 2	FMV		
(15)			CENT. AMERICA/CARIBBEAN	MEDICINE			601,989.	ALBENDAZOLE	FMV		
(16)			SUB-SAHARAN AFRICA	ECR PAYMENTS			124,308.	ALBENDAZOLE	FMV		

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Part II

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Schedule F (Form 990) 2010

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	ECR PAYMENTS			22,261.	ALBENDAZOLE	FMV
(2)							50.004		-
(4)			SUB-SAHARAN AFRICA	ECR PAYMENTS			59,334.	ALBENDAZOLE	FMV
(3)			SOUTH AMERICA	CHILE EMERGE	96,944.	WIRE			
(4)			EAST ASIA AND THE PACIFI	SUPPORT THAI	14,588.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	UNRESTRICTED	15,000.	WIRE			
(0)			EUROPE/ICELAND/GREENLAND	UNRESTRICTED	13,000.	WIKE			
(6)			EUROPE/ICELAND/GREENLAND	CHILD TO CHI	43,000.	WIRE			
(7)			SUB-SAHARAN AFRICA	PROGRAM DEVE	50,000.	WIRE			
(8)				DDOCDAM DEVE	50,000	MIDE			
(0)			SUB-SAHARAN AFRICA	PROGRAM DEVE	50,000.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	IMPLEMENTING	62,730.	CHECK			
(10)			EUROPE/ICELAND/GREENLAND	EDUCATION GE	111,099.	WIRE			
(11)					155 000				
(11)			SUB-SAHARAN AFRICA	TO REDUCE CH	157,336.	WIRE			
(12)			SOUTH AMERICA	SUPPORT PROG	206,000.	WIRE			
					·				
(13)			SUB-SAHARAN AFRICA	PROJECTS IN	508,945.	WIRE			
(4.4)									
(14)			SUB-SAHARAN AFRICA	EDUCATION, H	700,308.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	IRAQI REFUGE	1,274,916.	WIRE			
()			HIDDE ERST/NORTH AFRICA	INAQI KEFUGE	1,2/4,910.	11 L L L L L L L L L L L L L L L L L L			
(16)			MIDDLE EAST/NORTH AFRICA	NASEEJ YOUTH	2,335,543.	WIRE			

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2010

Part II

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Schedule F (Form 990) 2010

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(1)			SUB-SAHARAN AFRICA	SUPPORT THE	8,878,680.	WIRE			
(2)			SUB-SAHARAN AFRICA	MEDICINE			19,219.	VITAMINE A 2	FMV
(3)			SUB-SAHARAN AFRICA	MEDICINE			30,609.	ALBENDAZOLE	FMV
(4)			EUROPE/ICELAND/GREENLAND	EDUCATION	5,269.	CHECK	·		
(5)			CENT. AMERICA/CARIBBEAN	COLOMBIA FLO	10,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	VIETNAM EMER	15,000.	WIRE			
(7)			SUB-SAHARAN AFRICA	NIGER EMERGE	25,000.	WIRE			
(8)			SUB-SAHARAN AFRICA	TANZANIA SUP	30,328.	WIRE			
(9)			SUB-SAHARAN AFRICA	NIGERIA PROG	35,919.	WIRE			
(10)			SUB-SAHARAN AFRICA	SUPPORT FOR	40,955.	WIRE			
(11)			EAST ASIA AND THE PACIFI	SUPPORT FOR	43,000.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	COVER THE CO	52,496.	WIRE			
(13)			SUB-SAHARAN AFRICA	KENYA OFFICE	64,800.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	SUPPORT FOR	74,546.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	EDUCATION	79,077.	CHECK			
(16)			EUROPE/ICELAND/GREENLAND	YOUTHSAVE PR	92,189.	WIRE			
	ter total number of recipient organi	zations listed above					not	1	L
	the IRS, or for which the grantee o		•	•		as lan-enell	►		

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by

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06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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(1)			CENT. AMERICA/CARIBBEAN	SUPPORT FOR	94,882.	WIRE			
. /									
(2)			SUB-SAHARAN AFRICA	TECHNOLOGIES	103,024.	WIRE			
(3)			EAST ASIA AND THE PACIFI	CHINA PROGRA	122,000.	WIRE			
(4)			SUB-SAHARAN AFRICA	VIETNAM PROG	124,949.	WIRE			
(5)			SUB-SAHARAN AFRICA	TANZANIA PRO	173,111.	WIRE			
(6)			SUB-SAHARAN AFRICA	TO PROVIDE S	181,635.	WIRE			
(7)			SUB-SAHARAN AFRICA	TANZANIA SUP	183,346.	WIRE			
(8)									
			EAST ASIA AND THE PACIFI	CHINA PROGRA	196,658.	WIRE			
(9)			SOUTH AMERICA	CHILE EMERGE	241,494.	WIRE			
10)			SUB-SAHARAN AFRICA	SRI LANKA PR	286,741.	WIRE			
11)			SUB-SAHARAN AFRICA	IKEA EDUCATI	671,837.	WIRE			
12)			SUB-SAHARAN AFRICA	EDUCATION, H	1,400,616.	WIRE			
13)			SUB-SAHARAN AFRICA	SUPPORT PROG	2,375,995.	WIRE			
14)									
			SUB-SAHARAN AFRICA	SUPPORT ALL	3,643,853.	WIRE			
15)			EAST ASIA AND THE PACIFI	SUPPORT ALL	4,792,510.	WIRE			
16)			SUB-SAHARAN AFRICA	VITAMINS			13,764.	MED SUPPLIES	FMV

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2010

Part II

m 990) 2010 06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Page **2** 

Schedule F (Form 990) 2010

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	VITAMINS			68,057.	VITAMINE A 2	FMV
(2)			SUB-SAHARAN AFRICA	VITAMINS			222,551.	ALBENDAZOLE	FMV
(3)			EAST ASIA AND THE PACIFI	VITAMINS			306,084.	ALBENDAZOLE	FMV
(4)			EUROPE/ICELAND/GREENLAND	SOFTWARE & E			160,472.	ADOBE 9 PRO	FMV
(5)			EAST ASIA AND THE PACIFI	VITAMINS			499,200.	VITAMIN A -	FMV
(6)			EUROPE/ICELAND/GREENLAND	GENERAL EDUC			8,353.	VITAMIN A -	FMV
(7)			SUB-SAHARAN AFRICA	GENERAL UNDE			40,000.	VITAMIN A -	FMV
(8)			SUB-SAHARAN AFRICA	ACHIEVE PROG	20,258.	WIRE			
(9)			SUB-SAHARAN AFRICA	ACHIEVE PROG	11,340.	WIRE			
(10)			SUB-SAHARAN AFRICA	TO PROVIDE S	149,879.	CHECK			
(11)			MIDDLE EAST/NORTH AFRICA	COMMUNITY DE	17,172.	WIRE			
(12)			SUB-SAHARAN AFRICA	HEALTH	972,622.	CHECK			
(13)			MIDDLE EAST/NORTH AFRICA	NASSEJ YOUTH	64,724.	WIRE			
(14)			SUB-SAHARAN AFRICA	WOMENS HEALT			32,627.	ALWAYS PADS	FMV
(15)			MIDDLE EAST/NORTH AFRICA	MCH (DEVELOP	9,976.	WIRE			
(16)			RUSSIA	EXPANDED ACC	52,954.	WIRE			
<b>2</b> En	ter total number of recipient organi:	zations listed above t	hat are recognized as chari	ties by the forei	gn country, recogniz	ed as tax-exer	npt		

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities 3

Schedule F (Form 990) 2010

Part II

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Page 2

Schedule F (Form 990) 2010

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

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	Part II can be duplicated if	additional space i	is needed.						
1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(1)			SUB-SAHARAN AFRICA	SCALING UP C	11,497.	WIRE			
(2)			EAST ASIA AND THE PACIFI	HEALTH	70,104.	WIRE			
(3)			SUB-SAHARAN AFRICA	MALI AG LEND	86,874.	CHECK			
(4)			CENT. AMERICA/CARIBBEAN	CHILD PROTEC	9,650.	CHECK			
(5)			CENT. AMERICA/CARIBBEAN	CHILD PROTEC	12,978.	CHECK			
(6)			SUB-SAHARAN AFRICA	FOOD SECURIT	41,089.	CHECK			
(7)			MIDDLE EAST/NORTH AFRICA	NASEEJ PROJE	34,839.	WIRE			
(8)			SUB-SAHARAN AFRICA	SCALING UP C	22,194.	WIRE			
(9)			SUB-SAHARAN AFRICA	SCALING UP C	28,987.	WIRE			
(10)									
(10)			SUB-SAHARAN AFRICA	SCALING UP C	47,360.	WIRE			
(11)			SUB-SAHARAN AFRICA	IMPLEMENTATI	1,377,699.	WIRE			
(12)			SUB-SAHARAN AFRICA	SCALING UP C	9,296.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	CHL ( PROJECT	22,212.	WIRE			
(14)			EAST ASIA AND THE PACIFI	ESTABLISHING	81,277.	CHECK			
(15)			EAST ASIA AND THE PACIFI	MINDANAO UNC	8,657.	CHECK			
(16)			SUB-SAHARAN AFRICA	MYAP SUBGRAN	121,103.	CHECK			
				, coborant				1	

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2010

Part II

06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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Schedule F (Form 990) 2010

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

Enter total number of other organizations or entities

2523569

(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SUB-SAHARAN AFRICA	THE PURPOSE	19,284.	CHECK			
(2)		SUB-SAHARAN AFRICA	THE PURPOSE	231,538.	CHECK			
(3)		SUB-SAHARAN AFRICA	ACHIEVE PROG	5,582.	WIRE			
(4)		SOUTH AMERICA	ACCESS TO QU	17,848.	WIRE			
(5)		SUB-SAHARAN AFRICA	TO PROVIDE S	39,873.	CHECK			
(6)		SUB-SAHARAN AFRICA	TO PROVIDE S	140,127.	CHECK			
(7)		SOUTH AMERICA	ACCESS TO QU	14,407.	WIRE			
(8)		SOUTH AMERICA	ACCESS TO QU	15,619.	WIRE			
(9)		SUB-SAHARAN AFRICA	ACHIEVE PROG	34,527.	WIRE			
10)		RUSSIA	TO INCREASE	22,452.	WIRE			
11)		RUSSIA	PHYCHOSOCIAL	5,877.	WIRE			
12)		RUSSIA	PHYCHOSOCIAL	9,294.	WIRE			
13)								
		CENT. AMERICA/CARIBBEAN	BUSINESS DEV	26,683.	CHECK			
14)		CENT. AMERICA/CARIBBEAN	BUSINESS DEV	30,984.	CHECK			
15)		EUROPE/ICELAND/GREENLAND	PAYMENT ON M	57,018.	WIRE			
16)		SUB-SAHARAN AFRICA	EDUCATION PR	266,146.	CHECK			

Schedule F (Form 990) 2010

Part II can be duplicated if additional space is needed.

Part II

06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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Schedule F (Form 990) 2010

Page 2

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

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Enter total number of other organizations or entities

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

2523569

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(4)									
(1)			SOUTH AMERICA	PROMOTING A	15,536.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	NASSEJ YOUTH	9,760.	WIRE			
(3)			SUB-SAHARAN AFRICA	TO PROVIDE S	24,361.	CHECK			
(4)			SUB-SAHARAN AFRICA	ACHIEVE PROG	17,959.	WIRE			
(5)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	5,499.	WIRE			
(6)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	7,576.	WIRE			
			EAST ASTA AND THE FACTET	DADIC EDUCAI	1,310.	WIRE			
(7)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	24,391.	WIRE			
(8)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	9,748.	WIRE			
(9)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	9,769.	WIRE			
(10)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	13,547.	WIRE			
(11)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	17,361.	WIRE			
()			Bhot noth hab the metri	BIIDTO EDUCITI	17,001.	WIRD			
(12)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	11,765.	WIRE			
(13)			EAST ASIA AND THE PACIFI	CHILD PROTEC	28,169.	WIRE			
(14)			EAST ASIA AND THE PACIFI	BASIC EDUCAT	8,136.	WIRE			
(15)			SUB-SAHARAN AFRICA	HIV	287,024.	CHECK			
(16)					40 540	MIDE			
(10)			MIDDLE EAST/NORTH AFRICA	ISHRAQ PEOJE	49,543.	WIRE			

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2010

Part II can be duplicated if additional space is needed.

Part II

06-0726487 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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Schedule F (Form 990) 2010

									(i) Method
	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	valuation (book, FM) appraisal other)
(1)			SUB-SAHARAN AFRICA	SCALING UP C	11,456.	WIRE			
2)			MIDDLE EAST/NORTH AFRICA	PROGRAM SUPP	25,964.	WIRE			
3)									
4)									
5)									
6)									
7)									
8)									
9)									
))									
1)									
2)									
3)									
4)									
5)									
6)									

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Page 2

Schedule F (Form 990) 2010

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Page 3

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FOOD & FREIGHT FOR INDIGENTS - ETHIOPIA	SUB-SAHARAN AFRICA	120937.			11,149,357.	FOOD&FREIGHT	FMV
(2) FOOD & FREIGHT FOR INDIGENTS-GUATEMALA	CENT. AMERICA/CARIBBEAN	132006.			4,774,286.	FOOD&FREIGHT	FMV
(3) FOOD FOR INDIGENTS - MALAWI	SUB-SAHARAN AFRICA	6599.			135,137.	FOOD COMMOD.	FMV
(4) FOOD FOR INDIGENTS - MALI	SUB-SAHARAN AFRICA	5037.			314,867.	FOOD COMMOD.	FMV
(5) FOOD & FREIGHT FOR INDIGENTS-TAJIKISTAN	RUSSIA	74448.			5,996,490.	FOOD&FREIGHT	FMV
(6) FOOD FOR INDIGENTS - HAITI	CENT. AMERICA/CARIBBEAN	88890.			2,457,469.	FOOD COMMOD.	FMV
(7) FOOD FOR INDIGENTS - HAITI	RUSSIA	57880.				FOOD COMMOD.	FMV
					1,546,592.		
(8) FOOD FOR INDIGENTS - GAZA	MIDDLE EAST/NORTH AFRICA	12569.			2,453,194.	FOOD COMMOD.	FMV
(9) FOOD FOR INDIGENTS - PAKISTAN	SOUTH ASIA	1126874.			21,514,000.	FOOD COMMOD.	FMV
(10) FREIGHT - BANGLADESH	SOUTH ASIA	2203416.			2,088,327.	FREIGHT	FMV
(11) FREIGHT - GAZA	MIDDLE EAST/NORTH AFRICA	141745.			2,469,360.	FREIGHT	FMV
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
(15)							
(16)							
<u>(17)</u>							
<u>(18)</u>							- duda E (Earna 000) 004

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

Part IV Foreign Forms

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

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

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

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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).

THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE F, PART I, LINE 2

SAVE THE CHILDREN FEDERATION, INC. CONDUCTS PERIODIC FINANCIAL AND PROGRAM REPORTS ALONG WITH SCHEDULED AUDITS TO MONITOR THE USE OF GRANT FUNDS. THESE INCLUDE MONTHLY BUDGET VERSUS ACTUAL ANALYSIS COMPARING BOTH SPENDING AGAINST THE LIFE OF GRANTS AMOUNTS AS WELL AS THE PROJECTED ANNUAL AMOUNTS. SPENDING AGAINST EACH GRANT HAS TO BE APPROVED BY THE APPROPRIATE SUPERVISOR UNDER THE SEGREGATION OF DUTIES INTERNAL CONTROLS CREATED FOR ALL FIELD OFFICES. THESE INTERNAL CONTROLS ARE REVIEWED AND UPDATED AS APPROPRIATE BY THE HEAD FINANCE STAFF PERSON FOR THAT OFFICE, IN CONJUNCTION WITH THE AREA CONTROLLER, AND TESTED ON A REGULAR BASIS THROUGH INTERNAL AND EXTERNAL AUDITS.

### NUMBERS OF RECIPIENTS OF GRANTS OR ASSISTANCE

SCHEDULE F, PART III, COLUMN C

THE NUMBER OF RECIPIENTS FOR FOOD AND FREIGHT ASSISTANCE IN ETHIOPIA, GUATEMALA AND TAJIKISTAN; FOR FOOD ASSISTANCE IN MALAWI, MALI AND KYRGYZSTAN; AND FOR FREIGHT ASSISTANCE IN BANGLADESH AND GAZA INCLUDES DIRECT AND INDIRECT FOOD PROGRAM BENEFICIARIES, WHICH WAS ESTIMATED THROUGH PROGRAM MONITORING AND FOOD DISTRIBUTION RECORDS.

THE NUMBER OF RECIPIENTS FOR FOOD ASSISTANCE IN HAITI WAS ESTIMATED BASED ON PEOPLE THAT ATTENDED HEALTH FACILITIES AND RECEIVED SUPPLEMENTARY FEEDING.

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## Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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).

THE NUMBER OF RECIPIENTS FOR FOOD ASSISTANCE IN GAZA WAS ESTIMATED BASED

ON A RAPID ASSESSMENT CONDUCTED BY THE UNITED NATIONS WORLD FOOD

PROGRAM.

THE NUMBER OF RECIPIENTS FOR FOOD ASSISTANCE IN PAKISTAN WAS ESTIMATED

THROUGH A SYSTEM OF REGISTERED BENEFICIARIES THAT CHECKS AGAINST A LIST

AS EACH FAMILY RECEIVES THEIR RATION.

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(Form	990	or	990	-EZ)
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Department of the Treasury
Internal Revenue Service
Name of the organization

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

	2010
he	Open To Public
	Inspection
Employer identificat	ion number

OMB No. 1545-0047

SAVE THE	CHILDREN FEDERATION, INC.	06-0726487
Dort	Fundraising Activities. Complete if the organization answered "Yes" to Form 99	90, Part IV, line 17.
Part I	Form 990-EZ filers are not required to complete this part.	

Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1

Х Mail solicitations а

Х Solicitation of non-government grants е

Х b Internet and email solicitations

Phone solicitations

In-person solicitations

- Х f Solicitation of government grants g
  - X Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

X Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
		Yes	No			
1						
PUBLIC OUTREACH	FUNDRAISING	Х		1,137,180.	1,389,797.	-252,616.
2	FUNDRAISING					
MAL WARWICK	COUNSEL		Х	40,378.	3,665.	36,713.
3						
GRASSROOTS CAMPAIGNS, INC	FUNDRAISING	Х		3,928,919.	4,175,734.	-246,815.
4	FUNDRAISING					
EPSILON DATA MANAGEMENT	COUNSEL		Х	11,695,690.	869,153.	10,826,536.
5						
DONOR CARE CENTER	FUNDRAISING		Х	597 <b>,</b> 095.	353,137.	243,957.
6	FUNDRAISING					
DIRECT POINT GROUP	COUNSEL		Х	1,034,591.	450 <b>,</b> 563.	584,028.
7	FUNDRAISING					
COMMON KNOWLEDGE	COUNSEL		Х	Ο.	42,750.	-42,750.
8						
9						
10						
				18,433,853.	7,284,799.	11,149,053.
3 List all states in which the organiza registration or licensing.		or licensed	to solicit	contributions or	has been notified	it is exempt from

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

### than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total events GLC-CELEBRATION (add col. (a) through LIVC-SPRING EV 3. col. (c)) (event type) (event type) (total number) Revenue 810,167. 1 Gross receipts 312,048. 50,108. 1,172,323. 2 Less: Charitable contributions 700,582. 301,848. 45,408. 1,047,838. 3 Gross income (line 1 minus 109,585. 10,200. 4,700. line 2).... 124,485. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 56,706. 19,500. 13,036. 89,242. 7 Food and beverages 8 Entertainment 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 89,242.) ► 11 Net income summary. Combine line 3, column (d), and line 10 ► 35,243 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No . . . . . . . . . . . 7 Direct expense summary. Add lines 2 through 5 in column (d) ► 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: 9 a Is the organization licensed to operate gaming activities in each of these states? Yes No **b** If "No," explain: \_\_\_\_\_ 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No . . . . .

Schedule G (Form 990 or 990-EZ) 2010

**b** If "Yes," explain:

## Schedule G (Form 990 or 990-EZ) 2010 Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

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Sched	ule G (Form 990 or 990-EZ) 2010 Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
40	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in: The organization's facility
a b	The organization's facility13a%An outside facility13b%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization 🛛 腾
	amount of gaming revenue retained by the third party $\blacktriangleright$ $\$$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Part	or spent in the organization's own exempt activities during the tax year ► \$ <b>Supplemental Information.</b> Complete this part to provide the explanation required by Part I, line 2b,
Fall	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
FUN	DRAISING ACTIVITIES
SCH	EDULE G, PART I, LINE 2B
GRO	SS RECEIPTS FIGURES REPORTED IN COLUMN (IV) FOR PUBLIC OUTREACH AND
GRA	SSROOTS REPRESENT ALL REVENUES RECEIVED IN 2010 GENERATED FROM DONORS
ACQ	UIRED IN 2010 BY EACH FUNDRAISER, INCLUDING MONTHLY SPONSORSHIP
CON	IRIBUTIONS, ONE TIME REVENUE AND OTHER AGENCY CONTRIBUTIONS.
\$2,	243,901.03 IN ADDITIONAL REVENUE WAS RECEIVED IN 2010, GENERATED FROM

Schedu	ule G (Form 990 or 990-EZ) 2010			Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a	ind		
	records:			
	Name ►			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives			
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization	and the		
	amount of gaming revenue retained by the third party <b>&gt;</b> \$			
С	If "Yes," enter name and address of the third party:			
	Namo N			
	Name ►			
	Address			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation <b>&gt;</b> \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Man datas di Patrika da sa			
17	Mandatory distributions:		_	
а	Is the organization required under state law to make charitable distributions from the gaming pro-			No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt orga	anization		
D	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$		•	
Part		art L line	2b	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable.			is
	part to provide any additional information (see instructions).		•	
DON	ORS ACQUIRED FROM CAMPAIGNS IN 2008 & 2009 THROUGH PUBLIC OUTREACH AND			
GRA	SSROOTS. PAYMENT FIGURES REPORTED IN COLUMN (V) REPRESENT TOTAL			
COM	PENSATION PAID UP FRONT TO THE FUNDRAISER DURING THIS TAX YEAR. THE			
FIG	URES REPORTED IN COLUMN (VI) FOR PUBLIC OUTREACH AND GRASSROOTS			
REF:	LECT INITIAL CAMPAIGN RESULTS BUT DO NOT REFLECT THE TOTAL LIFETIME			
~~~~				
CON	TRIBUTIONS THAT WILL BE GENERATED AS A RESULT OF THE FUNDRAISER'S 2010			
<u></u>				
CAM.	PAIGN. AS A RESULT OF THE 2010 EXPENDITURES, INCREMENTAL REVENUE WILL			

Schedu	ule G (Form 990 or 990-EZ) 2010 Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ►
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization <b>K</b> and the
	amount of gaming revenue retained by the third party <b>&gt;</b> \$
с	If "Yes," enter name and address of the third party:
-	······································
	Name ▶
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation ►\$
	Description of services provided
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Part	<b>Supplemental Information.</b> Complete this part to provide the explanation required by Part I, line 2b,
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions).
BE 2	ACQUIRED EACH SUBSEQUENT YEAR FROM RECURRING MONTHLY CONTRIBUTORS.
TOT	AL PROJECTED LIFETIME REVENUE FOR THE SPONSORS ACQUIRED IN 2010
mup	$\alpha_{1}$
J.HK(	OUGH PUBLIC OUTREACH AND GRASSROOTS IS \$ 12,471,143.36.
m	
THĘ	LIFE TIME VALUE IS A NET PRESENT VALUE ESTIMATE OF CURRENT AND FUTURE
INC	OME BY VENDOR, LESS ASSOCIATED COSTS. IT ASSUMES A MONTHLY
יסים	
т₽К	MINATION RATE BASED ON HISTORICAL AVERAGES WITH A 1.5% INCREASE IN

Schedu	ule G (Form 990 or 990-EZ) 2010	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name	
	Address	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
_	revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization 🔰 and the	
	amount of gaming revenue retained by the third party $\blacktriangleright$ \$	
С	If "Yes," enter name and address of the third party:	
	Name	
	Address ►	
16	Gaming manager information:	
	Name	
	Gaming manager compensation	
	Description of services provided	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds t	.0
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	S
	or spent in the organization's own exempt activities during the tax year 🕨 \$	
Part	<b>Supplemental Information.</b> Complete this part to provide the explanation required by Part I, lin columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co part to provide any additional information (see instructions).	
PAYI	MENT ADDED TO EACH YEAR OF THE PROJECTION AND A 4% DISCOUNT RATE.	
FUN	DRAISER CONTRACTS THAT DO DISTINGUISH BETWEEN SERVICE FEE AND EXPENSE	
REÍ	MBURSEMENT:	
1.	DONOR CARE CENTER: CONTRACT ITEMIZES FEES FOR SERVICES BASED	
±•	DONON CANE CENTER. CONTRACT TIENTZED FEED FOR DERVICED DADED	
UPOI	N SIMILAR FUNDRAISING PROJECTS FOR OTHER CHARITIES, AND SPECIFIES THAT	
		rm 990 or 990-EZ) 2010

Schedu	ale G (Form 990 or 990-EZ) 2010 Page <b>3</b>				
11	Does the organization operate gaming activities with nonmembers?				
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity				
	formed to administer charitable gaming?				
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility				
b	An outside facility				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and				
	records:				
	Name				
	Address				
15 a	Does the organization have a contract with a third party from whom the organization receives gaming				
io u	revenue?				
b	If "Yes," enter the amount of gaming revenue received by the organization <b>If</b> and the				
	amount of gaming revenue retained by the third party <b>&gt;</b> \$				
с	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license? Yes No				
b	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations				
Part	or spent in the organization's own exempt activities during the tax year ► \$ <b>Supplemental Information.</b> Complete this part to provide the explanation required by Part I, line 2b,				
T all	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this				
	part to provide any additional information (see instructions).				
EXP	ENSE REIMBURSEMENT FOR POSTAGE IS AT COST. DONOR CARE CENTER WAS				
REII	MBURSED \$ 7,453 FOR POSTAGE, \$ 347 FOR SUPPLIES, AND \$24,786 FOR				
PRII	NTING EXPENSES.				
0					
2.	EPSILON DATA MANAGEMENT: CONTRACT STATEMENT OF WORK ITEMIZES FEES				
	SEDUTCES (E.C. MATITNC HNDED 250K DIECES DITTED AM COSMI11 65%				
ſUK	SERVICES (E.G., MAILING UNDER 250K PIECES BILLED AT COST+11.65%				
MARKUP) AND STATES THAT CHARITY IS RESPONSIBLE FOR OUT-OF-POCKET COSTS					
SUCI	H AS TRAVEL, POSTAGE, FREIGHT AND COURIER SERVICES AT COST. EPSILON				

Sched	ule G (Form 990 or 990-EZ) 2010 Page
11 12	Does the organization operate gaming activities with nonmembers? Yes Ves No Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization 🛛 🛤
	amount of gaming revenue retained by the third party $\blacktriangleright$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ►\$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Part	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
MAC	part to provide any additional information (see instructions). REIMBURSED \$1,146,731 FOR PRINTING EXPENSES.
WAS	REIMBURSED \$1,140,751 FOR PRINTING EXPENSES.
3.	COMMON KNOWLEDGE: AGREEMENT SETS FEES FOR SERVICES AND STIPULATES
THA	I TRAVEL EXPENSES WILL BE BILLED AT COST.
D)	FUNDRAISER CONTRACTS THAT DO NOT ITEMIZE SERVICE FEES AND EXPENSE
REI	MBURSEMENT:
1.	PUBLIC OUTREACH LUMPS SERVICES AND EXPENSES TOGETHER INTO THREE

Sched	ule G (Form 990 or 990-EZ) 2010 Page <b>3</b>
11 12	Does the organization operate gaming activities with nonmembers? Yes Yes No Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization 🔰 and the
	amount of gaming revenue retained by the third party $\blacktriangleright$ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
b	retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations
Part	or spent in the organization's own exempt activities during the tax year ► \$ <b>Supplemental Information.</b> Complete this part to provide the explanation required by Part I, line 2b,
Fall	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
CAT	EGORIES OF FEES - COST OF FUNDRAISING PER HOUR; FLAT FEE FOR
ADM	INISTRATIVE SERVICES OF \$6,400; AND DATA ENTRY AT \$1.56/GIFT.
2.	GRASSROOTS CONTRACT CONTAINS COMPENSATION INFORMATION PER CANVASSING
SHI	FT ONLY AND MAKES NO MENTION OF REIMBURSEMENT OF EXPENSES.

3. DIRECT POINT GROUP - AGREEMENT CONTAINS COMPENSATION TERMS FOR

Schedu	ule G (Form 990 or 990-EZ) 2010 Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?    Yes    No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
io u	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization <b>K</b> and the
	amount of gaming revenue retained by the third party <b>&gt;</b> \$
с	If "Yes," enter name and address of the third party:
	Name
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Part	<b>Supplemental Information.</b> Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
MON	THLY AND HOURLY RATES AND DOES NOT PROVIDE FOR REIMBURSEMENT OF COSTS.

SCHEDULE I (Form 990)	Go	vernme	nts, and Ir	Assistance ndividuals in vered "Yes" to For	n the Unite	d States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			•	tach to Form 990.		0 2 1 01 22		Inspection
Name of the organization			-				Employer identifica	tion number
SAVE THE CHILDE	REN FEDERATION, INC.						06-072648	7
	formation on Grants and	Assistance	2					·
	ation maintain records to subs			nts or assistance, t	he grantees' eligib	ility for the grants or a	assistance, and	
•	ria used to award the grants o		-		с с			X Yes No
	V the organization's procedure							
Part II Grants and Form 990,	d Other Assistance to Go Part IV, line 21, for any re uplicated if additional space	vernments cipient that	and Organiza received more	tions in the Unit than \$5,000. Ch	ted States. Com	o one recipient rec		
	address of organization government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACADEMY FOR EDUCA	ATIONAL DEVELO							
1825 CONNECTICUT	AVENUE 20009	13-6110212	501(C)(3)	6,200.				TO PROVIDE TECHNICAL
(2) ACADEMY FOR EDUCA	ATIONAL DEVELO							
1825 CONNECTICUT	AVENUE 20009	13-6110212	501(C)(3)	39,806.				TO PROVIDE TECHNICAL
(3) ACADEMY FOR EDUCA	ATIONAL DEVELO							
1825 CONNECTICUT	AVENUE 20009	13-6110212	501(C)(3)	41,216.				TO PROVIDE TECHNICAL
(4) ACADEMY FOR EDUCA	ATIONAL DEVELO							
1825 CONNECTICUT	AVENUE 20009	13-6110212	501(C)(3)	537,462.				TO PROVIDE SUPPORT F
(5) ACADEMY FOR EDUCA	ATIONAL DEVELOPMENT (AED)							
1825 CONNECTICUT	AVENUE 20009	13-6110212	501(C)(3)	219,302.				BASIC EDUCATION
(6) ACES								
AUBURN UNIVERSITY	AUBURN, AL 36849	63-6000724	501(C)(3)	141,250.				TO SUPPORT IN-SCHOOL
(7) AGRICULTURAL COOP	P DEVELOPMENT INTERNATIONAL							
50 F STREET NW, S	SUITE 1075	52-0811461	501(C)(3)	242,472.				LIVELIHOOD
(8) ALAMOSA SCHOOL D	DISTRICT							
209 VICTORIA AVE	ALAMOSA, CO 81101	84-6011793	ALMOSA COUNTY	100,287.				TO SUPPORT IN-SCHOOL
(9) ALAMOSA PUBLIC SC	CHOOLS/BOYD ELEMENTARY							
209 VICTORIA AVE	ALAMOSA, CO 81101	84-6011793	ALMOSA COUNTY		7,332.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(10) ALAMOSA PUBLIC SC	CHOOLS/EVANS_ELEMENTARY							
209 VICTORIA AVE	ALAMOSA, CO 81101	84-6011793	ALMOSA COUNTY		7,332.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(11) ALICEVILLE/PICKEN	IS CO. BOE	_						
PO BOX 32 ALICEVI	LLE,, AL 35442	64-6001230	PICKENS COUNTY		6,065.	FMV	BOOKS	DONATION OF BOOKS
(12) ALPAUGH UNIFIED S	CHOOL DISTRICT	4						
PO BOX 9 ALPAUGH,			ALPAUGH USD	49,575.				TO SUPPORT IN-SCHOOL
2 Enter total number	r of section 501(c)(3) and gov	ernment orga	nizations				>	
			<u></u>				<u> </u>	
For Paperwork Reduc	tion Act Notice, see the Instr	uctions for F	orm 990.				Sched	ule I (Form 990) (2010)

(FORM 990) Go Department of the Treasury Con	overnme	Grants and Other Assistance to Organizations, vernments, and Individuals in the United States lete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.							
Internal Revenue Service Name of the organization						Employer identificat			
·						06-072648			
SAVE THE CHILDREN FEDERATION, INC. Part I General Information on Grants and						00-072040			
			anto or oppiatoreo d	ha grantaga' aligik	ility for the grapte or a	agistance and			
<ol> <li>Does the organization maintain records to sub the selection criteria used to award the grants</li> </ol>		_							
						• • • • • • • • • • •	└── Yes └── No		
Part II Grants and Other Assistance to G Form 990, Part IV, line 21, for any r II can be duplicated if additional spa	ecipient that	received more	e than \$5,000. Ch	eck this box if n	plete if the organiza o one recipient rece	ation answered "Ye eived more than \$5	es" to 5,000. Part ►		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) ALTA ELEMENTARY									
21771 E. PARLIER AVE REEDLEY, CA 93654	58-2103066	KCUSD		7,001.	FMV	BOOKS	DONATION OF BOOKS		
(2) AMERICAN HEART ASSOC. TN									
1818 PATTERSON STREET NASHVILLE, TN 37203	13-5613797	501(C)(3)	39,671.				TO IMPLEMENT CAMPAIG		
(3) AMITE COUNTY_BOE/ LIBERTY_ELEMENTARY									
533 MAGGIE STREET LIBERTY, MS 39645	64-6000075	AMITE COUNTY		5,513.	FMV	BOOKS	DONATION OF BOOKS		
(4) AMITE CO. SCHOOL DISTRICT - AMITE CO. ELEME									
533 MAGGIE STREET LIBERTY, MS 39645	64-6000075	AMITE COUNTY	57,304.				TO SUPPORT IN-SCHOOL		
(5) AMITE COUNTY_SCHOOL_DISTRICT - GLOSTER									
533 MAGGIE STREET LIBERTY, MS 39645	64-6000075	AMITE COUNTY	40,282.				TO SUPPORT IN-SCHOOL		
(6) AMITE COUNTY SCHOOL DISTRICT - LIBERTY									
533 MAGGIE STREET LIBERTY, MS 39645	64-6000075	AMITE COUNTY	42,700.				TO SUPPORT IN-SCHOOL		
(7) AMITE CO. SCHOOL DISTRICT/AMITE CO.ELEMENTA									
533 MAGGIE STREET LIBERTY, MS 39645	64-6000075	AMITE COUNTY		11,480.	FMV	BOOKS	DONATION OF BOOKS		
(8) AMITE COUNTY SCHOOLS / GLOSTER ELEMENTARY									
533 MAGGIE ST LIBERTY, MS 39645	64-6000075	AMITE COUNTY	35,048.				TO SUPPORT IN-SCHOOL		
(9) AMITE COUNTY SCHOOLS / LIBERTY ELEMENTARY									
533 MAGGIE ST LIBERTY, MS 39645	64-6000075	AMITE COUNTY	36,714.				TO SUPPORT IN-SCHOOL		
(10) ANDREWS ELEMENTARY SCHOOL									
13072 COUNTY LINE ROAD ANDREWS, SC 29510	57-6000354	GEORGETOWN CO	70,787.				TO SUPPORT IN-SCHOOL		
(11) ARCHITECTURE FOR HUMANITY, INC									
848 FOLSOM ST, STE 201,	30-0038297	501(C)(3)	21,000.				SCHOOL CONSTRUCTION		
(12) AUBURN_UNIVERSITY / ACES									
208 M. WHITE SMITH HALL, 381 MELL ST	63-6000724		97,610.				TO SUPPORT IN-SCHOOL		
<ul> <li>2 Enter total number of section 501(c)(3) and gc</li> <li>3 Enter total number of other organizations</li> </ul>	-	anizations				· · · · · · · · · · · ▶			
For Paperwork Reduction Act Notice, see the Ins						Sched	ule I (Form 990) (2010)		

SCHEDULE I (Form 990)	Governme	nts, and li	Assistance ndividuals in	n the United	d States		OMB No. 1545-0047
Department of the Treasury	Complete if the or	-	wered "Yes" to For tach to Form 990.	m 990, Part IV, IIn	e 21 or 22.		Inspection
Internal Revenue Service Name of the organization						Employer identificat	
SAVE THE CHILDREN FEDER	ATTON INC					06-0726487	
	on Grants and Assistance	<u> </u>				00 0720407	·
1 Does the organization maintain			nte or accietance t	ho grantaas' aligih	ility for the grante or a	esistance and	
the selection criteria used to av		-					
<ul><li>2 Describe in Part IV the organiz</li></ul>	0						└── Yes └── No
	•	<u> </u>					
Form 990, Part IV, line	sistance to Governments e 21, for any recipient that	received more					
	additional space is needed	1			(6) Mathead of voluction		
1 (a) Name and address of organ or government	hization (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AUGUSTA PUBLIC SCHOOLS/AUGUST	'A ELEMENTARY						
320 SYCAMORE AUGUSTA, AR 7200	6 71-6020508	AUGUSTA PS	77,942.				TO SUPPORT IN-SCHOOL
(2) AUGUSTA_PUBLIC_SCHOOLS/AUGUST	A_ELEMENTARY						
206 SMITH DRIVE AUGUSTA, AR 7	2006 71-6020508	AUGUSTA PS		20,701.	FMV	COMPUTERS	DONATION OF COMPUTER
(3) AVSI / THE ASSOCIATION OF VC	DLS_IN_INT. SER						
125 MAIDEN LANE, 15TH FLOOR,	13-4147973	501(C)(3)		30,744.	FMV	MILK 8 OZ	FOOD SUPPORT
(4) BARNWELL 45 DISTRICT: BARNWEL	L_PRIMARY						
734 HAGOOD AVE BARNWELL, SC 2	9812 57-6000087	BARNWELL		7,907.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
_(5) BARNWELL 45 DISTRICT: BARNWEL	L PRIMARY						
734 HAGOOD AVE BARNWELL, SC 2	9812 57-6000087	BARNWELL		10,691.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(6) BARNWELL PRIMARY SCHOOL							
734 HAGOOD AVENUE BARNWELL, S	sc 29812 57-6000087	BARNWELL	101,193.				TO SUPPORT IN-SCHOOL
(7) BARNWELL SCHOOL DISTRICT 19:	MACEDONIA ELEM						
556 JONES BRIDGE ROAD, PO BOX	57-6000126	BLACKVILLE		5,837.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(8) BARNWELL SCHOOL DISTRICT 19:	MACEDONIA ELEM						
556 JONES BRIDGE ROAD, PO BOX	246 57-6000126	BLACKVILLE		11,890.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(9) BEECH CREST/HELENA-WEST HELEN	IA SCHOOL DISTR						
305 VALLEY DR HELENA-WEST HEL	ENA,, AR 72342 64-6009027	W. HELENA		5,277.	FMV	BOOKS	DONATION OF BOOKS
(10) BELLS CITY SCHOOL DISTRICT /	BELLS_ELEM.SCH_						
4532 HWY 88 SOUTH BELLS, TN 3	8006 62-6000245	BELLS CITY	78,663.				TO SUPPORT IN-SCHOOL
(11) BELLS ELEMENTARY/BELLS SCHOOL	DISTRICT						
4532 HWY 88 SOUTH BELLS,, TN	38006 64-6000075	BELLS CITY		9,177.	FMV	BOOKS	DONATION OF BOOKS
(12) BETHUNE-BOWMAN ELEMENTARY SCH	IO						
4857 CHARLESTON HWY, SC 29133			73,697.				TO SUPPORT IN-SCHOOL
2 Enter total number of section 5		nizations .					
3 Enter total number of other org			<u></u>		<u></u>	<u></u>	
For Paperwork Reduction Act Not	ice, see the Instructions for I	orm 990.				Schedu	ıle I (Form 990) (2010)

(FORM 990) GC Department of the Treasury Internal Revenue Service	vernme	Frants and Other Assistance to Organizations, vernments, and Individuals in the United States lete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.								
Name of the organization						Employer identificat				
SAVE THE CHILDREN FEDERATION, INC.						06-072648	/			
Part I General Information on Grants and						• • •				
1 Does the organization maintain records to subs										
<ul><li>the selection criteria used to award the grants of</li><li>2 Describe in Part IV the organization's procedure</li></ul>						• • • • • • • • • • •	└── Yes └── No			
		<u> </u>								
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re II can be duplicated if additional space	cipient that	received more								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
_(1) BISHOPVILLE PRIMARY_SCHOOL	-									
(2)	57-6000377	LEE COUNTY	82,121.				TO SUPPORT IN-SCHOOL			
(2) BLACKVILLE-HILDA - MACEDONIA ELEM.			17.70							
556 JONES BRIDGE ROAD BLACKVILLE, SC 29817	57-6000126	BLACKVILLE	17,768.				TO SUPPORT IN-SCHOOL			
(3) BONANZA BUYING CENTER, INC / SHELBY MIDDLE	-		07 704							
P.O. BOX 26629 DUNCAN, MS 38740	62-0923097	501(C)(3)	87,781.				TO SUPPORT IN-SCHOOL			
(4) BONANZA BUYING CENTER, INC. / BROOKS ELEMEN P.O. BOX 26629 DUNCAN, MS 38740	62-0923097	501(C)(3)	131,682.				TO SUPPORT IN-SCHOOL			
(5) BOYS AND GIRLS CLUB OF MS DELTA YAZOO CITY	02-0923097	501(0)(3)	131,002.				10 SUFFORT IN-SCHOOL			
516 N. CANAL ST. YAZOO CITY, MS 39194	45-0469376	501 (C) (3)	78,422.				TO SUPPORT IN-SCHOOL			
(6) BREATHITT COUNTY BOARD OF EDUCATION/LBJ ELE	_		10,122.							
(7)	61-6001304	BREATHITT CO.		7,932.	FMV	BOOKS	DONATION OF BOOKS			
(7) BREATHITT COUNTY BOE / LBJ ELEMENTARY	-									
420 COURT STREET JACKSON, KY 41339	61-6001304	BREATHITT CO.	102,544.				TO SUPPORT IN-SCHOOL			
(8) CAMDEN FAIRVIEW/CAMDEN FAIRVIEW IVORY PRIMA 615 CLIFTON ST. CAMDEN, AR 71701	71 (0000004	CAMDEN FAIRWIEW	00 501				TO GUDDODE IN COUCOI			
(9) CARE	71-6020834	CAMDEN FAIRWIEW	20,521.				TO SUPPORT IN-SCHOOL			
151 ELLIS ST NE ATLANTA, GA 30303	13-1685039	501 (C) (3)	151,892.				HIV			
(10) CARE	13 1003035	501(0)(3)	131,092.				111 V			
151 ELLIS ST NE ATLANTA, GA 30303	13-1685039	501 (C) (3)	546,208.				HIV			
(11) CARE ETHIOPIA			,							
151 ELLIS ST NE ATLANTA, GA 30303	13-1685039	501(C)(3)	188,831.				TO PROVIDE SUPPORT F			
(12) CARE ETHIOPIA										
151 ELLIS ST NE ATLANTA, GA 30303	13-1685039	501(C)(3)	213,437.				TO PROVIDE SUPPORT F			
<ul> <li>2 Enter total number of section 501(c)(3) and gov</li> <li>3 Enter total number of other organizations</li> <li>For Paperwork Reduction Act Notice, see the Inst.</li> </ul>	ernment orga	inizations				►				

	overnme	rants and Other Assistance to Organizations, vernments, and Individuals in the United States lete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.							
Name of the organization						Employer identificat	ion number		
SAVE THE CHILDREN FEDERATION, IN						06-0726487	7		
Part I General Information on Grants ar	d Assistance	9							
1 Does the organization maintain records to su	bstantiate the a	mount of the gra	ants or assistance, t	the grantees' eligib	ility for the grants or a	assistance, and			
the selection criteria used to award the grants	or assistance?	,					Yes No		
2 Describe in Part IV the organization's proceed	ures for monitor	ing the use of g	rant funds in the Un	ited States.					
Part II Grants and Other Assistance to C Form 990, Part IV, line 21, for any II can be duplicated if additional sp	recipient that	received more							
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) CARE ETHIOPIA									
151 ELLIS ST NE ATLANTA, GA 30303	13-1685039	501(C)(3)	223,871.				TO PROVIDE SUPPORT F		
(2) CHICKASAW CO. SCHOOL DISTRICT / HOULKA ELEN	4								
PO BOX 480 HOULKA, MS 38850	64-6000220	CHICKASAW CO.	57,046.				TO SUPPORT IN-SCHOOL		
(3) CHILDREN'S ACTION ALLIANCE									
4001 N 3RD STREET #160 PHOENIX, AZ 85012	86-0594785	501(C)(3)	9,200.				TO SUPPORT CAMPAIGN		
(4) CHILDREN'S ALLIANCE (WA SG)									
718 6TH AVE SOUTH SEATTLE, WA 98104	91-0982879	501(C)(3)	25,020.				SUB-GRANT FOR ADVOCA		
(5) CHILDREN'S NUTRITION PROGRAM OF HAITI INC									
P.O. BOX 3720, 1918 UNION AVENUE	20-1394468	501(C)(3)	571,715.				NUTRITION		
(6) CHINLE UNIFIED SCHOOL DIST./CHINLE ELEMENT.	ł								
HWY 191 & NAVAJO RT 7 CHINLE,, AZ 86503	86-6006232	CHINLE UNIFIED		5,359.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO		
(7) CHINLE UNIFIED SCHOOL DIST./CHINLE ELEMENT.	¥								
HWY 191 & NAVAJO RT 7 CHINLE,, AZ 86503	86-6006232	CHINLE UNIFIED		7,332.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO		
(8) CHINLE UNIFIED SCHOOL DIST./MESA VIEW ELEM	2								
	86-6006232	CHINLE UNIFIED		6,541.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO		
(9) CHINLE_UNIFIED SCHOOL DIST./MESA_VIEW ELEM	<u></u>								
	86-6006232	CHINLE UNIFIED		7,332.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO		
(10) CHINLE UNIFIED SCHOOL DISTRICT									
PO BOX 587 CHINLE, AZ 86503	86-6006232	CHINLE UNIFIED	192,025.				TO SUPPORT IN-SCHOOL		
(11) CLARENDON #1 - SUMMERTON ECC									
	57-0481945	CLARENDON	6,966.				TO SUPPORT IN-SCHOOL		
(12) CLARENDON COUNTY #1 - ST. PAUL ELEM.									
3074 LIBERTY HILL RD, SC 29148	57-0481945	CLARENDON	17,585.				TO SUPPORT IN-SCHOOL		
2 Enter total number of section 501(c)(3) and g	overnment orga	nizations							
3 Enter total number of other organizations	<u></u>	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u></u>			
For Paperwork Reduction Act Notice, see the In	structions for F	Form 990.				Schedu	ule I (Form 990) (2010)		

SCHEDULE I (Form 990)	Go	vernme	nts, and Ir	Assistance Idividuals in	n the Unite	d States		OMB No. 1545-0047
Department of the Treasury	Comp	plete if the or	•	vered "Yes" to For ach to Form 990.	m 990, Part IV, IIn	le 21 of 22.		Inspection
Internal Revenue Service Name of the organization							Employer identificat	
Ū.	N FEDERATION, INC.						06-0726485	
	rmation on Grants and	Assistance	<u></u>				00-072040	
	on maintain records to subst			nte or accietanco t	ho grantoos' oligik	vility for the grants or a	esistanco and	
•	used to award the grants o		•		• •		issistance, and	Yes No
	he organization's procedure							└── Yes └── No
	<u> </u>		<u> </u>			valata if the averagin		- o" to
	<b>Other Assistance to Go</b> art IV, line 21, for any re							
	licated if additional space			than \$5,000. Ch				,000. i ait
1 (a) Name and add	dress of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) at a province of the						Unier)		
(1) CLARENDON SCHOOL DI		57-6000708	OLADENDON #2	17 500				TO GUDDODE IN COUCOI
(2) CLAPENDON SCHOOL DI		57-8000708	CLARENDON #2	17,566.				TO SUPPORT IN-SCHOOL
	STRICT ONE: ST. PAUL ELE OAD SUMMERTON, SC 29148	57-6004861	CLARENDON		5,343.	EM17	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(-)	STRICT ONE: ST. PAUL ELE	57-0004001	CLARENDON		5,545.	r riv	IOIS, BOOKS, GAMES	DONATION OF 1013 BO
	OAD SUMMERTON, SC 29148	57-6004861	CLARENDON		5,778.	EWV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
· · · ·	1 SUMMERTON EARLY CHILDH	57 0004001	CLARENDON		3,770.	P PIV	1015, DOORS, GAMES	DONATION OF 1015 DO
	ET SUMMERTON, SC 29148	57-6000377	CLARENDON		5,271.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(-)	1 SUMMERTON EARLY CHILDH	00000011	Childhoon		57271.	1110	loro, books, shills	DOMITION OF TOTO DO
	ET SUMMERTON, SC 29148	57-6000377	CLARENDON		6,364.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(0)	2 MANNING PRIMARY SCHOOL							
	STREET MANNING, SC 29201	57-6000708	CLARENDON #2		7,134.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(=)	2 MANNING PRIMARY SCHOOL							
2759 RACCON ROAD MA		57-0481945	CLARENDON #2		5,650.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(8) CLARENDON_SCHL DIST.	2 MANNING PRIMARY SCHOOL							
2759 RACCON ROAD MA	NNING, SC 29102	57-0481945	CLARENDON #2		6,389.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(9) CLARKE CO BOE / JAC	KSON INTERMEDIATE SCHOOL							
301 BELLEVILLE AVEN	UE BREWTON,, AL 36426	63-6000816	CLARK CO. BOE	14,704.				TO SUPPORT IN-SCHOOL
(10) CLARKE CO BOE / JOE	GILMORE ELEMENTARY							
155 COBB ST. GROVE	HILL, AL 36451	63-6000816	CLARK CO. BOE	10,288.				TO SUPPORT IN-SCHOOL
(11) CLARKE COUNTY SCHOOL	L DISTRICT/JOE GILLMORE							
155 COBB STREET GRO	VE HILL, AL 36451	63-6000816	CLARK CO. BOE		7,816.	FMV	BOOKS	DONATION OF BOOKS
(12) CLAY COUNTY BOARD OF	F EDUCATION	_						
1342 S. HWY 421 MAN	CHESTER, KY 40962	61-6001320	CLAY COUNTY BOE		15,377.	FMV	BOOKS	DONATION OF BOOKS
2 Enter total number o	f section 501(c)(3) and gove	ernment orga	nizations					
			<u></u>			<u></u>	<u></u>	
For Paperwork Reductio	on Act Notice, see the Instr	uctions for F	orm 990.				Schedu	ule I (Form 990) (2010)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	vernme	nts, and Ir <sub>ganization answ</sub>	Assistance Idividuals in Vered "Yes" to For ach to Form 990.	n the Unite	d States		OMB No. 1545-0047 2010 Open to Public Inspection			
Name of the organization							Employer identificat	ion number			
SAVE THE CHILDREN	FEDERATION, INC.						06-0726487	1			
Part I General Inform	nation on Grants and	Assistance	;								
1 Does the organization	maintain records to subst	antiate the a	mount of the gra	nts or assistance, t	he grantees' eligib	ility for the grants or a	ssistance, and				
the selection criteria us	sed to award the grants o	r assistance?						Yes No			
2 Describe in Part IV the	e organization's procedure	s for monitor	ing the use of gra	ant funds in the Un	ited States.						
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed											
1 (a) Name and addre		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) CLAY COUNTY BOE/ MANC	HESTER ELEMENTARY										
1342 S. HWY 421 MANCH	HESTER, KY 40962	61-6001320	CLAY COUNTY BOE		8,182.	FMV	BOOKS	DONATION OF BOOKS			
(2) CLAY COUNTY BOE/BIG C	REEK ELEMENTARY										
523 N. HWY 421 MANCHE		61-6001320	CLAY COUNTY BOE		8,015.	FMV	BOOKS	DONATION OF BOOKS			
(3) CLAY COUNTY BOE/GOOSE	ROCK ELEMENTARY										
364 HIGHWAY 1524 MANC		61-6001320	CLAY COUNTY BOE		8,939.	FMV	BOOKS	DONATION OF BOOKS			
(4) CLAY COUNTY BOARD OF	EDUCATION/HACKER ELEME										
84 HOOKER RD MANCHEST		61-6001320	CLAY COUNTY BOE		8,264.	FMV	BOOKS	DONATION OF BOOKS			
(5) CLAY COUNTY BOE/PACES	CREEK ELEMENTARY										
1983 SOUTH HWY 421 MA	NCHESTER, KY 40962	61-6001320	CLAY COUNTY BOE		8,426.	FMV	BOOKS	DONATION OF BOOKS			
(6) CLAY COUNTY BOE / GO	OSE ROCK ELEMENTARY										
128 RICHMOND ROAD MAN	ICHESTER, KY 40962	61-6001320	CLAY COUNTY BOE	122,886.				TO SUPPORT IN-SCHOOL			
_(7) CLAY COUNTY BOE / BIG	CREEK ELEMENTARY										
128 RICHMOND ROAD MAN	ICHESTER, KY 40962	61-6001320	CLAY COUNTY BOE	118,751.				TO SUPPORT IN-SCHOOL			
(8) CLAY COUNTY BOE / HAC	KER ELEMENTARY										
128 RICHMOND ROAD MAN	ICHESTER, KY 40962	61-6001320	CLAY COUNTY BOE	123,374.				TO SUPPORT IN-SCHOOL			
(9) CLAY COUNTY BOE / MAN	ICHESTER ELEMENTARY	_									
128 RICHMOND ROAD MAN	ICHESTER, KY 40962	61-6001320	CLAY COUNTY BOE	124,494.				TO SUPPORT IN-SCHOOL			
(10) CLAY COUNTY BOE / PAC	ES CREEK ELEMENTARY	_									
128 RICHMOND ROAD MAN	ICHESTER, KY 40962	61-6001320	CLAY COUNTY BOE	118,820.				TO SUPPORT IN-SCHOOL			
(11) COAHOMA COUNTY SCHL D	DIST / FRIARS POINT ELE	_									
PO BOX 600 FRIARS POI	NT, MS 38631	64-6000266	COAHOMA COUNTY	73,665.				TO SUPPORT IN-SCHOOL			
(12) COCKE CO. BOE / BRIDG	SEPORT ELEMENTARY	_									
305 HEDRICK DRIVE NEW	IPORT, TN 37821	62-6000539	COCKE CO. BOE	81,115.				TO SUPPORT IN-SCHOOL			
2 Enter total number of s	section 501(c)(3) and gove	ernment orga	inizations								
3 Enter total number of c			<u></u>			<u></u>	<u></u>				
For Paperwork Reduction	Act Notice, see the Instr	uctions for F	orm 990.				Schedu	ıle I (Form 990) (2010)			

(Form 990) Go	vernme	n <b>ts, and Ir</b> ganization answ	Assistance Idividuals in vered "Yes" to For ach to Form 990.	n the United	d States		OMB No. 1545-0047 20 <b>10</b> Open to Public Inspection
Name of the organization						Employer identificat	
SAVE THE CHILDREN FEDERATION, INC.						06-0726487	
Part I General Information on Grants and	Assistance	, 				00 072010	
1 Does the organization maintain records to subs			nts or assistance t	he grantees' eligih	ility for the grants or a	ssistance and	
the selection criteria used to award the grants of		-					Yes No
2 Describe in Part IV the organization's procedure							
<u> </u>		8			plata if the organize	tion answard "V	o" to
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re II can be duplicated if additional space	cipient that	received more					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COCKE CO. BOE / EDGEMONT ELEMENTARY							
305 HEDRICK DRIVE NEWPORT, TN 37821	62-6000539	COCKE CO. BOE	72,222.				TO SUPPORT IN-SCHOOL
(2) COCKE CO. BOE / NORTHWEST ELEMENTARY							
305 HEDRICK DRIVE NEWPORT, TN 37821	62-6000539	COCKE CO. BOE	70,846.				TO SUPPORT IN-SCHOOL
(3) COCKE COUNTY SCHOOL SYSTEM/BRIDGEPORT ELEME							
305 HEDRICK DRIVE NEWPORT, TN 37821	62-6000539	COCKE CO. BOE		12,252.	FMV	BOOKS	DONATION OF BOOKS
(4) COCKE COUNTY SCHOOL SYSTEM/EDGEMONT ELEMENT							
305 HEDRICK DRIVE NEWPORT, TN 37821	62-6000539	COCKE CO. BOE		6,484.	FMV	BOOKS	DONATION OF BOOKS
(5) COCKE COUNTY SCHOOL SYSTEM/EDGEMONT ELEMENT							
305 HEDRICK DRIVE NEWPORT, TN 37821	62-6000539	COCKE CO. BOE		14,080.	FMV	BOOKS	DONATION OF BOOKS
(6) COCKE COUNTY SCHOOL SYSTEM/NORTHWEST ELEMEN							
305 HEDRICK DRIVE NEWPORT, TN 37821	62-6000539	COCKE CO. BOE		13,271.	FMV	BOOKS	DONATION OF BOOKS
(7) CONDOR_ELEMENTARY							
2551 CONDOR RD. 29 PALMS,, CA 92277	77-0563833	MORONGO USD		6,970.	FMV	BOOKS	DONATION OF BOOKS
(8) CRESTVIEW/TIPTON_CO. BOE							
1580 HWY 51 SOUTH COVINGTON, TN 38019	62-1717314	TIPTON COUNTY		7,990.	FMV	BOOKS	DONATION OF BOOKS
(9) CROCKETT CO BOE / MAURY CITY ELEMENTARY							
102 NORTH CAVALIER DRIVE ALAMO, TN 38001	62-6000547	CROCKETT CO BOE	72,252.				TO SUPPORT IN-SCHOOL
(10) CROWNPOINT COMMUNITY SCHOOL							
PO BOX 178 CROWNPOINT, NM 87313	85-0197413	CROWNPOINT	47,397.				TO SUPPORT IN-SCHOOL
(11) D.P. COOPER ELEMENTARY SCHOOL							
4568 SEABOARD ROAD SALTERS, SC 29590	57-6000411	WILLIAMSBURG	81,098.				TO SUPPORT IN-SCHOOL
(12) DEEP SPRINGS INTERNATIONAL							
PO BOX 694 GROVE CITY,, PA 16127		501(C)(3)	92,144.				WATER TRUCKING, HIGH
2 Enter total number of section 501(c)(3) and gov	•						
3 Enter total number of other organizations		<u></u>	<u></u>		<u></u>	<u></u>	
For Paperwork Reduction Act Notice, see the Inst	uctions for F	orm 990.				Schedu	ıle I (Form 990) (2010)

SCHEDULE I (Form 990)		nts, and Ir	Assistance Idividuals in Vered "Yes" to For	n the Unite	d States		омв №. 1545-0047 20 <b>10</b> Ореп to Public
Internal Revenue Service		► Att	ach to Form 990.				Inspection
Name of the organization						Employer identificat	ion number
SAVE THE CHILDREN FEDERATI	ION, INC.					06-0726487	7
Part I General Information on C	Grants and Assistance	•					
1 Does the organization maintain rec			nts or assistance. t	he arantees' eligit	pility for the grants or a	assistance, and	
the selection criteria used to award		-			, , , , , , , , , , , , , , , , , , , ,		Yes No
2 Describe in Part IV the organization	0						
Part II Grants and Other Assista Form 990, Part IV, line 21 II can be duplicated if add	, for any recipient that	received more					
1 (a) Name and address of organization or government	on (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DIOCESE OF TUSCON/ST CHARLES MISS	SION SCHOOL						
111 S CHURCH AVE TUSCON, AZ 85701		501(C)(3)		5,499.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(2) DIRECT_RELIEF_INTERNATIONAL							
27 S. LA PATERA LANE	95-1831116	501(C)(3)		103,840.	FMV	MEDICAL SUPPLIES	MEDICAL SUPPLIES
(3) DOVER ELEMENTARY_SCHOOL							
1421 BEDFORD AVENUE, SC 29112	57-6000772	ORANGEBURG	93,206.				TO SUPPORT IN-SCHOOL
(4) DULCE INDEPENDENT SCHOOL DISTRICT							
PO BOX 547 DULCE, NM 87528	85-6005231	DULCE IND. SD	45,930.				TO SUPPORT IN-SCHOOL
(5) DUNLAP							
39972 DUNLAP ROAD DUNLAP, CA 9362	58-2103066	KCUSD		7,026.	FMV	BOOKS	DONATION OF BOOKS
_(6) EARLE SCHOOL DISTRICT/ EARLE_ELEM	IENTARY						
802 BARTON EARLE, AR 72331	71-6021260	EARLE SD	126,894.				TO SUPPORT IN-SCHOOL
(7) EAST/OSCEOLA_SCHOOL_DISTRICT							
2750 WEST SEMMES OSCEOLA, AR 7237	71-6021260	CSCEOLA		7,286.	FMV	BOOKS	DONATION OF BOOKS
(8) EAT SMART, MOVE MORE SC							
PO BOX 3007 IRMO, SC 29063	57-1096619	501(C)(3)	19,967.				TO IMPLEMENT CAMPAIG
(9) ELKO COUNTY SCHOOL DISTRICT							
100 ACADEMIC WAY OWYHEE, NV 89803	88-6000985	ELKO COUNTY SD	210,967.				TO SUPPORT IN-SCHOOL
(10) ELKO COUNTY SCHOOLS/JACKPOT ELEME	NTARY						
1092 BURNS ROAD ELKO, NV 89801	88-6000985	ELKO COUNTY SD		30,802.	FMV	BOOKS	DONATION OF BOOKS
(11) ELKO COUNTY SCHOOLS/OWYHEE ELEMEN	ITARY						
1092 BURNS ROAD ELKO, NV 89801	88-6000985	ELKO COUNTY SD		30,845.	FMV	BOOKS	DONATION OF BOOKS
(12) ELKO COUNTY SCHOOLS/SOUTHSIDE ELE	MENTARY						
1092 BURNS ROAD ELKO, NV 89801	88-6000985	ELKO COUNTY SD		30,848.	FMV	BOOKS	DONATION OF BOOKS
2 Enter total number of section 501(c	c)(3) and government orga	nizations					
3 Enter total number of other organiz							
For Paperwork Reduction Act Notice,	see the Instructions for F	orm 990.				Schedu	ule I (Form 990) (2010)

SCHEDULE I (Form 990)				Assistance ndividuals in	•			<u>омв №. 1545-0047</u>
Department of the Treasury Internal Revenue Service	Comp	olete if the or	-	vered "Yes" to For ach to Form 990.	m 990, Part IV, lin	e 21 or 22.		Open to Public Inspection
Name of the organization			•				Employer identificat	
0	REN FEDERATION, INC.						06-072648	
	formation on Grants and	Assistance	2				00 072010	·
	ation maintain records to subst			nts or assistance t	he grantees' eligit	ality for the grants or a	ssistance and	
-	ria used to award the grants o		_					Yes No
	V the organization's procedure							
Part II Grants and Form 990,	d Other Assistance to Go Part IV, line 21, for any re- uplicated if additional space	vernments cipient that	and Organiza received more	tions in the Unit	ed States. Com			
	address of organization government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ELKO COUNTY SCHOO	DLS/WEST_WENDOVER_ELEMENTAR							
1092 BURNS ROAD E		88-6000985	ELKO COUNTY SD		30,851.	FMV	BOOKS	DONATION OF BOOKS
(2) ESCAMBIA COUNTY -	- RACHEL PATTERSON							
301 BELLEVILE AVE		63-6000876	ESCAMBIA COUNTY	62,590.				TO SUPPORT IN-SCHOOL
(3) FARMERSVILLE_UNIF	FIED SCHOOL DISTRICT							
	IUE FARMERSVILLE, CA 93223	77-0565331	FARMERSVILLE	52,634.			TOYS, BOOKS, GAMES	TO SUPPORT IN-SCHOOL
(4) FLORENCE COUNTY S	CHL DIST3: LAKE CITY_ELEME							
906 NORTH MATTHEW	IS ROAD LAKE CITY, SC 29560	57-0641054	FLORENCE CO.		6,635.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(5) FLORENCE COUNTY S	SCHL DIST3: LAKE CITY_ELEME							
906 NORTH MATTHEW	IS ROAD LAKE CITY, SC 29560	57-0641054	FLORENCE CO.		10,801.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(6) FORREST CITY SCHO	OOLS /_STEWART_ELEMENTARY							
845 N. ROSSER ST.	FORREST CITY, AR 72335	72-6020499	FOREST CITY	105,218.				TO SUPPORT IN-SCHOOL
(7) FOSTER PARK ELEME	INTARY_SCHOOL							
901 ARTHUR BLVD U	JNION, SC 29108	57-6004861	UNION COUNTY	71,535.				TO SUPPORT IN-SCHOOL
(8) FRANKLIN CO. BOE	/ DECHERD ELEMENTARY							
215 S. COLLEGE ST	REET WINCHESTER, TN 37398	62-6000593	FRANKLIN CO. SD	115,483.				TO SUPPORT IN-SCHOOL
(9) GADSDEN_SCHOOL DI	ST./MESQUITE ELEMENTARY	_						
4950 MCNUTT RD SU	JNLAND PARK, NM 88063	85-6000313	GADSDEN IND. SD		7,345.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(10) GADSDEN_SCHOOL DI	STRICT	_						
PO BOX 70 ANTHONY	, NM 88021	85-6000313	GADSDEN IND. SD	122,158.				TO SUPPORT IN-SCHOOL
(11) GADSDEN_SCHOOL DI	STRICT/BERINO ELEMENTARY	_						
4950 MCNUTT RD SU	JNLAND PARK, NM 88063	85-6000313	GADSDEN IND. SD		7,108.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(12) GADSDEN SCHOOL DI	STRICT/BERINO ELEMENTARY	_						
	JNLAND PARK, NM 88063		GADSDEN IND. SD		8,384.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
	r of section 501(c)(3) and gov	ernment orga	nizations					
	r of other organizations	<u></u>	<u></u>			<u></u> .	<u></u>	
For Paperwork Reduc	tion Act Notice, see the Instr	uctions for F	orm 990.				Sched	ule I (Form 990) (2010)

(Form 990) Go	vernme	nts, and Ir	Assistance Idividuals in Vered "Yes" to For	n the Unite	d States		2010 2010 Open to Public
Internal Revenue Service		► Att	ach to Form 990.				Inspection
Name of the organization						Employer identificat	ion number
SAVE THE CHILDREN FEDERATION, INC.						06-0726487	,
Part I General Information on Grants and	Assistance	}					
1 Does the organization maintain records to subst			nts or assistance. t	he grantees' eligib	ility for the grants or a	ssistance. and	
the selection criteria used to award the grants o		_					Yes No
2 Describe in Part IV the organization's procedure							
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re- II can be duplicated if additional space	vernments cipient that	and Organiza received more	tions in the Unit	ed States. Com			
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GADSDEN SCHOOL DISTRICT/MESQUITE ELEMENTARY							
4950 MCNUTT RD SUNLAND PARK, NM 88063	85-6000313	GADSDEN IND. SD		7,444.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(2) GALLUP_MCKINLEY_CTY_SCHOOLS/CHURCHROCK_ELEM							
700 S BOARDMAN DR GALLUP, NM 87305	85-6005550	GALLUP MCKINLEY		7,332.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(3) GALLUP_MCKINLEY_COUNTY_SCHOOLS/THOREAU_ELEM							
700 S BOARDMAN DR GALLUP, NM 87305	85-6005550	GALLUP MCKINLEY		7,345.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(4) GALLUP_MCKINLEY_COUNTY_SCHOOLS/TOHATCHI_ELE							
700 S BOARDMAN DR GALLUP, NM 87305	85-6005550	GALLUP MCKINLEY		7,362.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(5) GALLUP MCKINLEY COUNTY SCHOOLS/TWIN LAKES							
700 S BOARDMAN DR GALLUP, NM 87305	85-6005550	GALLUP MCKINLEY		7,501.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(6) GALLUP MCKINLEY SCHOOL DISTRICT							
PO BOX 1318 GALLUP, NM 87305	85-6005550	GALLUP MCKINLEY	397,565.				TO SUPPORT IN-SCHOOL
(7) GANADO SCHOOL DISTRICT							
PO BOX 1757 GANADO, AZ 86505	86-0394254	GANADO USD	106,966.				TO SUPPORT IN-SCHOOL
(8) GANADO UNIFIED SCHOOL DIST./GANADO ELEMENTA							
HWY 264 GANADO,, AZ 86505	86-0394254	GANADO USD		7,332.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(9) GEORGETOWN COUNTY - ANDREWS							
13072 COUNTY LINE ROAD ANDREWS, SC 29510	57-6000354	GEORGETOWN CO.	19,709.				TO SUPPORT IN-SCHOOL
(10) GEORGETOWN COUNTY SCHOOL DIST: ANDREWS ELEM	_						
13072 COUNTY LINE ROAD ANDREWS, SC 29510	57-6000354	GEORGETOWN CO.		6,523.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(11) GEORGETOWN COUNTY SCHOOL DIST: ANDREWS ELEM	_						
13072 COUNTY LINE ROAD ANDREWS, SC 29510	57-6000354	GEORGETOWN CO.		10,754.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(12) GOSHEN ELEMENTARY	_						
P.O. BOX 430 GOSHEN, CA 93227	77-0531549	VISALIA		7,023.	FMV	BOOKS	DONATION OF BOOKS
<ul> <li>2 Enter total number of section 501(c)(3) and gov</li> <li>3 Enter total number of other organizations</li> <li>For Paperwork Reduction Act Notice, see the Instr</li> </ul>	<u></u>	<u></u>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	► Schedu	

(Form 990) GC Department of the Treasury Internal Revenue Service	vernme	nts, and Ir ganization answ	Assistance dividuals in vered "Yes" to For ach to Form 990.	n the Unite	d States		OMB No. 1545-0047 2010 Open to Public Inspection
Name of the organization						Employer identificat	
SAVE THE CHILDREN FEDERATION, INC.						06-0726487	7
Part I General Information on Grants and							
1 Does the organization maintain records to subs		-	nts or assistance, t	he grantees' eligib	pility for the grants or a	assistance, and	
the selection criteria used to award the grants of							Yes No
2 Describe in Part IV the organization's procedure	es for monitor	ing the use of gr	ant funds in the Un	ited States.			
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re II can be duplicated if additional space	cipient that	received more					
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GRANTS_CIBOLA COUNTY_SCHOOLS							
PO BOX 8 GRANTS, NM 87020	85-6000324	GRANTS CIBOLA	86,934.				TO SUPPORT IN-SCHOOL
(2) GRANTS_CIBOLA COUNTY_SCHOOLS/CUBERO_ELEMENT							
401 2ND STREET GRANTS, NM 87020	85-6000324	GRANTS CIBOLA		7,332.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(3) GREAT WESTERN ELEMENTARY							
5051 S FRANKWOOD AVE REEDLEY, CA 93654	58-2103066	KCUSD		7,044.	FMV	BOOKS	DONATION OF BOOKS
(4) HARDEMAN CO. SCHOOLS / GRAND JUNCTION							
PO BOX 112 BOLIVAR, TN 38008	62-6000649	HARDEMAN COUNTY	81,444.				TO SUPPORT IN-SCHOOL
(5) HEALTH ACTION NEW MEXICO							
PO BOX 460 BERNALILLO, NM 87004	85-0481860	HARDEMAN COUNTY	20,000.				TO SUPPORT CAMPAIGN
(6) HEALTH ACTION NEW MEXICO (SG)							
P.O. BOX 460 BERNALILLO, NM 87004	85-0481860	501(C)(3)	35,000.				SUB-GRANT FOR ADVOCA
(7) HELEN KELLER INTERNATIONAL (HKI)							
352 PARK AVE SOUTH, 12TH FLOOR	13-556-2162	501(C)(3)	167,788.				FOOD SECURITY
(8) HELENA-W. HELENA SCHL DIST. / J.F. WAHL ELE							
305 VALLEY DRIVE	71-6020534	HELENA W HELENA	76,419.				TO SUPPORT IN-SCHOOL
(9) HELENA-W. HELENA SCHOOL DIST. / WEST SIDE E							
305 VALLEY DRIVE	71-6020534	HELENA W HELENA	113,892.				TO SUPPORT IN-SCHOOL
(10) HELENA-WEST HELENA SCHOOL DIST/ BEECHCREST							
305 VALLEY DRIVE	71-6020534	HELENA W HELENA	82,842.				TO SUPPORT IN-SCHOOL
(11) HELENA-WEST HELENA SCHOOL DIST/ WOODRUFF EL							
305 VALLEY DRIVE	71-6020534	HELENA W HELENA	115,877.				TO SUPPORT IN-SCHOOL
(12) INDIANA UNIVERSITY, FINANCIAL MANAGEMENT SE							
PO BOX 66057 INDIANAPOLIS, INDIANA 46266-60	35-6001673	501(C)(3)	20,000.				PRE-AWARD AUTHORIZED
<ul><li>2 Enter total number of section 501(c)(3) and gov</li><li>3 Enter total number of other organizations</li></ul>	ernment orga						

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	vernme	n <b>ts, and Ir</b> ganization ansv	Assistance Idividuals in vered "Yes" to For vach to Form 990.	n the Unite	d States		OMB No. 1545-0047
Name of the organization							Employer identification	
	REN FEDERATION, INC.						06-072648	7
	formation on Grants and							
•	tion maintain records to subs		•	nts or assistance, t	he grantees' eligib	ility for the grants or a	ssistance, and	
	ia used to award the grants o							Yes No
2 Describe in Part IV	/ the organization's procedure	es for monitori	ing the use of gr	ant funds in the Un	ited States.			
Form 990, II can be du	d Other Assistance to Go Part IV, line 21, for any re uplicated if additional space	cipient that	received more			o one recipient rece		
	address of organization government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INTERNATIONAL DEV	LOPMENT_ENTERPRISES(IDE)							
10403 W COLFAX AV	E. #500 LAKEWOOD, CO 80215	23-2220051	501(C)(3)	49,465.				FOOD SECURITY
(2) INTERNATIONAL REL	IEF DEVELOPMENT (IRD)	_						
1621 N.KENT STREE	T, 4TH FLOOR 22209	20-518-3267	501(C)(3)	893,505.				INCLUSIVE EDUCATION
(3) JACKSON CO. BOE /	MCKEE ELEMENTARY	_						
P.O. BOX 217 MCKE	Е, КҮ 40447	61-6001324	JACKSON COUNTY	126,310.				TO SUPPORT IN-SCHOOL
(4) JACKSON CO. BOE /	SAND GAP ELEMENTARY	_						
P.O. BOX 217 MCKE	Е, КҮ 40447	61-6001324	JACKSON COUNTY	121,396.				TO SUPPORT IN-SCHOOL
(5) JACKSON CO. BOE /	TYNER ELEMENTARY							
P.O. BOX 217 MCKE	Е, КҮ 40447	61-6001324	JACKSON COUNTY	135,714.				TO SUPPORT IN-SCHOOL
(6) JACKSON COUNTY BO.	ARD OF EDUCATION/MCKEE ELE	_						
PO BOX 429, HWY 8	9 MCKEE, KY 40447	61-6001324	JACKSON COUNTY		5,995.	FMV	BOOKS	DONATION OF BOOKS
(7) JACKSON COUNTY BO.	ARD OF EDUCATION/SAND GAP	_						
PO BOX 320, US 42	1 N MCKEE, KY 40447	61-6001324	JACKSON COUNTY		8,039.	FMV	BOOKS	DONATION OF BOOKS
(8) JACKSON COUNTY BO.	ARD OF EDUCATION/TYNER ELE	_						
1340 HWY 30 W TYN	ER, KY 40486	61-6001324	JACKSON COUNTY		8,807.	FMV	BOOKS	DONATION OF BOOKS
(9) JEFFERSON		_						
1037 E. DUFF REED	LEY, CA 93654	58-2103066	KCUSD		7,013.	FMV	BOOKS	DONATION OF BOOKS
(10) JEFFERSON DAVIS C	OBOE/_GW_CARVER_ELEMENTA	_						
1025 3RD STREET P	RENTISS, MS 39474	64-6009027	JEFFERSON DAVIS	5	5,231.	FMV	BOOKS	DONATION OF BOOKS
(11) JEFFERSON DAVIS C	0BOE/_JE_JOHNSON_ELEMENT	_						
1025 3RD STREET P	RENTISS, MS 39474	64-6009027	JEFFERSON DAVIS	5	5,351.	FMV	BOOKS	DONATION OF BOOKS
(12) JEFFERSON DAVIS C	OUNTY - G.W. CARVER ELEM.	_						
1025 3RD STREET P			JEFFERSON DAVIS	77,418.				TO SUPPORT IN-SCHOOL
	r of section 501(c)(3) and gov	ernment orga	nizations					
						<u></u>	<u></u>	
For Paperwork Reduct	tion Act Notice, see the Instr	ructions for F	orm 990.				Sched	ule I (Form 990) (2010)

(FORM 990) GC Department of the Treasury Internal Revenue Service	vernme	n <b>ts, and Ir</b> ganization answ	Assistance Idividuals in vered "Yes" to For ach to Form 990.	n the Unite	d States		OMB No. 1545-0047 2010 Open to Public Inspection
Name of the organization						Employer identificat	
SAVE THE CHILDREN FEDERATION, INC.						06-0726487	·
Part I General Information on Grants and					The familie and the second		
1 Does the organization maintain records to subs		-					
the selection criteria used to award the grants of							└── Yes └── No
2 Describe in Part IV the organization's procedure		<u> </u>					
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re II can be duplicated if additional space	cipient that	received more					
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JEFFERSON DAVIS COUNTY - J.E. JOHNSON ELEM.							
1025 3RD STREET PRENTISS, MS 39474	64-6009027	JEFFERSON DAVIS	87,664.				TO SUPPORT IN-SCHOOL
(2) JEFFERSON DAVIS COUNTY SCHOOL BOARD/GW CARV							
1025 3RD STREET PRENTISS, MS 39474	64-6009027	JEFFERSON DAVIS		7,816.	FMV	BOOKS	DONATION OF BOOKS
(3) JEFFERSON DAVIS CO. SCHOOL BOARD/JE JOHNSON							
PRENTISS, MS 39474 PRENTISS, MS 39474	64-6009027	JEFFERSON DAVIS		7,816.	FMV	BOOKS	DONATION OF BOOKS
(4) JEMEZ PUEBLO/SAN DIEGO RIVERSIDE							
8501 HWY 4 JEMEZ PUEBLO, NM 87024	84-0464915	JEMEZ VALLEY		7,345.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(5) JEMEZ VALLEY SCHOOL DISTRICT							
PO BOX 99 JEMEZ PUEBLO, NM 87024	85-0464915	JEMEZ VALLEY	66,503.				TO SUPPORT IN-SCHOOL
(6) JEMEZ VALLEY SCHOOL DISTRICT/SAN DIEGO RIVE							
8501 HWY 4 JEMEZ PUEBLO, NM 87024	84-0464915	JEMEZ VALLEY		7,831.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BC
(7) JF WAHL/HELENA-WEST HELENA SCHOOL DISTRICT							
PO BOX 785 WOODVILLE, MS 39669	64-6001230	HELENA W HELENA		6,319.	FMV	BOOKS	DONATION OF BOOKS
(8) JOHN SNOW INC, ETHIOPIA (JSI)							
44 FARNSWORTH STREET BOSTON, MA 02210	042-679-824	501(C)(3)	901,212.				TO IMPLEMENT A PROGR
(9) JOHNS HOPKINS UNIVERSITY	_						
615 N. WOLFE ST. BALTIMORE	52-0595110	501(C)(3)	25,284.				COMMUNITY BASED PERI
(10) JOHNS HOPKINS UNIVERSITY	_						
615 N. WOLFE ST. BALTIMORE	52-0595110	501(C)(3)	100,684.				IMPACT OF CORD CLEAN
(11) JOHNS HOPKINS UNIVERSITY							
615 N. WOLFE ST. BALTIMORE	52-0595110	501(C)(3)	104,964.				IMPACT OF CORD CLEAN
(12) JSI RESEARCH & TRAINING INSTITUTE, INC.							
44 FARNSWORTH STREET BOSTON, MA 02210-1211	042-679-824	501(C)(3)	67,290.				FINAL PAYMENT TO JSI
<ul> <li>2 Enter total number of section 501(c)(3) and gov</li> <li>3 Enter total number of other organizations</li> <li>For Paperwork Reduction Act Notice, see the Instru-</li> </ul>	<u></u>					► ► Schedu	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Gove	rnmer	nts, and Ir	Assistance to Adividuals in vered "Yes" to Form tach to Form 990.	n the United	d States		OMB No. 1545-0047 20 <b>10</b> Open to Public Inspection
Name of the organization							Employer identifica	tion number
SAVE THE CHILDREN FEDE	•						06-072648	7
Part I General Information								
1 Does the organization mainta			nount of the gra	nts or assistance, t	he grantees' eligib	ility for the grants or a	ssistance, and	
the selection criteria used to	•							Yes No
2 Describe in Part IV the organ	nization's procedures for	r monitorii	ng the use of gr	ant funds in the Un	ted States.			
Part II Grants and Other A Form 990, Part IV, In II can be duplicated	ne 21, for any recipie	ent that r	eceived more					
1 (a) Name and address of org or government	ganization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) KELLY EDWARDS ELEMENTARY SC.	H00							
1071 ELKO STREET, WILLISTON	, SC 29853 57-	6001201	WILLISTON	64,331.				TO SUPPORT IN-SCHOOL
(2) KINGS CANYON UNIFIED SCHOOL	DISTRICT							
675 WEST MANNING AVENUE REE	DLEY, CA 93654 58-	2103066	KINGS CANYON	88,709.				TO SUPPORT IN-SCHOOL
(3) KINGS CANYON UNIFIED SCHOOL	DISTRICT							
675 WEST MANNING AVENUE REE	DLEY, CA 93654 58-	2103066	KINGS CANYON	249,233.				TO SUPPORT IN-SCHOOL
(4) KNOTT CO. BOE / BEAVER CREE	K_ELEMENTARY							
P.O. BOX 869 HINDMAN, KY 41	.822 61-	6001297	KNOTT CO. BOE	131,028.				TO SUPPORT IN-SCHOOL
(5) KNOTT CO. BOE / CARR CREEK	ELEMENTARY							
P.O. BOX 869 HINDMAN, KY 41	.822 61-	6001297	KNOTT CO. BOE	144,905.				TO SUPPORT IN-SCHOOL
(6) KNOTT CO. BOE / EMMALENA EL	EMENTARY							
P.O. BOX 869 HINDMAN, KY 41	822 61-	6001297	KNOTT CO. BOE	144,385.				TO SUPPORT IN-SCHOOL
(7) KNOTT CO. BOE / HINDMAN ELE	MENTARY							
P.O. BOX 869 HINDMAN, KY 41	822 61-	6001297	KNOTT CO. BOE	143,509.				TO SUPPORT IN-SCHOOL
(8) KNOTT CO. BOE / JONES FORK	ELEMENTARY							
P.O. BOX 869 HINDMAN, KY 41	822 61-	6001297	KNOTT CO. BOE	129,469.				TO SUPPORT IN-SCHOOL
(9) KNOTT COUNTY BOE/BEAVER CRE	EK ELEMENTARY							
8000 HWY 7 TOPMOST, KY 4186	2 61-	6001297	KNOTT CO. BOE		7,446.	FMV	BOOKS	DONATION OF BOOKS
(10) KNOTT COUNTY BOE/CARR CREEK	ELEMENTARY							
8596 HWY 160 S. LITTCARR, K	Y 41834 61-	6001297	KNOTT CO. BOE		7,085.	FMV	BOOKS	DONATION OF BOOKS
(11) KNOTT COUNTY BOE/EMMALENA E	LEMENTARY							
PO BOX 123 EMMALENA, KY 417	40 61-	6001297	KNOTT CO. BOE		7,288.	FMV	BOOKS	DONATION OF BOOKS
(12) KNOTT COUNTY BOARD OF EDUCA	TION/HINDMAN_ELE							
875 WEST MAIN ST HINDMAN, K			KNOTT CO. BOE		7,137.	FMV	BOOKS	DONATION OF BOOKS
2 Enter total number of section		nent orgar	nizations					
<u>3</u> Enter total number of other of			<u> </u>			<u></u>	<u></u>	
For Paperwork Reduction Act No	otice, see the Instruction	ons for F	orm 990.				Sched	ule I (Form 990) (2010)

SCHEDULE I (Form 990)	Governme	nts, and Ir	Assistance ndividuals in	n the Unite	d States		OMB No. 1545-0047
Department of the Treasury	Complete if the org		vered "Yes" to For tach to Form 990.	m 990, Part IV, lin	e 21 or 22.		Inspection
Internal Revenue Service Name of the organization						Employer identificat	-
SAVE THE CHILDREN FEDERATION,	TNC					06-0726487	
Part I General Information on Grants						00 072040	·
1 Does the organization maintain records to			nte or accietanco t	ho grantaas' aligik	vility for the grapte or a	ssistance and	
the selection criteria used to award the gra		-					Yes No
<ol> <li>Describe in Part IV the organization's proc</li> </ol>							└── Yes └── No
		<u> </u>			plata if the organize	tion on our and "V	
Part II Grants and Other Assistance t Form 990, Part IV, line 21, for a II can be duplicated if additional	ny recipient that i	eceived more					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KNOTT COUNTY BOE/JONES FORK ELEMENTARY							
9795 HWY 550 EAST MOUSIE, KY 41839	61-6001297	KNOTT CO. BOE		7,432.	FMV	BOOKS	DONATION OF BOOKS
(2) KY YOUTH ADVOCATE							
11001 BLUEGRASS PKWY., SUITE 100	61-0929390	501(C)(3)	27,862.				TO IMPLEMENT CAMPAIG
(3) KY YOUTH ADVOCATE (SG)							
1001 BLUEGRASS PARKWAY, STE 100	61-0929390	501(C)(3)	19,993.				SUB-GRANT FOR ADVOCA
(4) LAGUNA DEPARTMENT OF EDUCATION							
PO BOX 207 LAGUNA, NM 87026	85-0402575	LAGUNA DOE	94,156.				TO SUPPORT IN-SCHOOL
(5) LAGUNA DOE/LAGUNA ELEMENTARY							
140 W EXIT 114 BLDG 1125 LAGUNA, NM 870.	26 84-0402575	LAGUNA DOE		7,332.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(6) LAGUNA DOE/LAGUNA ELEMENTARY							
140 W EXIT 114 BLDG 1125 LAGUNA, NM 870.	26 84-0402575	LAGUNA DOE		8,391.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(7) LAKE CITY ELEMENTARY SCHOOL							
906 NORTH MATTHEWS ROAD LAKE CITY, SC 2	9560 57-0641054	FLORENCE CO.	90,757.				TO SUPPORT IN-SCHOOL
(8) LAKE QUINAULT SCHOOL DISTRICT							
6130 HIGHWAY 101 NORTH	91-0997236	LAKE QUINAULT	13,209.				TO SUPPORT IN-SCHOOL
(9) LAKE QUINAULT SCHOOL DISTRICT							
6130 HIGHWAY 101 NORTH	91-0997236	LAKE QUINAULT	36,184.				TO SUPPORT IN-SCHOOL
(10) LANDERS ELEMENTARY							
56450 RECHE RD LANDERS,, CA 92285	58-2103066	MORONGO USD		6,983.	FMV	BOOKS	DONATION OF BOOKS
(11) LEE COUNTY - BISHOPVILLE							
	57-6000377	LEE COUNTY	13,920.				TO SUPPORT IN-SCHOOL
(12) LEE COUNTY - WEST LEE							
5 WEST LEE SCHOOL ROAD REMBERT, SC 2912			20,550.				TO SUPPORT IN-SCHOOL
<ul> <li>2 Enter total number of section 501(c)(3) an</li> <li>3 Enter total number of other organizations</li> </ul>	d government orga	-				▶ <u></u> ▶	
For Paperwork Reduction Act Notice, see the						Schedu	ule I (Form 990) (2010)

(FORM 990) GO Department of the Treasury Internal Revenue Service	vernme	n <b>ts, and Ir</b> ganization ansv	Assistance Idividuals in Vered "Yes" to For Fach to Form 990.	n the Unite	d States			2010 20010 Open to Public Inspection
Name of the organization						Er	nployer identificat	
SAVE THE CHILDREN FEDERATION, INC.							06-0726487	
Part I General Information on Grants and								
1 Does the organization maintain records to subs		•	nts or assistance, t	he grantees' eligib	pility for the grants or a	assista	ince, and	
the selection criteria used to award the grants o								🗌 Yes 🔛 No
2 Describe in Part IV the organization's procedure		8						
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re II can be duplicated if additional space	cipient that	received more						
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of -cash assistance	(h) Purpose of grant or assistance
(1) LEE COUNTY SCHOOL DIST: BISHOPVILLE PRIMARY								
603 N. DENNIS AVE BISHOPVILLE, SC 29010	57-6000377	LEE COUNTY		5,813.	FMV	TOYS,	BOOKS, GAMES	DONATION OF TOYS BO
(2) LEE COUNTY SCHOOL DIST: BISHOPVILLE PRIMARY								
603 N. DENNIS AVE BISHOPVILLE, SC 29010	57-6000377	LEE COUNTY		10,653.	FMV	TOYS,	BOOKS, GAMES	DONATION OF TOYS BO
(3) LEE COUNTY SCHOOL DISTRICT: LOWER LEE ELEME								
5142 CHARLES RD MAYESVILLE, SC 29104	57-6000377	LEE COUNTY		6,373.	FMV	TOYS,	BOOKS, GAMES	DONATION OF TOYS BO
(4) LEE COUNTY SCHOOL DISTRICT: LOWER LEE ELEME								
5142 CHARLES RD MAYESVILLE, SC 29104	57-6000377	LEE COUNTY		11,854.	FMV	TOYS,	BOOKS, GAMES	DONATION OF TOYS BO
(5) LEE COUNTY SCHOOL DISTRICT: WEST LEE ELEMEN								
5 WEST LEE SCHOOL ROAD REMBERT, SC 29128	57-0481945	LEE COUNTY		10,527.	FMV	TOYS,	BOOKS, GAMES	DONATION OF TOYS BO
(6) LEE COUNTY/WHITTEN ELEMENTARY								
188 W. CHESTNUT ST MARIANA, AR 72360	71-6021344	LEE COUNTY	15,425.					TO SUPPORT IN-SCHOOL
(7) LESLIE CO. BOE / HAYES LEWIS ELEMENTARY	_							
108 MAPLE STREET HYDEN, KY 41749	61-6001300	LESLIE COUNTY	56,492.					TO SUPPORT IN-SCHOOL
(8) LESLIE CO. BOE / MOUNTAIN VIEW (HYDEN) ELEM	-							
108 MAPLE STREET HYDEN, KY 41749	61-6001300	LESLIE COUNTY	58,771.					TO SUPPORT IN-SCHOOL
(9) LETCHER CO. BOE / ARLIE BOGGS ELEMENTARY	-							
222 PARKS STREET WHITESBURG, KY 41858	61-6001375	LETCHER COUNTY	66,918.					TO SUPPORT IN-SCHOOL
(10) LETCHER CO. BOE / BECKHAM BATES FRYSC	-							
222 PARKS STREET WHITESBURG, KY 41858	61-6001375	LETCHER COUNTY	83,528.					TO SUPPORT IN-SCHOOL
(11) LETCHER CO. BOE / COWAN ELEMENTARY	-							
222 PARKS STREET WHITESBURG, KY 41858	61-6001375	LETCHER COUNTY	99,647.					TO SUPPORT IN-SCHOOL
(12) LETCHER CO. BOE / LETCHER ELEMENTARY	-							
222 PARKS STREET WHITESBURG, KY 41858		LETCHER COUNTY	74,040.					TO SUPPORT IN-SCHOOL
<ul> <li>2 Enter total number of section 501(c)(3) and gov</li> <li>3 Enter total number of other organizations</li> <li>For Paperwork Reduction Act Notice, see the Instruction</li> </ul>		<u></u>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	 	Schedu	

(Form 990) Go	vernme	n <b>ts, and Ir</b> ganization ansv	Assistance Idividuals in Vered "Yes" to For Pach to Form 990.	n the United	d States		OMB No. 1545-0047 2010 Open to Public Inspection
Name of the organization						Employer identificat	
SAVE THE CHILDREN FEDERATION, INC.						06-072648	7
Part I General Information on Grants and							
1 Does the organization maintain records to subs		•	nts or assistance, t	he grantees' eligib	pility for the grants or a	assistance, and	
the selection criteria used to award the grants o							🗆 Yes 🔛 No
2 Describe in Part IV the organization's procedure		8					
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re II can be duplicated if additional space	cipient that	received more					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LETCHER COUNTY BOE/ ARLIE BOGGS_ELEMENTARY							
PO BOX 87, HWY 806 EOLIA, KY 40826	61-6001375	LETCHER COUNTY		5,683.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(2) LETCHER_COUNTY_BOE/_ARLIE_BOGGS_ELEMENTARY							
PO BOX 87, HWY 806 EOLIA, KY 40826	61-6001375	LETCHER COUNTY		5,820.	FMV	BOOKS	DONATION OF BOOKS
(3) LETCHER COUNTY BOE/BECKHAM BATES ELEMENTARY							
6868 HWY 7 NORTH WHITESBURG, KY 41858	61-6001375	LETCHER COUNTY		5,083.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
_(4) LETCHER_COUNTY_BOE/BECKHAM_BATES_ELEMENTARY_							
6868 HWY 7 NORTH WHITESBURG, KY 41858	61-6001375	LETCHER COUNTY		6,292.	FMV	BOOKS	DONATION OF BOOKS
(5) LETCHER COUNTY BOARD OF EDUCATION/COWAN ELE							
3125 HIGHWAY 931 WHITESBURG, KY 41858	61-6001375	LETCHER COUNTY		6,591.	FMV	BOOKS	DONATION OF BOOKS
(6) LETCHER COUNTY BOE/LETCHER ELEMENTARY							
143 LHS DRIVE ISOM, KY 41824	61-6001375	LETCHER COUNTY		5,446.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(7) LETCHER COUNTY BOE/LETCHER ELEMENTARY	_						
143 LHS DRIVE ISOM, KY 41824	61-6001375	LETCHER COUNTY		6,261.	FMV	BOOKS	DONATION OF BOOKS
(8) LINCOLN ELEMENTARY	-						
374 E. NORTH AVE REEDLEY, CA 93654	58-2103066	KCUSD		6,970.	FMV	BOOKS	DONATION OF BOOKS
(9) LOWER LEE ELEMENTARY SCHOOL	-						
	57-6000377	LEE COUNTY	41,413.				TO SUPPORT IN-SCHOOL
(10) MACEDONIA ELEMENTARY SCHOOL	4						
556 JONES BRIDGE ROAD BLACKVILLE, SC 29817	57-6000126	BLACKVILLE	80,449.				TO SUPPORT IN-SCHOOL
(11) MANNING EARLY CHILDHOOD CTR	4						
2759 RACCOON RD, SC 29102 MANNING, SC 29102	57-6000708	CLARENDON #2	49,065.				TO SUPPORT IN-SCHOOL
(12) MANNING ELEMENTARY SCHOOL	-						
311 WEST BOYCE ST., SC 29102		CLARENDON #2	46,165.				TO SUPPORT IN-SCHOOL
<ul> <li>2 Enter total number of section 501(c)(3) and gov</li> <li>3 Enter total number of other organizations</li> <li>For Paperwork Reduction Act Notice, see the Instr</li> </ul>	<u></u>	<u></u>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	►	 ule I (Form 990) (2010)

SCHEDULE I (Form 990)	Go	vernme	nts, and Ir	Assistance ndividuals in vered "Yes" to For	n the United	d States		омв №. 1545-0047 20 <b>10</b> Open to Public
Internal Revenue Service			► At	tach to Form 990.				Inspection
Name of the organization							Employer identificat	ion number
SAVE THE CHILDR	EN FEDERATION, INC.						06-0726487	,
Part General Inf	formation on Grants and	Assistance						
	tion maintain records to subst			nts or assistance. t	he arantees' eliaib	ility for the grants or a	ssistance. and	
	ia used to award the grants o		-	,	5 5	, ,	,	Yes No
	/ the organization's procedure			ant funds in the Un	ited States.			
Part II Grants and Form 990,	d Other Assistance to Go Part IV, line 21, for any re- uplicated if additional space	vernments cipient that	and Organiza	tions in the Unit	ed States. Com			
	address of organization government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MANNING PRIMARY S	CHOOL							
125 NORT BOUNDRY	ST, SC 29102	57-6000708	CLARENDON #2	76,653.				TO SUPPORT IN-SCHOOL
(2) MARION COUNTY - E	AST MARION_ELEMENTARY							
1010 HIGHWAY 13 N	ORTH COLUMBIA, MS 39429	64-6000671	MARION COUNTY	61,706.				TO SUPPORT IN-SCHOOL
(3) MARION COUNTY - E	AST MARION PRIMARY							
1010 HIGHWAY 13 N	ORTH COLUMBIA, MS 39429	64-6000671	MARION COUNTY	109,386.				TO SUPPORT IN-SCHOOL
(4) MARION COUNTY - W	EST MARION_ELEMENTARY							
1010 HIGHWAY 13 N	ORTH COLUMBIA, MS 39429	64-6000671	MARION COUNTY	87,670.				TO SUPPORT IN-SCHOOL
(5) MARION COUNTY - W	EST MARION PRIMARY							
1010 HIGHWAY 13 N	ORTH COLUMBIA, MS 39429	64-6000671	MARION COUNTY	114,789.				TO SUPPORT IN-SCHOOL
(6) MARION COUNTY SCH	OOL DISTRICT/EAST_MARION_S_							
1010 HIGHWAY 13 N	ORTH COLUMBIA, MS 39429	64-6000671	MARION COUNTY		7,816.	FMV	BOOKS	DONATION OF BOOKS
(7) MARION COUNTY SCH	OOL DISTRICT/EAST_MARION_S_							
1010 HIGHWAY 13 N	ORTH COLUMBIA, MS 39429	64-6000671	MARION COUNTY		8,608.	FMV	BOOKS	DONATION OF BOOKS
(8) MARION CO.SCHOOL	DISTRICT/WEST_MARION_ELEME							
1010 HIGHWAY 13 N	ORTH COLUMBIA, MS 39645	64-6000671	MARION COUNTY		7,816.	FMV	BOOKS	DONATION OF BOOKS
(9) MARION CO. SCHOOL	DISTRICT/WEST_MARION_ELEM							
1010 HIGHWAY 13 N	ORTH COLUMBIA, MS 39645	64-6000671	MARION COUNTY		7,816.	FMV	BOOKS	DONATION OF BOOKS
(10) MARION COUNTY SCH	OOL DISTRICT/WEST_MARION_P_							
1010 HIGHWAY 13 N	ORTH COLUMBIA, MS 39645	64-6000671	MARION COUNTY		7,816.	FMV	BOOKS	DONATION OF BOOKS
(11) MARION COUNTY SCH	<u>OOLS / EAST MARION PRIMARY</u>							
	TE 2 COLUMBIA, MS 39429	64-6000671	MARION COUNTY	34,358.				TO SUPPORT IN-SCHOOL
(12) MASON CO. BOE / A	SHTON ELEMENTARY							
1200 MAIN STREET	POINT PLEASANT, WV 25550	55-6000353	MASON COUNTY	26,540.				TO SUPPORT IN-SCHOOL
	r of section 501(c)(3) and government of other organizations	-	-					
	tion Act Notice, see the Instr		orm 990.			<u></u>	Schedu	ıle I (Form 990) (2010)

(Form 990) Go	overnme	nts, and Ir ganization answ	Assistance Idividuals in vered "Yes" to For each to Form 990.	n the Unite	d States		OMB No. 1545-0047 20 <b>10</b> Open to Public Inspection
Name of the organization						Employer identificat	ion number
SAVE THE CHILDREN FEDERATION, INC						06-0726487	I
Part I General Information on Grants and		2					
<ol> <li>Does the organization maintain records to subs</li> </ol>			nts or assistance, t	the grantees' eligib	ility for the grants or a	ssistance, and	
the selection criteria used to award the grants		-					Yes No
2 Describe in Part IV the organization's procedur							
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re II can be duplicated if additional spa	overnments ecipient that	and Organiza received more	tions in the Unit	ted States. Com			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MASON CO. BOE / BEALE ELEMENTARY							
1200 MAIN STREET POINT PLEASANT, WV 25550	55-6000353	MASON COUNTY	39,025.				TO SUPPORT IN-SCHOOL
(2) MASON CO. BOE / POINT PLEASANT PRIMARY							
1200 MAIN STREET POINT PLEASANT, WV 25550	55-6000353	MASON COUNTY	32,316.				TO SUPPORT IN-SCHOOL
(3) MASON COUNTY_SCHOOL_SYSTEM/ ASHTON_ELEMENTA							
1200 MAIN ST. POINT PLEASANT, WV 25550	55-6000353	MASON COUNTY		20,463.	FMV	BOOKS	DONATION OF BOOKS
(4) MASON COUNTY_SCHOOL_SYSTEM/BEALE_ELEMENTARY_							
1200 MAIN ST. POINT PLEASANT, WV 25550	55-6000353	MASON COUNTY		20,463.	FMV	BOOKS	DONATION OF BOOKS
_(5) MASON COUNTY_SCHOOL_SYSTEM/PT. PLEASANT PRI_	_						
1200 MAIN ST POINT PLEASANT, WV 25550	55-6000353	MASON COUNTY		20,463.	FMV	BOOKS	DONATION OF BOOKS
(6) MCCABE_ELEMENTARY	_						
250 S DERRICK MENDOTA, CA 93640	94-6002210	MENDOTA		7,001.	FMV	BOOKS	DONATION OF BOOKS
(7) MCCORD_ELEMENTARY	_						
333 E CENTER ST ORANGE COVE,, CA 93646	77-0531549	KCUSD		7,020.	FMV	BOOKS	DONATION OF BOOKS
(8) MCCREARY CO. BOE / EAGLE CHILD & FAMILY DEV	_						
120 RAIDER WAY STEARNS, KY 42647	61-6001376	MCCREARY COUNTY	20,672.				TO SUPPORT IN-SCHOOL
(9) MCCREARY CO. BOE / MCCREARY CO. MIDDLE	_						
120 RAIDER WAY STEARNS, KY 42647	61-6001376	MCCREARY COUNTY	54,351.				TO SUPPORT IN-SCHOOL
(10) MCCREARY CO. BOE / PINE KNOT INTERMEDIATE	_						
120 RAIDER WAY STEARNS, KY 42647	61-6001376	MCCREARY COUNTY	77,151.				TO SUPPORT IN-SCHOOL
(11) MCCREARY CO. BOE / PINE KNOT PRIMARY	_						
120 RAIDER WAY STEARNS, KY 42647	61-6001376	MCCREARY COUNTY	120,970.				TO SUPPORT IN-SCHOOL
(12) MCCREARY CO. BOE / WHITLEY CITY ELEMENTARY							
120 RAIDER WAY STEARNS, KY 42647	61-6001376	MCCREARY COUNTY	97,781.				TO SUPPORT IN-SCHOOL
2 Enter total number of section 501(c)(3) and gov	vernment orga	nizations					
				<u></u>	<u></u>	<u></u>	
For Paperwork Reduction Act Notice, see the Inst	ructions for F	Form 990.				Schedu	ıle I (Form 990) (2010)

(Form 990) Go	vernme	nts, and Ir ganization answ	Assistance Idividuals in Vered "Yes" to For ach to Form 990.	n the Unite	d States		OMB No. 1545-0047 2010 Open to Public Inspection
Name of the organization						Employer identificat	ion number
SAVE THE CHILDREN FEDERATION, INC.						06-0726487	1
Part I General Information on Grants and							
1 Does the organization maintain records to subs			nts or assistance, t	he grantees' eligib	pility for the grants or a	ssistance, and	
the selection criteria used to award the grants o							Yes No
2 Describe in Part IV the organization's procedure	es for monitor	ing the use of gr	ant funds in the Un	ited States.			
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re II can be duplicated if additional space	cipient that	received more					
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MCCREARY COUNTY BOE/ PINE KNOT PRIMARY							
119 E. HWY 92 PINE KNOT, KY 42635	61-6001376	MCCREARY COUNTY		7,704.	FMV	BOOKS	DONATION OF BOOKS
(2) MCCREARY COUNTY BOE/EAGLE_CHILD & FAMILY DE							
100 EAGLE SCHOOL RD.	61-6001376	MCCREARY COUNTY		7,637.	FMV	BOOKS	DONATION OF BOOKS
(3) MCCREARY COUNTY BOE/PINE KNOT INTERMEDIATE							
6519 S. HWY 1651 PINE KNOT, KY 42635	61-6001376	MCCREARY COUNTY		6,529.	FMV	BOOKS	DONATION OF BOOKS
(4) MCCREARY COUNTY BOE/WHITLEY CITY ELEMENTARY							
2819 N. HWY 27 WHITLEY CITY, KY 42635	61-6001376	MCCREARY COUNTY		7,674.	FMV	BOOKS	DONATION OF BOOKS
(5) MENDOTA UNIFIED SCHOOL DISTRICT							
115 MCCABE AVENUE MENDOTA, CA 93640	94-6002210	MENDOTA	24,371.				TO SUPPORT IN-SCHOOL
(6) MENDOTA UNIFIED SCHOOL DISTRICT							
115 MCCABE AVENUE MENDOTA, CA 93640	94-6002210	MENDOTA	49,124.				TO SUPPORT IN-SCHOOL
(7) MENIFEE CO. BOE / BOTTS ELEMENTARY	4						
P.O. BOX 110 FRENCHBURG, KY 40316	61-6001279	MENIFEE COUNTY	123,635.				TO SUPPORT IN-SCHOOL
(8) MENIFEE COUNTY BOE/BOTTS ELEMENTARY	4						
6882 HWY. 460 DENNISTON,, KY 40316	61-6001279	MENIFEE COUNTY		7,305.	FMV	BOOKS	DONATION OF BOOKS
(9) MERCY CORPS	_						
P.O. BOX 2669 DEPT W PORTLAND, OR 97208	91-1148123	501(C)(3)	61,000.				TOPS PROJECT SUBGRAN
(10) MERCY CORPS	4						
P.O. BOX 2669 DEPT W PORTLAND, OR 97208	91-1148123	501(C)(3)	520,273.				FOOD CRISIS PREVENTI
(11) MERCY CORPS	4						
P.O. BOX 2669 DEPT W PORTLAND, OR 97208	91-1148123	501(C)(3)	646,871.				PROGRAM SUPPORT
(12) MERCY CORPS	4						
P.O. BOX 2669 DEPT W PORTLAND, OR 97208	91-1148123		1,609,376.				FOOD SECURITY AND NU
<ul> <li>2 Enter total number of section 501(c)(3) and gov</li> <li>3 Enter total number of other organizations</li> <li>For Paperwork Reduction Act Notice, see the Instru-</li> </ul>					· · · · · · · · · · · · · · · · · · ·	►	 .le I (Form 990) (2010)

(Form 990) Go	vernme	nts, and Ir ganization answ	Assistance ndividuals in vered "Yes" to For tach to Form 990.	n the Unite	d States		OMB No. 1545-0047 2010 Open to Public Inspection
Name of the organization						Employer identificat	ion number
SAVE THE CHILDREN FEDERATION, INC.						06-0726487	1
Part I General Information on Grants and	Assistance	•					
1 Does the organization maintain records to subs	tantiate the a	mount of the gra	ints or assistance, t	he grantees' eligib	ility for the grants or a	ssistance, and	
the selection criteria used to award the grants o	r assistance?						Yes No
2 Describe in Part IV the organization's procedure	es for monitor	ing the use of gr	ant funds in the Un	ited States.			
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re- II can be duplicated if additional space	cipient that	received more					
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MONARCH ELEMENTARY SCHOOL							
218 MONARCH DRIVE UNION, SC 29379	57-6004861	UNION COUNTY	103,923.				TO SUPPORT IN-SCHOOL
(2) MORGAN CO. BOE / OAKDALE ELEMENTARY							
136 FLAT FORK ROAD WARTBURG, TN 37829	62-6000772	MORGAN COUNTY	83,359.				TO SUPPORT IN-SCHOOL
(3) MORGAN_COUNTY_BOE/OAKDALE_ELEMENTARY							
136 FLAT FORK RD. WARTBURG, TN 37887	62-6000772	MORGAN COUNTY		10,788.	FMV	BOOKS	DONATION OF BOOKS
(4) MORONGO VALLEY							
10951 HESS BLVD. MORONGO VALLEY,, CA 92256	94-6002210	MORONGO USD		7,001.	FMV	BOOKS	DONATION OF BOOKS
(5) MOUNTAIN COMM. PARENT RSRC CTR/WHITE OAK EL	_						
4911 WHITE OAK ROAD DUFF, TN 37729	62-1490279	501(C)(3)		10,380.	FMV	BOOKS	DONATION OF BOOKS
(6) MT. COMM. PARENT RES. CTR. / WHITE OAK ELEM	_						
4911 WHITE OAK ROAD DUFF, TN 37729	62-1490279	501(C)(3)	105,872.				TO SUPPORT IN-SCHOOL
(7) NCNW / IT MONTGOMERY (BOLIVAR CO. SECTION)	-						
103 DAVIS AVENUE MOUND BAYOU, MS 38762	64-0680358	501(C)(3)	151,814.				TO SUPPORT IN-SCHOOL
(8) NEW AMERICA FOUNDATION	_						
1899 L STREET NW, SUITE 400	52-2096845	501(C)(3)	9,672.				10% OF SUBGRANT AMOU
(9) NEW AMERICA FOUNDATION	-						
1899 L STREET NW, SUITE 400	52-2096845	501(C)(3)	79,548.				LIVELIHOODS PROJECT
(10) OCEAN BEACH SCHOOL DISTRICT	-						
PO BOX 778 LONG BEACH, WA 98631	91-0972358	OCEAN BEACH	50,452.				TO SUPPORT IN-SCHOOL
(11) ORANGEBURG CONSOLD SCHOOL DIST. # 5: DOVER	-						
1421 BEDFORD AVE. NORTH, SC 29112	57-6000411	ORANGEBURG		6,071.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(12) ORANGEBURG CONSOLD SCHOOL DIST. # 5: DOVER	-						
1421 BEDFORD AVE. NORTH, SC 29112	57-6000411	-		10,711.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
<ul> <li>2 Enter total number of section 501(c)(3) and gov</li> <li>3 Enter total number of other organizations</li> <li>For Paperwork Reduction Act Notice, see the Instr</li> </ul>		<u></u>	· · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	▶ ► Schedu	 ile I (Form 990) (2010)

(Form 990) Go	vernme	nts, and Ir	Assistance ndividuals in vered "Yes" to For	n the Unite	d States		0MB №. 1545-0047 20 <b>10</b> Open to Public
Internal Revenue Service		► At	tach to Form 990.				Inspection
Name of the organization						Employer identificat	ion number
SAVE THE CHILDREN FEDERATION, INC.						06-0726487	1
Part I General Information on Grants and	Assistance	)					
1 Does the organization maintain records to subs	tantiate the a	mount of the gra	ints or assistance, t	he grantees' eligib	pility for the grants or a	issistance, and	
the selection criteria used to award the grants of							Yes No
2 Describe in Part IV the organization's procedure	es for monitor	ing the use of gr	ant funds in the Un	ited States.			
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re II can be duplicated if additional space	cipient that	received more					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ORANGEBURG CONSOL SCHL DIST 5: BETHUNE-BOWM							
4857 CHARLESTON HWY ROWESVILLE, SC 29133	57-6000772	ORANGEBURG		10,661.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO
(2) OSCEOLA_SCHOOL_DISTRICT / EAST_ELEMENTARY							
2750 WEST SEMMES OSCEOLA, AR 72370	71-6021600	OSCEOLA	88,833.				TO SUPPORT IN-SCHOOL
(3) OWSLEY CO.BOE / OWSLEY COUNTY ELEMENTARY							
P.O. BOX 340 BOONEVILLE, KY 41314	61-6001246	OWSLEY COUNTY	126,557.				TO SUPPORT IN-SCHOOL
(4) OWSLEY COUNTY BOARD OF EDUCATION/OWSLEY ELE							
BOX 3, RT 3 BOONEVILLE,, KY 41314	61-6001246	OWSLEY COUNTY		7,856.	FMV	BOOKS	DONATION OF BOOKS
(5) PALESTINE WHEATLEY/PALESTINE WHEATLEY							
PO BOX 790 PALESTINE, AR 72372	71-6021045	PALESTINE WHE	12,244.				TO SUPPORT IN-SCHOOL
(6) PALM VISTA ELEMENTARY	_						
74350 BASELINE AVE 29 PALMS,, CA 92277	94-6002210	MORONGO USD		7,001.	FMV	BOOKS	DONATION OF BOOKS
(7) PARTNERS IN HEALTH	_						
888 CMMONWEALTH AVE, 3RD FLOOR	04-3567502	501(C)(3)		54,264.	FMV	MILK 8 OZ	FOOD ASSITANCE
(8) PARTNERS IN HEALTH	-						
888 CMMONWEALTH AVE, 3RD FLOOR	04-3567502	501(C)(3)		57,072.	FMV	MILK 32 OZ	FOOD ASSITANCE
(9) PERRY CO. BOE / LINDEN ELEMENTARY	-						
333 SOUTH MILL STREET LINDEN, TN 37096	62-6000787	PERRY COUNTY	112,218.				TO SUPPORT IN-SCHOOL
(10) PERRY CO. BOE / LOBELVILLE ELEMENTARY	-						
333 SOUTH MILL STREET LINDEN, TN 37096	62-6000787	PERRY COUNTY	115,397.				TO SUPPORT IN-SCHOOL
(11) PERRY COUNTY BOE/AB COMBS ELEMENTARY	-						
641 OLD HWY 80 WEST COMBS, KY 41729	61-6001294	PERRY COUNTY		7,212.	FMV	BOOKS	DONATION OF BOOKS
(12) PERRY COUNTY BOARD OF EDUCATION/CHAVIES ELE	-						
PO BOX 278 CHAVIES, KY 41727		PERRY COUNTY		6,583.	FMV	BOOKS	DONATION OF BOOKS
	<u></u>	<u></u>				· · · · · · · · · · · •	
For Paperwork Reduction Act Notice, see the Inst	ructions for F	Form 990.				Schedu	ıle I (Form 990) (2010)

SCHEDULE I (Form 990) Department of the Treasury	ment of the Treasury Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.										
Internal Revenue Service Name of the organization			P Au				Employer identification	Inspection			
ů –											
SAVE THE CHILDREN		A					06-072648	/			
	nation on Grants and										
•	maintain records to subs				•						
	sed to award the grants o							Yes No			
	organization's procedure		<u> </u>								
Form 990, Part	her Assistance to Go t IV, line 21, for any re cated if additional space	cipient that	received more								
1 (a) Name and address or govern		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) PERRY COUNTY BOARD OF	EDUCATION/WILLARD ELE										
625 BIG WILLIARD ROAD	BUSY, KY 41723	61-6001294	PERRY COUNTY		7,176.	FMV	BOOKS	DONATION OF BOOKS			
(2) PERRY COUNTY BOE / C	HAVIES FRYSC										
315 PARK AVENUE HAZAR	D, KY 41701	61-6001294	PERRY COUNTY	81,700.				TO SUPPORT IN-SCHOOL			
(3) PERRY COUNTY BOE / W	ILLIARD_FRYSC										
315 PARK AVENUE HAZAR	D, KY 41701	61-6001294	PERRY COUNTY	121,330.				TO SUPPORT IN-SCHOOL			
(4) PERRY COUNTY BOE / AB	COMBS FRYSC										
315 PARK AVENUE HAZAR	D, KY 41701	61-6001294	PERRY COUNTY	128,699.				TO SUPPORT IN-SCHOOL			
(5) PICKENS COUNTY BOE / 2	ALICEVILLE_ELEMENTARY										
PO BOX 32 ALICEVILLE,	AL 35442	63-6001036	PICKENS COUNTY	88,564.				TO SUPPORT IN-SCHOOL			
(6) PLEASANT VIEW											
18900 AVE 145 PORTERV	ILLE, CA 93258	77-0563833	PLEASANT VIEW		9,873.	FMV	ROOM MAKEOVER	BUILDING IMPROVEMENT			
(7) PLEASANT VIEW SCHOOL	DISTRICT										
14004 ROAD 184 PORTER	VILLE, CA 93257	77-0563833	PLEASANT VIEW	46,947.				TO SUPPORT IN-SCHOOL			
(8) PRESCHOOL SERVICES DE	PT										
662 S. TIPPECANOE AVE		95-6002748	SAN BERNADINO	57,354.				TO SUPPORT IN-SCHOOL			
(9) PRESIDENT AND FELLOWS	OF HARVARD COLLEGE										
1033 MASSACHUSETTS AV	E, 2ND FLOOR	04-2103580	501(C)(3)	7,534.				PROGRAM SUPPOT			
(10) PTSP. FOR HEALTHY MS											
617 RENAISSANCE WAY,	SUITE 210	64-0895372	501(C)(3)	49,998.				TO IMPLEMENT CAMPAIG			
(11) PTSP. FOR HEALTHY MS	(SG)										
617 RENAISSANCE WAY,	STE 210	64-0895372	501(C)(3)	25,000.				SUB-GRANT FOR ADVOCA			
(12) PURE WATER FOR THE WO	RLD,_INC										
P.O. BOX 55 RUTLAND,,		03-0362954		382,181.				WATER TRUCKING, HIGH			
2 Enter total number of s	section 501(c)(3) and gov	ernment orga	nizations								
3 Enter total number of c			<u></u>			<u></u>	<u></u>				
For Paperwork Reduction	Act Notice, see the Instr	uctions for F	Form 990.				Sched	ule I (Form 990) (2010)			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.												
Name of the organization							Employer identifica	tion number					
SAVE THE CHILDREN F	TEDERATION, INC.						06-072648	7					
Part I General Informa	ation on Grants and	Assistance	•										
1 Does the organization m	aintain records to subst	antiate the a	mount of the gra	ants or assistance, t	he grantees' eligib	ility for the grants or a	ssistance, and						
the selection criteria use	d to award the grants o	r assistance?						Yes No					
2 Describe in Part IV the o	organization's procedure	s for monitor	ing the use of g	rant funds in the Un	ited States.								
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed													
1 (a) Name and address or governm		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
(1) PYRAMID LAKE PAIUTE TRI	BE												
PO BOX 256 NIXON, NV 89	9424	88-0058154	PYRAMID LAKE	63,618.				TO SUPPORT IN-SCHOOL					
(2) QUITMAN CO DEV. ORG/CAR	RL_BROWN_CENTER												
201 HUMPHREY STREET MAR	RKS, MS 38646	64-0629668	501(C)(3)	46,809.				TO SUPPORT IN-SCHOOL					
(3) QUITMAN CO.DEV. ORG. /	QUITMAN ELEMENTARY												
201 HUMPHREY STREET MAR		64-0629668	501(C)(3)	85,281.				TO SUPPORT IN-SCHOOL					
(4) QUITMAN COUNTY/QUITMAN	ELEMENTARY												
201 HUMPHREY STREET MAR		64-6001230	501(C)(3)		6,859.	FMV	BOOKS	DONATION OF BOOKS					
(5) RAUNER FAMILY YMCA													
2700 S. WESTERN AVENUE	CHICAGO,, IL 60608	36-2179782	501(C)(3)		6,672.	FMV	COMPUTERS	COMPUTER DONATION					
(6) ROANE CO. BOE / GEARY E	LEMENTARY												
813 CAPITOL STREET SPEN		55-6000396	ROANE COUNTY	36,853.				TO SUPPORT IN-SCHOOL					
(7) ROANE CO. BOE / SPENCER	RELEMENTARY												
813 CAPITOL STREET SPEN		55-6000396	ROANE COUNTY	32,748.				TO SUPPORT IN-SCHOOL					
(8) ROANE CO. BOE / WALTON	ELEMENTARY												
813 CAPITOL STREET SPEN	ICER, WV 25276	55-6000396	ROANE COUNTY	38,583.				TO SUPPORT IN-SCHOOL					
(9) ROANE CO. SCHOOL SYSTEM	1/_GEARY_ELEMENTARY/M												
813 CAPITOL ST. SPENCER	R, WV 25276	55-6000396	ROANE COUNTY		22,774.	FMV	BOOKS	DONATION OF BOOKS					
(10) ROANE COUNTY_SCHOOL_SYS	TEM/ SPENCER ELEMENT_												
813 CAPITOL ST. SPENCER	, WV 25276	55-6000396	ROANE COUNTY		20,968.	FMV	BOOKS	DONATION OF BOOKS					
(11) ROANE CO. SCHOOL SYSTEM	1/ WALTON_ELEMENTARY/												
813 CAPITOL ST. SPENCER		55-6000396	ROANE COUNTY		23,474.	FMV	BOOKS	DONATION OF BOOKS					
(12) ROANE COUNTY SCHOOL SYS													
813 CAPITOL ST. SPENCER		55-6000396	ROANE COUNTY		5,365.	FMV	BOOKS	DONATION OF BOOKS					
2 Enter total number of see													
3 Enter total number of oth	ner organizations	<u></u>	<u></u>	<u> </u>	<u></u>	<u> </u>	<u> </u>						
For Paperwork Reduction A	ct Notice, see the Instr	uctions for F	orm 990.				Sched	ule I (Form 990) (2010)					

	orm 990) artment of the Treasury mal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.										
Name of the organization						Employer identificat	ion number				
SAVE THE CHILDREN FEDERATION, IN	NC.					06-0726487	1				
Part I General Information on Grants a	nd Assistance	9									
1 Does the organization maintain records to se	ubstantiate the a	mount of the gra	ants or assistance, t	the grantees' eligib	pility for the grants or a	assistance, and					
the selection criteria used to award the gran		-					Yes No				
2 Describe in Part IV the organization's proceed	dures for monitor	ing the use of g	rant funds in the Ur	nited States.							
Part II Grants and Other Assistance to Form 990, Part IV, line 21, for any II can be duplicated if additional s	recipient that	received more									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
(1) SAN_CARLOS_UNIFIED_SCHOOL_DISTRICT											
PO BOX 207 SAN CARLOS, AZ 85550	86-6000454	SAN CARLOS	211,669.				TO SUPPORT IN-SCHOOL				
(2) SAVE FIRST THINGS FIRST											
5330 N 12TH STREET PHOENIX, AZ 85014	20-0747169	501(C)4	10,000.				SUPPORT POLICY CHANG				
(3) SCOTT CO. BOE / WINFIELD ELEMENTARY											
208 COURT STREET HUNTSVILLE, TN 37756	62-6000823	SCOTT COUNTY	66,661.				TO SUPPORT IN-SCHOOL				
(4) SCOTT COUNTY_SCHOOLS/WINFIELD ELEMENTARY											
208 COURT STREET HUNTSVILLE, TN 37756	62-6000823	SCOTT COUNTY		11,085.	FMV	BOOKS	DONATION OF BOOKS				
(5) SHAW_SCHOOL DISTRICT / MCEVANS_ELEMENTARY											
200 JEFFERSON AVE SHAW, MS 38773	64-0801107	501(C)(3)	65,376.				TO SUPPORT IN-SCHOOL				
(6) SHERIDAN ELEMENTARY											
1001 9TH ST ORANGE COVE,, CA 93646	58-2103066	KCUSD		7,026.	FMV	BOOKS	DONATION OF BOOKS				
(7) SOUTH BEND_SCHOOL DISTRICT											
PO BOX 437 SOUTH BEND, WA 98586	91-0999640	SOUTH BEND	35,026.				TO SUPPORT IN-SCHOOL				
(8) ST CHARLES SCHOOL											
PO BOX 339 SAN CARLOS, AZ 85550	86-0393097	501(C)(3)	100,005.				TO SUPPORT IN-SCHOOL				
(9) ST. MARTIN PARISH - BREAUX BRIDGE											
305 WASHINGTON ST.	72-6001274	ST. MARTIN	46,207.				TO SUPPORT IN-SCHOOL				
(10) ST. MARTIN PARISH SCHOOL / BREAUX BRIDGE	EL_										
305 WASHINGTON ST ST. MARTINVILLE, LA 705	82 72-6001274	ST. MARTIN	26,116.				TO SUPPORT IN-SCHOOL				
(11) ST. PAUL ELEMENTARY SCHOOL											
3074 LIBERTY HILL RD, SC 29148	57-0481945	CLARENDON	62,122.				TO SUPPORT IN-SCHOOL				
(12) SUMMERTON EARLY CHILDHOOD CENT		CLARENDON	31,133.				TO SUPPORT IN-SCHOOL				
2 Enter total number of section 501(c)(3) and			31,133.	1		L	TTO POLLOVI IN-SCHOOT				
	government orga	-									
For Paperwork Reduction Act Notice, see the In			<u></u>		<u></u>	Schedu	ıle I (Form 990) (2010)				
						00/100					

(Form 990) G	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States										
Department of the Treasury Internal Revenue Service		-	tach to Form 990.				Open to Public Inspection				
Name of the organization		<b>P</b> 111				Employer identificat					
SAVE THE CHILDREN FEDERATION, INC	•					06-072648					
Part I General Information on Grants an		<u> </u>				00 072010	1				
1 Does the organization maintain records to sub			inte or assistance t	he grantees' eligit	vility for the grants or a	assistance and					
the selection criteria used to award the grants		-									
<ol> <li>Describe in Part IV the organization's procedul</li> </ol>											
		<u> </u>			alata if the annual		!!				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed											
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
(1) SYRACUSE UNIVERSITY											
113 BOWNE HALL SYRACUSE, NY 13244	15-0532081	501(C)(3)	107,611.				5TH AND 7TH INSTALLE				
(2) T. L. REED											
1400 N. FRANKWOOD REEDLEY, CA 93654	58-2103066	KCUSD		7,013.	FMV	BOOKS	DONATION OF BOOKS				
(3) TAHOLAH SCHOOL DISTRICT											
PO BOX 249 TAHOLAH, WA 98587	91-6215570	TAHOLAH	42,308.				TO SUPPORT IN-SCHOOL				
(4) TANGIPAHOA COUNTY BOE/ROSELAND											
59656 PRESTON RD AMITE,, LA 70422	72-6001372	ГАНБІРАНОА СО.		5,236.	FMV	BOOKS	DONATION OF BOOKS				
(5) TANGIPAHOA PARISH - O.W. DILLON											
59656 PULESTON ROAD AMITE, LA 70422	72-6001372	TANGIPAHOA CO.	100,146.				TO SUPPORT IN-SCHOOL				
(6) TANGIPAHOA PARISH - ROSELAND											
59656 PULESTON ROAD AMITE, LA 70422	72-6001372	TANGIPAHOA CO.	45,003.				TO SUPPORT IN-SCHOOL				
(7) TANGIPAHOA PARISH SCHOOL DISTRICT/O.W. DILL											
59656 PULESTON ROAD AMITE, LA 70422	72-6001372	TANGIPAHOA CO.		7,816.	FMV	BOOKS	DONATION OF BOOKS				
(8) TANGO INTERNATIONAL											
406 SOUTH 4TH AVE TUSCON, AZ 85701	86-0945589	501(C)(3)	79,787.				TOPS PROJECT TANGO				
(9) TEXANS CARE FOR CHILDREN											
814 SAN JACINTO #201 AUSTIN, TX 78701	75-2687008	501(C)(3)	17,100.				TO SUPPORT CAMPAIGN				
(10) TEXAS HEALTH INSTITUTE											
8501 N MOPAC EXPRESSWAY, SUITE 300	74-2237787	501(C)(3)	18,450.				TO SUPPORT CAMPAIGN				
(11) THE WASHINGTON UNIVERSITY											
700 ROSEDALE, BOX 1034, ST. LOUIS, MO 63112	43-0653611	501(C)(3)	9,798.				FINAL 10% OF SUBGRAN				
(12) THE WASHINGTON UNIVERSITY											
700 ROSEDALE, BOX 1034 ST. LOUIS, MO 63112	43-0653611		149,927.				YOUTHSAVE PROJECT				
<ul> <li>2 Enter total number of section 501(c)(3) and go</li> <li>3 Enter total number of other organizations</li> <li>For Paperwork Reduction Act Notice, see the Inst</li> </ul>					· · · · · · · · · · · · · · · · · · ·	► Schedi					
						Concu					

(Form 990)	Grants and Other Assistance to Ordanizations.									
Department of the Treasury Internal Revenue Service	olete if the or	•	vered "Yes" to For tach to Form 990.	m 990, Part IV, lin	e 21 or 22.		Open to Public Inspection			
Name of the organization						Employer identificat	ion number			
SAVE THE CHILDREN FEDERATION, INC.						06-0726487	7			
Part I General Information on Grants and	Assistance	;								
1 Does the organization maintain records to subs	tantiate the a	mount of the gra	ints or assistance, t	he grantees' eligib	ility for the grants or a	ssistance, and				
the selection criteria used to award the grants of				0			Yes No			
2 Describe in Part IV the organization's procedure										
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re II can be duplicated if additional space	cipient that	received more		eck this box if n	o one recipient rece					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) TIPTON										
370 N EVANS TIPTON,, CA 93272	77-0563530	TIPTON COUNTY		7,013.	FMV	BOOKS	DONATION OF BOOKS			
(2) TIPTON_COBOE / CRESTVIEW ELEMENTARY_SCHOO										
1580 HWY 51 SOUTH COVINGTON, TN 38019	62-1717314	TIPTON COUNTY	67,382.				TO SUPPORT IN-SCHOOL			
(3) TIPTON SCHOOL DISTRICT										
PO BOX 787 TIPTON, CA 93272	91-1883652	TIPTON COUNTY	109,298.				TO SUPPORT IN-SCHOOL			
(4) TRUSTEES OF TUFTS COLLEGE D/B/A TUFTS UNIVE										
169 HOLLAND STREET SOMERVILLE, MA 02144	04-2103634	501(C)(3)	24,435.				SUB-GRANT FOR CHANGE			
(5) TUFTS UNIVERSITY										
169 HOLLAND STREET SOMERVILLE, MA 02144	04-2103634	501(C)(3)	167,413.				TO PROVIDE TECHNICAL			
(6) UNICEF										
UNICEF HOUSE 3 UNITED NATIONS PLAZA	13-1760110	501(C)(3)		25,920.	FMV	MILK 32 OZ	FOOD SUPPORT			
(7) UNION COUNTY - MONARCH ELEM.										
218 MONARCH DRIVE UNION, SC 29379	57-6004861	UNION COUNTY	20,717.				TO SUPPORT IN-SCHOOL			
(8) UNION COUNTY SCHOOLS: FOSTER PARK ELEMENTAR										
901 ARTHUR BOULEVARD UNION, SC 29379	57-6004861	UNION COUNTY		6,746.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO			
(9) UNION COUNTY SCHOOLS: FOSTER PARK ELEMENTAR										
901 ARTHUR BOULEVARD UNION, SC 29379	57-6004861	UNION COUNTY		10,810.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO			
(10) UNION COUNTY SCHOOLS: MONARCH ELEMENTARY										
218 MONARCH DRIVE UNION, SC 29379	57-6000708	UNION COUNTY		8,369.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO			
(11) UNION COUNTY SCHOOLS: MONARCH ELEMENTARY										
218 MONARCH DRIVE UNION, SC 29379	57-6000708	UNION COUNTY		11,094.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO			
(12) VISALIA UNIFIED SCHOOL DISTRICT										
5000 WEST CYPRESS AVE VISALIA, CA 93277	77-0531549	VISALIA	46,470.				TO SUPPORT IN-SCHOOL			
		<u></u>				· · · · · · · · · · ▶				
For Paperwork Reduction Act Notice, see the Inst	uctions for F	orm 990.				Schedu	ule I (Form 990) (2010)			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	990)       Grants and Other Assistance to Organizations,         Governments, and Individuals in the United States         of the Treasury renue Service         Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.         ► Attach to Form 990.												
Name of the organization							Employer identificat	ion number					
	REN FEDERATION, INC.						06-0726487						
	formation on Grants and												
	ation maintain records to subst			nts or assistance, t	he grantees' eligib	pility for the grants or a	ssistance, and						
	ria used to award the grants o							Yes No					
	/ the organization's procedure		<u> </u>										
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed													
	address of organization government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
(1) VISALIA UNIFIED S	CHOOL DISTRICT												
5000 WEST CYPRESS	AVE VISALIA, CA 93277	77-0531549	VISALIA	80,494.				TO SUPPORT IN-SCHOOL					
(2) WASHINGTON COUNTY	- MCINTOSH ELEM.												
РО ВОХ 1359 СНАТО	DM, AL 36518	64-6001230	WASHINGTON CO.	18,440.				TO SUPPORT IN-SCHOOL					
(3) WASHINGTON_ELEMEN	ITARY												
1250 K STREET REE	DLEY, CA 93654	58-2103066	WASHINGTON CO.		7,026.	FMV	BOOKS	DONATION OF BOOKS					
(4) WASHINGTON PARISH	- FRANKLINTON ELEM.	_											
800 MAIN STREET F	RANKLINTON, LA 70438	72-6001459	WASHINGTON CO.	77,038.				TO SUPPORT IN-SCHOOL					
(5) WASHINGTON PARISH	- FRANKLINTON PRI.	_											
800 MAIN STREET F	RANKLINTON, LA 70438	72-6001459	WASHINGTON CO.	84,171.				TO SUPPORT IN-SCHOOL					
(6) WASHINGTON PARISH	IVARNADO	_											
800 MAIN STREET F	RANKLINTON, LA 70438	72-6001459	WASHINGTON CO.	17,943.				TO SUPPORT IN-SCHOOL					
(7) WASHINGTON PARISH	I - WESLEY RAY (FORMERLY VA	_											
800 MAIN STREET F	RANKLINTON, LA 70438	72-6001459	WASHINGTON CO.	23,057.				TO SUPPORT IN-SCHOOL					
(8) WASHINGTON PARISH	SCHOOL DIST./FRANKLINTON	_											
800 MAIN STREET F	RANKLINTON,, LA 70438	72-6001459	WASHINGTON CO.		7,816.	FMV	BOOKS	DONATION OF BOOKS					
(9) WASHINGTON PARISH	SCHOOL DIST./FRANKLINTON	-											
	RANKLINTON,, LA 70438	72-6001459	WASHINGTON CO.		7,816.	FMV	BOOKS	DONATION OF BOOKS					
	SCHOOL DIST/WESLEY RAY EL	-											
	RANKLINTON, LA 70438	72-6001459	WASHINGTON CO.		7,816.	FMV	BOOKS	DONATION OF BOOKS					
	SCHOOL SYSTEM / FRANKLINT	-											
800 MAIN ST FRANK	· ·	72-6001459	WASHINGTON CO.	28,225.				TO SUPPORT IN-SCHOOL					
	SCH SYS / FRANKLINTON PRI	-											
800 MAIN ST FRANK			WASHINGTON CO.	33,309.	<u> </u>		<b>、</b>	TO SUPPORT IN-SCHOOL					
	r of section 501(c)(3) and gov	•											
	r of other organizations tion Act Notice, see the Instr		orm 990	<u></u>		<u></u>	<u> </u>	ıle I (Form 990) (2010)					
i or i apermork neule	and Antitotice, see the list		o.m 000.				Scheut						

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.										
Internal Revenue Service			► Att	ach to Form 990.				Inspection			
Name of the organization							Employer identifica	tion number			
SAVE THE CHILDREN FEDERAT							06-072648	7			
Part I General Information on											
1 Does the organization maintain re			•	nts or assistance, t	he grantees' eligib	ility for the grants or a	assistance, and				
the selection criteria used to awar	0							Yes No			
2 Describe in Part IV the organization	on's procedures fo	or monitori	ng the use of gr	ant funds in the Un	ited States.						
Part II Grants and Other Assis Form 990, Part IV, line 2 II can be duplicated if ad	1, for any recipi	ient that r	received more								
1 (a) Name and address of organizat or government	tion	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
_(1) WASHINGTON_PARISH_SCH_SYS_/_VARM	NANDO ELEMEN										
800 MAIN ST FRANKLINTON, LA 7043	38 72	-6001459	WASHINGTON CO.	23,370.				TO SUPPORT IN-SCHOOL			
(2) WAYNE CO. BOE / FRANK HUGHES_ELE	EMENTARY										
PO BOX 658 WAYNESBORO, TN 38485	62	-6008903	WAYNE COUNTY	31,386.				TO SUPPORT IN-SCHOOL			
(3) WEST LEE ELEMENTARY SCHOOL											
5 WEST LEE SCHOOL ROAD REMBERT,	SC 29128 57	-6000377	LEE COUNTY	85,494.				TO SUPPORT IN-SCHOOL			
(4) west tallahatchie school dist /	RH_BEARDEN										
PO BOX 129 WEBB, MS 38966	57	-0641053	WEST TALLAH.	91,153.				TO SUPPORT IN-SCHOOL			
(5) WHITLEY CO. BOE / OAK GROVE ELEN	MENTARY										
300 MAIN STREET WILLIAMSBURG, KY	r 40769 61	-6001378	WHITLEY COUNTY	142,067.				TO SUPPORT IN-SCHOOL			
_(6) WHITLEY CO. BOE / PLEASANT VIEW	ELEMENTARY										
116 NORTH 4TH STREET WILLIAMSBUR	RG, KY 40769 61	-6001378	WHITLEY COUNTY	136,405.				TO SUPPORT IN-SCHOOL			
_(7) WHITLEY_CO. BOE / WHITLEY_CENTRA	AL PRIMARY										
116 NORTH 4TH STREET WILLIAMSBUR	RG, KY 40769 61	-6001378	WHITLEY COUNTY	124,911.				TO SUPPORT IN-SCHOOL			
(8) WHITLEY CO. BOE / WHITLEY CITY 1	INTERMEDIATE										
300 MAIN STREET WILLIAMSBURG, KY		-6001378	WHITLEY COUNTY	93,122.				TO SUPPORT IN-SCHOOL			
(9) WHITLEY COUNTY BOE/ OAK GROVE EI	LEMENTARY										
4505 CUMBERLAND FALLS RD. CORBIN		-6001378	WHITLEY COUNTY		8,024.	FMV	BOOKS	DONATION OF BOOKS			
(10) WHITLEY COUNTY BOE/WHITELY CENTE											
520 BLVD. OF CHAMPIONS		-6001378	WHITLEY COUNTY		7,085.	FMV	BOOKS	DONATION OF BOOKS			
(11) WHITLEY COUNTY BOE/WHITLEY CENTE					5.500						
2940 US HWY 25-W NORTH	61	-6001378	WHITLEY COUNTY		5,568.	FMV	BOOKS	DONATION OF BOOKS			
(12) WILKINSON COUNTY - FINCH ELEM.		6001000		45.040				TO SUDDODE IN CONCO			
PO BOX 785 WOODVILLE, MS 39669			WIKINSON COUNTY	45,248.	1		L	TO SUPPORT IN-SCHOOL			
<ul><li>2 Enter total number of section 501</li><li>3 Enter total number of other organi</li></ul>		-		•••••			•••••••••••••••••••••••••••••••••••••••				
For Paperwork Reduction Act Notice			orm 990.			<u></u>	Sched	ule I (Form 990) (2010)			
	,						221104	() ()			

(Form 990) Go	vernme	nts, and Ir	Assistance Idividuals in Vered "Yes" to For	n the Unite	d States		0MB No. 1545-0047 20 <b>10</b> Open to Public			
Department of the Treasury Internal Revenue Service		•	ach to Form 990.				Inspection			
Name of the organization						Employer identificat	ion number			
SAVE THE CHILDREN FEDERATION, INC.						06-0726487	,			
Part I General Information on Grants and	Assistance	ė								
1 Does the organization maintain records to subst			nts or assistance t	he grantees' eligih	ility for the grants or a	ssistance and				
the selection criteria used to award the grants o		-					Yes No			
2 Describe in Part IV the organization's procedure										
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) WILKINSON COUNTY - WILKINSON ELEM.										
PO BOX 785 WOODVILLE, MS 39669	64-6001230	WIKINSON COUNTY	17,387.				TO SUPPORT IN-SCHOOL			
(2) WILKINSON COUNTY SCHOOL DISTRICT/FINCH ELEM										
1125 COBSY ST. WOODVILLE, MS 39669	64-6001230	WIKINSON COUNTY		7,816.	FMV	BOOKS	DONATION OF BOOKS			
(3) WILKINSON COUNTY SCHOOLS / FINCH ELEMENTARY										
488 MAIN ST WOODVILLE, MS 39669	64-6001230	WIKINSON COUNTY	50,001.				TO SUPPORT IN-SCHOOL			
(4) WILKINSON COUNTY SCHOOLS / WILKINSON ELEMEN										
488 MAIN ST WOODVILLE, MS 39669	64-6001230	WIKINSON COUNTY	45,991.				TO SUPPORT IN-SCHOOL			
(5) WILLIAMSBURG COUNTY BOE/PLEASANT VIEW ELEME										
85 STRINGTOWN ROAD WILLIAMSBURG,, KY 40769	61-6001378	WILLIAMSBURG CO		7,135.	FMV	BOOKS	DONATION OF BOOKS			
(6) WILLIAMSBURG CO. SCHOOL DISTRICT: DP COOPER										
4568 SEABOARD ROAD SALTERS, SC 29590	57-6000772	WILLIAMSBURG CO		7,598.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO			
(7) WILLIAMSBURG CO. SCHOOL DISTRICT: DP COOPER										
4568 SEABOARD ROAD SALTERS, SC 29590	57-6000772	WILLIAMSBURG CO		8,809.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO			
(8) WILLISTON 29: KELLY EDWARDS ELEMENTARY	_									
1071 ELKO STREET WILLISTON, SC 29853	57-6001201	WILLISTON		9,735.	FMV	TOYS, BOOKS, GAMES	DONATION OF TOYS BO			
(9) WILLISTON SCHOOL DISTRICT - KELLY EDWARDS E	_									
1071 ELKO STREET, WILLISTON,, SC 29853	57-6001201	WILLISTON	18,596.				TO SUPPORT IN-SCHOOL			
(10) WINSHIP-ROBBINS SCHOOL DISTRICT	_									
4305 S. MERIDIAN RD. MERIDIAN, CA 95957	68-0376579	WINSHIP-ROBBINS	26,919.				TO SUPPORT IN-SCHOOL			
(11) WORLD LEARNING	_									
P.O. BOX 676 BRATTLEBORO, VT 05302	04-2103634	501(C)(3)	459,684.				TO PROVIDE SUPPORT F			
(12) WORLD LEARNING	_									
P.O. BOX 676 BRATTLEBORO, VT 05302	030179592	501(C)(3)	734,685.				THE PURPOSE OF THIS			
<ul> <li>2 Enter total number of section 501(c)(3) and gov</li> <li>3 Enter total number of other organizations</li> <li>For Paperwork Reduction Act Notice, see the Instruction</li> </ul>		<u></u>	· · · · · · · · · · · · · · ·			Schedu				

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		OMB No. 1545-0047 20 <b>10</b> Open to Public Inspection					
Name of the organization						Employer identificat	
SAVE THE CHILDREN FEDERATION, INC						06-072648	7
Part I General Information on Grants and							
1 Does the organization maintain records to sub-							
the selection criteria used to award the grants							Yes No
2 Describe in Part IV the organization's procedur	es for monitor	ing the use of g	rant funds in the Un	ited States.			
Part II Grants and Other Assistance to Ge Form 990, Part IV, line 21, for any re II can be duplicated if additional spa	cipient that	received more	e than \$5,000. Ch	eck this box if n	plete if the organization on one recipient reco	eived more than \$8	es" to 5,000. Part ▶□
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WORLD VISION ETHIOPIA (WVE)							
34834 WEYERHAEUSER WAY SO.	95-1922279	501(C)(3)	215,752.				TO PROVIDE SUPPORT B
(2) WORLD VISION ETHIOPIA (WVE)							
34834 WEYERHAEUSER WAY SO.	95-1922279	501(C)(3)	253,332.				TO PROVIDE SUPPORT B
(3) YMCA TENNESSEE STATE ALLIANCE							
1000 CHURCH ST. NASHVILLE, TN 37203	62-0476243	501(C)(3)	25,000.				SUB-GRANT FOR ADVOCA
(4) YUCCA MESA							
3380 AVALON YUCCA VALLEY,, CA 92284	77-0031861	MORONGO USD		6,980.	FMV	BOOKS	DONATION OF BOOKS
(5) YUCCA VALLEY							
7601 HOPI TRAIL YUCCA VALLEY,, CA 92284	77-0563833	MORONGO USD		6,980.	FMV	BOOKS	DONATION OF BOOKS
200 M STREET, N.W. SUITE 200	52-1105189	501(C)(3)	143,052.				EARLY CHILDHOOD EDUC
(7) ZUNI PUBLIC SCHOOLS							
PO DRAWER A ZUNI, NM 87327	85-0278577	ZUNI	140,193.				TO SUPPORT IN-SCHOOL
_(8)	-						
_(9)	-						
(10)	-						
(11)	-						
(12)	-						
2 Enter total number of section 501(c)(3) and go	/ernment orga	nizations	1	1	1	<b>•</b>	138.
	•					•••••	1.
For Paperwork Reduction Act Notice, see the Inst						Sched	ule I (Form 990) (2010)

## Schedule I (Form 990) (2010) 06-0726487 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part IV ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS SCHEDULE I, PART I, LINE 2

SAVE THE CHILDREN FEDERATION, INC. CONDUCTS PERIODIC FINANCIAL AND

PROGRAM REPORTS WITH SCHEDULED AUDITS. THESE INCLUDE MONTHLY BUDGET

VERSUS ACTUAL ANALYSIS COMPARING BOTH SPENDING AGAINST THE LIFE OF GRANTS

AMOUNTS AS WELL AS THE PROJECTED ANNUAL AMOUNT. SPENDING AGAINST EACH

GRANT HAS TO BE APPROVED BY THE APPROPRIATE SUPERVISOR UNDER THE

SEGREGATION OF DUTIES INTERNAL CONTROLS CREATED FOR ALL FIELD OFFICES.

THESE INTERNAL CONTROLS ARE REVIEWED AND UPDATED AS APPROPRIATE BY THE

HEAD FINANCE STAFF PERSON FOR THAT OFFICE, IN CONJUNCTION WITH THE AREA

## 06-0726487

## Part III Grants and Other Assistance to Individuals in the United States. 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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Compl	ete this part to provi	de the information	on required in F	Part I, line 2, and any	other additional information.

CONTROLLER, AND TESTED ON A REGULAR BASIS.

SCH	EDULE J	Comper	1	OMB No. 1545-0047					
	n 990)			Trustees, Key Employees, and Highest		୬ଜ	10		
•				isated Employees ion answered "Yes" to Form 990,		ZU			
Departm	ent of the Treasury	<b>N</b>		rt IV, line 23.		Open t			
	Revenue Service	Attach to Form S	990.	See separate instructions.	Envelopment des diffe		ectio	n	
	of the organization	NEN FEDERATION INC			Employer identifi 06-0726		ber		
Part		DREN FEDERATION, INC.			06-0726	40/			
1 art	Questio	is Regarding compensation					Yes	No	
1a	Check the app	ropriate box(es) if the organization prov	ided	any of the following to or for a person I	isted in Form				
		Section A, line 1a. Complete Part III to p							
	First-clas	s or charter travel	X	Housing allowance or residence for p	ersonal use				
	X Travel fo	r companions		Payments for business use of person	al residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees								
	Discretio	nary spending account		Personal services (e.g., maid, chauffe	eur, chef)				
b	If any of the or reimburse	boxes on line 1a are checked, did th nent or provision of all of the ex	ne o Ipens	rganization follow a written policy re ses described above? If "No," com	egarding payme plete Part III	to			
	explain		•••			. <u>1b</u>	X		
2	-	ization require substantiation prior to					X		
	directors, trus	ees, and the CEO/Executive Director,	rega	raing the items checked in line ra?	• • • • • • • • • •				
3	Indicate which	, if any, of the following the organization	use	s to establish the compensation of the					
		CEO/Executive Director. Check all that		-					
	<u> </u>	sation committee	$\square$	Written employment contract					
	· ·	lent compensation consultant	X	Compensation survey or study					
	·	orm 990 of other organizations X Approval by the board or compensation committee							
4	During the yea	r, did any person listed in Form 990, Pa r a related organization:	rt VI	I, Section A, line 1a, with respect to the	filing				
а		erance payment or change-of-control pa				4a		Х	
b		or receive payment from, a supplementa	-	-		4b		Х	
С	Participate in,	or receive payment from, an equity-base	ed co	ompensation arrangement?		4c		Х	
	If "Yes" to an	/ of lines 4a-c, list the persons and p	rovid	e the applicable amounts for each it	em in Part III.				
_	-	501(c)(3) and 501(c)(4) organizations m		-					
5		ted in Form 990, Part VII, Section A, lin	e 1a	, did the organization pay or accrue any	/				
_		contingent on the revenues of:				5.		v	
	The organizati		• • •			. <u>5a</u>		X	
D	If "Vos" to line	ganization? 5a or 5b, describe in Part III.				. 5b		X	
6		sted in Form 990, Part VII, Section A, lin	د 1 م	did the organization nav or accrue any	1				
5		contingent on the net earnings of:	5 10	, are the organization pay or accrue any	7				
а		on?				6a		Х	
b	Any related or	ganization?	•••			6b		X	
	b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.								
7									
	payments not described in lines 5 and 6? If "Yes," describe in Part III							Х	
8	Were any am	ounts reported in Form 990, Part VII	, pai	d or accrued pursuant to a contract	that was subje	ect			
		contract exception described in	-						
						. 8		X	
9									
		ection 53.4958-6(c)?							
For Pa	Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J								

Schedule J (Form 990) 2010

#### 06-0726487

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
<b>(A)</b> Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	171,808.	0.	42,231.	37,185.	17,889.	269,113.	0.
1 RUDOLPH VON BERNUTH	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	192,686.	0.	33,149.	32,814.	4,824.	263,473.	0.
2 MARK A. ELDON-EDINGTON	(ii)	0.	0.	0.	0.	0.	0.	0.
3		1						
	(i)	339,767.	0.	51 <b>,</b> 427.	38,500.	28,480.	458 <b>,</b> 174.	0.
4 CHARLES F. MACCORMACK	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	229,759.	0.	33,342.	33,000.	24,981.	321,082.	0.
5 CAROLYN MILES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	150,020.	0.	13,371.	13,107.	11,883.	188,381.	0.
6 ELLEN WILLMOTT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	218,795.	0.	10,642.	9,124.	6,472.	245,033.	0.
7 CYNTHIA CARR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	211,206.	0.	40,984.	38,500.	17,889.	308,579.	0.
8 RICHARD STONER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	200,726.	0.	33,342.	33,000.	24,981.	292,049.	0.
9 MARK SHRIVER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	169,605.	0.	23,536.	22,084.	6,024.	221,249.	0.
10 DIANA MYERS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	163,209.	0.	22,846.	20,281.	24,981.	231,317.	0.
11 THOMAS KRIFT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	218,718.	0.	18,717.	18,375.	24,981.	280,791.	0.
12 ANNE-MARIE GREY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	154,175.	0.	16,500.	16,500.	4,824.	191,999.	0.
13 MICHAEL KLOSSON	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	213,576.	0.	9,425.	9,083.	24,981.	257,065.	0.
14 SARAH A. GILLMAN	(ii)	0.	0.	0.	0.	0.	0.	0.

NB: Name and salary information for field-based staff on Schedule J have been omitted. A full copy of Schedule J may be obtained without cost by writing to Save the Children Federation, Inc., 54 Wilton Road, Westport, CT 06880, or by calling 1-800-728-3843, or by sending an email to twebster@savechildren.org.

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
<b>(A)</b> Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	Form 990 or Form 990-EZ
NB: Name and salary without cost by writing by sending an email to	to Sav	e the Children	Federation, Inc					
	(i)	169,857.	0.	19,121.	18,076.	4,824.	211,878.	0
4 DAVID A. OOT	(ii)	0.	0.	0.	0.	0.	0.	0
5			-					
	(i)	149,772.	0.	29 <b>,</b> 357.	21,230.	17,889.	218,248.	0
6 RODNEY J. DAVIS	(ii)	0.	0.	0.	0.	0.	0.	0
9	(i) (ii) (i)							
10	(i) (ii)							
11	(i) (ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
14	(i) (ii)							
	,							
15	(i) (ii)							
15	(i) (ii) (i)							

Schedule J (Form 990) 2010

Page 2

Schedule J (Form 990) 2010

## Part III Supplemental Information

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

TRAVEL AND HOUSING ALLOWANCE

SCHEDULE J, PART I, LINE 1A

HOME LEAVE: REGULAR FULL-TIME EMPLOYEES WHO HAVE BEEN AT AN ASSIGNMENT OUTSIDE THE U.S. AWAY FROM THEIR HOME COUNTRY FOR A MINIMUM OF TWELVE (12) MONTHS ARE ENTITLED TO ANNUAL HOME LEAVE TRAVEL TO THE EMPLOYEE'S HOME OF RECORD AT THE AGENCY'S EXPENSE, ACCOMPANIED BY SPOUSE OR DOMESTIC PARTNER AND DEPENDENTS (THROUGH GRADE 12), WHO LIVE AT POST OR WHO ARE ENROLLED IN A BOARDING SCHOOL ELSEWHERE AS A CONSEQUENCE OF THE ASSIGNMENT. DEPENDENTS AND SPOUSES/DOMESTIC PARTNERS WHO DO NOT ACCOMPANY THE EMPLOYEE TO THE ASSIGNED POST WILL BE ELIGIBLE FOR AN ANNUAL ROUND-TRIP TICKET FROM SUCH PERSONS' LOCATION TO THE EMPLOYEE'S ASSIGNED POST OR THE EMPLOYEE'S HOME OF RECORD.

HOUSING: SAVE THE CHILDREN PROVIDES FOR THE HOUSING OF EMPLOYEES AND THEIR FAMILIES ASSIGNED TO LOCATIONS OUTSIDE THEIR HOME COUNTRY AND OUTSIDE THE U.S.

THE ABOVE BENEFITS ARE TAXABLE TO THE EMPLOYEE.

Schedule J (Form 990) 2010

#### Page 3

#### Part III Supplemental Information

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

COMPENSATION REVIEW

SCHEDULE J, PART I, LINE 3

THE COMPENSATION COMMITTEE OF THE BOARD CONDUCTS AN ANNUAL REVIEW OF

OFFICER'S COMPENSATION. AS PART OF THIS REVIEW, THE COMMITTEE REFERENCES

AVAILABLE MARKET DATA FOR COMPARABLE POSITIONS AND INTERNAL EQUITY

CONSIDERATIONS, AND IT UTILIZES AN ANALYSIS OF OFFICE SALARIES PREPARED

BY AN INDEPENDENT EXTERNAL ADVISOR USING INDUSTRY BENCHMARKING DATA.

COMPENSATION FROM UNRELATED ORGANIZATIONS

MARK EDINGTON - ALL HIS COMPENSATION WAS REIMBURSABLE TO SAVE THE

CHILDREN FROM SAVE THE CHILDREN INTERNATIONAL.

RUDOLPH VON BURNUTH - HIS COMPENSATION WAS REIMBURSABLE TO SAVE THE CHILDREN FROM ALL THE PARTNERS IN THE ALLIANCE COOPERATION FOR EMERGENCY MANAGEMENT.

# SCHEDULE L

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

 ▶ Complete if the organization answered
 "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ See separate instructions.

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

SAVE THE CHILDREN FEDERATION, INC

Employer identification number 06-0726487

▶ \$

anna Bana	lit Transactions	(a a ation	E01(a)(2)	~ ~
CUTTDKEN	FEDERALION,	INC.		

**Excess Benefit Transactions**(section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	( <b>c)</b> Cor	rected?	
	(a) Name of disqualmed person				
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax imposed on the organization manage	gers or disqualified persons during the year			

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

# Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

under section 4958

	(a) Name of interested person and purpose	<b>(b)</b> Loan the orga		<b>(c)</b> Original principal amount	(d) Balance due	<b>(e)</b> In c	lefault?	(f) App by boa comm	ard or	<b>(g)</b> W agree	ritten ment?
		То	From			Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
	<u> </u>			▶\$							

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	haring of hization's enues?	
				Yes	No	
(1) BLACKBAUD, INC. (SEE SCHEDULE L PT V)	VENDOR	557,287.	PAYMENT FOR SERVICES		х	
(2) PATRICIA DALY	FAMILY MEM. OF KEY STAFF	118,860.	SALARY		х	
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

## PART IV, LINE 1

SAVE THE CHILDREN ACQUIRES SOFTWARE AND MANAGEMENT/SYSTEMS DEVELOPMENT SERVICES FOR ITS DONOR DATABASE FROM THE FIRM BLACKBAUD, INC. SAVE THE CHILDREN'S CHIEF OPERATING OFFICER, CAROLYN MILES, ALSO SERVES AS A MEMBER OF THE BOARD OF DIRECTORS OF BLACKBAUD, INC. (IN FISCAL YEAR 2010, MS. MILES RECEIVED \$153,875 IN COMPENSATION FROM BLACKBAUD FOR HER SERVICES AS A MEMBER OF ITS BOARD OF DIRECTORS; IN RETURN, MS. MILES DONATED THAT COMPENSATION, LESS TAX PAID ON IT, TO SAVE THE CHILDREN.) IN FISCAL YEAR 2010, SAVE THE CHILDREN PAID A TOTAL OF \$557,287.47 TO BLACKBAUD FOR THE SOFTWARE AND MANAGEMENT/ SYSTEMS DEVELOPMENT SERVICES THEY PROVIDED. MS. MILES DID NOT PARTICIPATE IN SAVE THE CHILDREN'S DECISION TO HIRE BLACKBAUD, INC.; THE DECISION TO HIRE WAS APPROVED BY A STEERING COMMITTEE LED BY THE VICE PRESIDENTS FOR RESOURCE DEVELOPMENT AND FOR FINANCE AND INFORMATION MANAGEMENT FOLLOWING AN EIGHTEEN-MONTH LONG SEARCH AND ANALYSIS OF POSSIBLE PROVIDERS.

ADDRESS OF COO: CAROLYN MILES

C/O SAVE THE CHILDREN

54 WILTON ROAD

Part IV	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.											
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	<b>(e)</b> Sha organiz rever	-						
					Yes	No						
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

WESTPORT, CT 06880

ADDRESS OF VENDOR: BLACKBAUD, INC.

2000 DANIEL ISLAND DRIVE

CHARLESTON, SC 29492-7541

Page **2** 

# SCHEDULE M (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

## SAVE THE CHILDREN FEDERATION, INC. Part I Types of Property

Employer identification number

06-0726487

1       Art - Works of art			<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			ints
3       At - Fractional interests       x       1,905,736.       Ptv/         4       Books and publications       x       2,470,171.       Ptv/         5       Clothing and household goods.       x       2,470,171.       Ptv/         6       Cars and other vehicles       x       2.       48,500.       Ptv/         7       Boats and planes.       -       -       -       -         9       Securities - Publicity traded       -       -       -       -         10       Securities - Niscellanceus       -       -       -       -       -         11       Securities - Miscellanceus       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -	1	Art - Works of art							
4       Books and publications       X       1,905,736.       FMV         5       Clothing and household goods       X       2,470,171.       FMV         6       Cars and other vehicles       X       2.48,500.       FMV         7       Boats and planes,       -       -       -         8       Intellectual property       -       -       -         9       Securities - Publicly traded       -       -       -         10       Securities - Publicly traded       -       -       -         11       Securities - Closely held stock       -       -       -       -         12       Securities - Closely held stock       -       -       -       -       -         13       Qualified conservation contribution - Other       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       - <td< th=""><th>2</th><th>Art - Historical treasures</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	2	Art - Historical treasures							
5       Clothing and household goods       x       2, 470, 171.       FMV         6       Cars and other vehicles       x       2.       48,500.       FMV         7       Boats and planes       .       .       .       .       .         9       Securities - Publicly traded       .       .       .       .       .       .         9       Securities - Plantership, LLC, or trust interests       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .	3	Art - Fractional interests							
5       Clothing and household goods,	4	Books and publications	Х		1,905,736.	FMV			
6       Cars and other vehicles       X       2.       48,500.       PMV         7       Boats and planes              9       Securities -Publicly traded              9       Securities -Putholy traded               11       Securities -Partnership, LLC, or trust interests <td>5</td> <td>Clothing and household</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	5	Clothing and household							
7       Boats and planes									
8       Intellectual property	6	Cars and other vehicles	Х	2.	48,500.	FMV			
9       Securities - Publicly traded	7	Boats and planes							
10       Securities - Closely held stock	8								
11       Securities - Partnership, LLC, or trust inferests	9								
or trust interests	10	-							
12       Securities - Miscellaneous	11								
13       Qualified conservation contribution - Historic structures									
contribution - Historic structures									
structures	13								
14       Qualified conservation contribution - Other									
contribution - Other									
15       Real estate - Residential	14								
16       Real estate - Commercial									
17       Real estate - Other									
18       Collectibles       X       9.       55,094,737.       FMV         19       Food inventory       X       16.       14,422,083.       FMV         20       Drugs and medical supplies       X       16.       14,422,083.       FMV         21       Taxidermy       Image: Collectible State Sta									
19       Food inventory       X       9.       55, 094, 737.       FMV         20       Drugs and medical supplies       X       16.       14, 422, 083.       FMV         21       Taxidermy									
Drugs and medical supplies       X       16.       14,422,083.       FMV         21       Taxidermy       Image: Second Se			v	9	55 094 737				
21       Taxidermy									
22       Historical artifacts	-		Λ	10,	14,422,005.	1.110			
23       Scientific specimens		-							
24       Archeological artifacts									
25       Other ►(ATCH 1)       30.       9,454,522.         26       Other ►()	-								
26       Other ▶()					9,454,522				
27       Other ▶()       28       Other ▶()       29       4.         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement       29       4.         30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?       30a       X         b If "Yes," describe the arrangement in Part II.       31       Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?       31       X         32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b If "Yes," describe in Part II.       33       If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       32a       X					5,101,0221				
28       Other ▶()       Image: style st									
<ul> <li>29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement</li></ul>									
<ul> <li>which the organization completed Form 8283, Part IV, Donee Acknowledgement</li></ul>			by the orga	nization during the tax ve	ar for contributions for				
<ul> <li>30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?</li> <li>32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>			•	• •		29			4.
it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? <b>b</b> If "Yes," describe the arrangement in Part II. <b>31</b> Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? <b>32</b> a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? <b>b</b> If "Yes," describe in Part II. <b>33</b> If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		······································	0 0200,	·				Yes	No
used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       31       X         31       Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?       31       X         32 a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         b       If "Yes," describe in Part II.       32a       X         33       If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       4       4	30 a	During the year, did the organizat	ion receive	by contribution any prope	erty reported in Part I, lir	e 1-28 that			
<ul> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?</li> <li>32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>33 If "Yes," describe in Part II.</li> <li>33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>									
<ul> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?</li> <li>32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>33 If "Yes," describe in Part II.</li> <li>33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>		used for exempt purposes for the e	ntire holding	period?			30a		Х
contributions?       31       X         32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32 a       X         b If "Yes," describe in Part II.       33       If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       4       4	b								
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32 a       X         b If "Yes," describe in Part II.       33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       4       4	31	-					24	v	
contributions?       32a       X         b If "Yes," describe in Part II.       33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Control of the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Control of the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Control of the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Control of the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Control of the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	22 a	Doos the organization hire or us	third parti	oc or rolated organization	e to colicit process or a	oll noncoch	31		
<ul> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>	JZ d	0		•			32a		Х
describe in Part II.	b	If "Yes," describe in Part II.							
	33	<b>.</b> .	amount in	column (c) for a type of pro	pperty for which column (a	) is checked,			
	For P		Instructions f	for Form 990.		Schedule	M (Form	n 990) (	2010)

JSA

OMB No. 1545-0047

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

NONCASH CONTRIBUTION

SCHEDULE M PART I - NONCASH CONTRIBUTIONS

VARIOUS AGRICULTURAL COMMODITIES AND OTHER MISC. SUPPLIES RECEIVED FOR

THE PURPOSE OF FAMINE, MEDICAL AND EDUCATIONAL RELIEF EFFORTS.

06-0726487

Page 2

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SHELTER KITS/EMERGENCY	TR X	14.	5,246,178.	FMV
INFORMATION TECHNOLOGY	EQ X	10.	3,622,254.	FMV
TOYS	Х	6.	586,090.	FMV
TOTALS	-	30.	9,454,522.	

SCHEDULE O (Form 990 or 990-EZ)

# 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.



Department of the Treasury Internal Revenue Service Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

06-0726487

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4

IN 2010, SAVE THE CHILDREN'S PROGRAMS REACHED 37 MILLION CHILDREN AND 22 MILLION PARENTS AND OTHER ADULTS DIRECTLY AND 70 MILLION CHILDREN AND 111 MILLION PARENTS AND OTHER ADULTS INDIRECTLY, WITH LIFE-CHANGING PROGRAMS IN HEALTH AND NUTRITION, EDUCATION, EMERGENCY RESPONSE, PROTECTION AND LIVELIHOODS. PROGRAM ACCOMPLISHMENTS IN 2010 INCLUDE:

# A) EDUCATION

EDUCATION IS THE FOUNDATION ON WHICH COMMUNITIES CAN BUILD AND SUSTAIN CHANGE IN THE LIVES OF CHILDREN. IN 2010 SAVE THE CHILDREN REACHED NEARLY 13 MILLION CHILDREN AND ADULTS WITH DIRECT EDUCATION PROGRAMMING, AND AN ADDITIONAL 16.7 MILLION INDIRECTLY WITH PROGRAMS FOR EARLY CHILDHOOD AND PRESCHOOL, BASIC EDUCATION AND LITERACY AND SCHOOL HEALTH AND NUTRITION.

IN FISCAL YEAR 2010, SAVE THE CHILDREN'S ACCOMPLISHMENTS IN EDUCATION INCLUDED:

- AFRICA: THREE NEW LITERACY BOOST PROGRAMS WERE LAUNCHED, AND NOW MORE THAN 40,000 CHILDREN ARE INCREASING THEIR READING LEVELS THROUGH THIS INNOVATIVE PROGRAM. INITIAL LITERACY ASSESSMENTS WERE COMPLETED IN MALI, UGANDA AND ETHIOPIA TO BRING THIS SUCCESSFUL PROGRAM TO CHILDREN IN THOSE COUNTRIES.

- EL SALVADOR: IN COLLABORATION WITH THE GOVERNMENT, SAVE THE

Schedule O (Form 990 or 990-EZ) 2010	Pag
Name of the organization	Employer identification number
SAVE THE CHILDREN FEDERATION, INC.	06-0726487

CHILDREN TRAINED VILLAGE HEALTH WORKERS IN EARLY CHILDHOOD DEVELOPMENT AND PROVIDING THEM WITH TOOLS AND PARENTING MATERIALS TO COACH CAREGIVERS ON POSITIVE PARENTING PRACTICES AND RESPONSIVE CARE.

- UNITED STATES: THE EARLY STEPS FOR SCHOOL SUCCESS PROGRAM PROVIDED 4,250 YOUNG CHILDREN LIVING IN RURAL POVERTY WITH THE DEVELOPMENT SKILLS NEEDED TO MAKE A SUCCESSFUL TRANSITION TO KINDERGARTEN. ADDITIONALLY, MORE THAN 16,000 CHILDREN PARTICIPATED IN OUR U.S. LITERACY PROGRAM; OF THESE, 64 PERCENT SHOWED SIGNIFICANT IMPROVEMENT IN THEIR LITERACY SCORES.

TOTAL EDUCATION PROGRAM SERVICES EXPENSES : \$110,642,820 INCLUDING GRANTS TO OTHER AGENCIES : \$30,132,921 RELATED PROGRAM REVENUE : \$549,442

B) HEALTH AND NUTRITION

SAVE THE CHILDREN WORKS TO ENSURE THAT CHILDREN AND THEIR FAMILIES HAVE ACCESS AND CAN USE KEY HEALTH AND NUTRITION SERVICES, AND ADOPT HEALTH-PROMOTING BEHAVIORS, IN BOTH DEVELOPMENT AND EMERGENCY SITUATIONS. WE USE EVIDENCE-BASED INTERVENTIONS AND INNOVATIONS, TO ADDRESS THE MAJOR CAUSES OF ILLNESS, DEATH AND MALNUTRITION, AND CONTINUE TO DEVELOP INNOVATIVE STRATEGIES TO DELIVER THESE SERVICES EFFECTIVELY AS BROADLY AS POSSIBLE, ESPECIALLY IN RESOURCE-POOR AND EMERGENCY SITUATIONS.

SAVE THE CHILDREN DIRECTLY REACHED 22 MILLION NEWBORNS, CHILDREN AND

FAMILIES WITH HEALTH AND NUTRITION PROGRAMS IN 2010. AN ADDITIONAL 34 MILLION CHILDREN AND ADULTS WERE REACHED INDIRECTLY.

KEY ACCOMPLISHMENTS INCLUDED:

- SOUTHERN SUDAN, MALAWI AND MOZAMBIQUE: FRONT LINE HEALTH WORKERS ARE VERY IMPORTANT TO DELIVER LIFE-SAVING HEALTH AND NUTRITION PRACTICES AND SERVICES IN THE MOST REMOTE COMMUNITIES IN THESE COUNTRIES. OVER 1,000 FRONT-LINE HEALTH WORKERS IN REMOTE AREAS WERE PROVIDED WITH TRAINING, MEDICINES AND EQUIPMENT. THE PROMPT AND EFFECTIVE TREATMENT THEY PROVIDE HELPS TO REDUCE MALARIA AND PNEUMONIA RELATED DEATHS AMONG CHILDREN. WE EXPECT TO REDUCE MORTALITY BY UP TO 30 PERCENT AMONG OUR TARGET GROUP OF OVER 750,000 CHILDREN IN THESE COUNTRIES.

- ETHIOPIA: AN INTEGRATED PACKAGE OF MALARIA, PNEUMONIA, DIARRHEA AND NEONATAL INFECTION TREATMENT REACHED 70,000 CHILDREN UNDER AGE 5. THIS SUCCESSFUL MODEL IS BEING SIGNIFICANTLY EXPANDED TO ADDITIONAL DISTRICTS IN 2011.

TOTAL HEALTH PROGRAM SERVICES EXPENSES : \$101,462,047 INCLUDING GRANTS TO OTHER AGENCIES : \$27,012,938 INCLUDING FOOD AID (AGRICULTURAL COMMODITIES & OCEAN FREIGHT) : \$2,453,194

RELATED PROGRAM REVENUE: \$943,668

C) HIV/AIDS

Schedule O (Form 990 or 990-EZ) 2010

Schedule O (Form 990 or 990-EZ) 2010	Pa
Name of the organization	Employer identification number
SAVE THE CHILDREN FEDERATION, INC.	06-0726487

SAVE THE CHILDREN'S HIV/AIDS WORK SPANS FROM PREVENTION TO CARE, MITIGATION AND SUPPORT. WE FOCUS ON THREE PROGRAM PRIORITIES: 1) ORPHANS AND VULNERABLE CHILDREN (AND CARE AND SUPPORT) 2) PREVENTION (ESPECIALLY YOUTH AT RISK AND OTHER VULUNERABLE POPULATIONS) AND 3) PREVENTION OF MOTHER-TO-CHILD-TRANSMISSION. THROUGH TARGETING AND "WHOLE CHILD PROGRAMMING", OUR MULTI-SECTORAL APPROACH WORKS TO PREVENT THE SPREAD OF HIV, AND MITIGATE THE IMPACT OF AIDS ON CHILDREN AND FAMILIES AROUND THE WORLD.

IN 2010, SAVE THE CHILDREN'S PROGRAMS IN HIV/AIDS REACHED 13.6 MILLION CHILDREN AND ADULTS DIRECTLY AND AN ADDITIONAL 78 MILLION CHILDREN AND ADULTS INDIRECTLY WITH HIV/AIDS PROGRAMMING. INTERVENTIONS INCLUDED: - ETHIOPIA: SAVE THE CHILDREN WORKED WITH AN EXTENSIVE NETWORK OF LOCAL ORGANIZATIONS TO PROVIDE SUPPORT FOR MORE THAN 520,000 ORPHANS AND VULNERABLE CHILDREN AFFECTED BY HIV/AIDS IN THE AREAS OF PSYCHOSOCIAL, HEALTH AND NUTRITION, LIVELIHOOD, LIFE SKILLS AND EDUCATIONAL SERVICES. - BANGLADESH: SAVE THE CHILDREN WORKED WITH BANGLADESH'S GOVERNMENT ON A NATIONAL HIV-PREVENTION PROGRAM THAT TARGETS YOUNG PEOPLE THROUGH PRINT MEDIA, LIFE SKILLS EDUCATION, SCHOOL CURRICULUM INTEGRATION, AND "YOUTH FRIENDLY" HEALTH SERVICES.

- MOZAMBIQUE: SAVE THE CHILDREN MOBILIZED MORE THAN 150 COMMUNITIES TO PROVIDE CARE TO CHILDREN AFFECTED BY HIV AND AIDS. COMMUNITY VOLUNTEERS FORMED COMMITTEES TO PROVIDE PSYCHOSOCIAL SUPPORT, HOME BASED CARE SERVICES, HEALTH AND NUTRITION EDUCATION, AND LIVELIHOODS SUPPORT WHICH BENEFITED MORE THAN 40,000 CHILDREN. Page 2

SAVE THE CHILDREN FEDERATION, INC.

TOTAL HIV/AIDS PROGRAM SERVICES EXPENSES : \$26,801,874 INCLUDING GRANTS TO OTHER AGENCIES : \$7,299,333 RELATED PROGRAM REVENUE: \$1,379,478

#### D) CHILD PROTECTION

SAVE THE CHILDREN WORKS WITH CHILDREN, THEIR FAMILIES, COMMUNITIES, SERVICE PROVIDERS, AND POLICY MAKERS TO PREVENT AND RESPOND TO ABUSE, NEGLECT, EXPLOITATION, AND VIOLENCE. WE WORK TO ENSURE THAT COMMUNITY STRUCTURES ARE ABLE TO IDENTIFY, PREVENT AND RESPOND TO CHILD PROTECTION ISSUES AND THREATS, AND THAT GOVERNMENTS DEVELOP FRAMEWORKS, STRUCTURES, POLICIES, PROCEDURES AND MINIMUM STANDARDS THAT GUIDE ACTION TO PROTECT CHILDREN. WE ALSO PRIORITIZE WORKING TO ENSURE THAT SERVICES IN EMERGENCIES RESPOND TO ADDITIONAL THREATS TO AND ISSUES OF CHILDREN, SERVICES RESPOND TO THREATS TO ESPECIALLY VULNERABLE CHILDREN AND THAT ESPECIALLY VULNERABLE CHILDREN ARE ABLE TO ENJOY THE SAME SUPPORT AS OTHER CHILDREN IN EMERGENCIES AND NON-EMERGENCIES CONTEXTS.

IN 2010 WE DIRECTLY DELIVERED PROTECTIVE AND SUPPORT SERVICES TO 3.4 MILLION VULNERABLE CHILDREN AND ADULTS AND INDIRECTLY TO AN ADDITIONAL 31 MILLION.

## INTERVENTIONS IN 2010 INCLUDED:

- INDONESIA: SAVE THE CHILDREN SUCCESSFULLY COLLABORATED WITH THE

GOVERNMENT TO DEVELOP A PROGRAM CALLED EDUCATION SERVICES FOR MARGINALIZED CHILDREN, WHICH TARGETS COMMERCIAL SEX WORKERS, GIRL STREET CHILDREN, CHILDREN IN PLANTATIONS AND CHILDREN WHO WORK AS DOMESTIC LABORERS.

- ARMENIA: SAVE THE CHILDREN'S ACTIVITIES HELPED OVERCOME THE STIGMA AND PREJUDICE OF LOCAL CHILDREN TOWARDS REFUGEE CHILDREN FROM IRAQ.

- NEPAL: SURVIVORS OF CHILD TRAFFICKING RECEIVED EDUCATION, INCOME GENERATION AND LEGAL AID TO SUPPORT THEIR REINTEGRATION INTO COMMUNITIES.

TOTAL PROTECTION PROGRAM SERVICES EXPENSES : \$23,675,335 INCLUDING GRANTS TO OTHER AGENCIES : \$6,447,838 RELATED PROGRAM REVENUE : \$202,471

E) EMERGENCIES

SAVE THE CHILDREN AIMS TO BE THE GLOBAL LEADER IN EMERGENCY RESPONSE FOR CHILDREN AFFECTED BY DISASTERS AND CRISIS. OUR EMERGENCY PRIORITIES ARE 1) EMERGENCY RESPONSE - SAVE LIVES AND ALLEVIATE SUFFERING: PROVIDE LARGE-SCALE HIGH QUALITY PROGRAMS FOR CHILDREN IN EMERGENCIES AND 2) DISASTER RISK REDUCTION - HELP COMMUNITIES PREPARE: WORK WITH COMMUNITIES IN COUNTRIES HIGHLY PRONE TO DISASTERS TO ASSESS RISK, DEVELOP COMMUNITY EMERGENCY RESPONSE ACTION PLANS, AND MITIGATE POTENTIAL DISASTERS.

DURING FISCAL YEAR 2010, SAVE THE CHILDREN REACHED ALMOST 11.5 MILLION

Page 2

Schedule O (Form 990 or 990-EZ) 2010	Pa
Name of the organization	Employer identification number
SAVE THE CHILDREN FEDERATION, INC.	06-0726487

CHILDREN AND ADULTS DIRECTLY AND OVER 7 MILLION INDIRECTLY WITH EMERGENCY PROGRAMMING. NOTABLE EMERGENCY ACTIVITY INCLUDED:

- HAITI: SINCE THE EPIC EARTHQUAKE, SAVE THE CHILDREN WORKED NONSTOP TO ALLEVIATE CHILDREN'S SUFFERING AND ENSURE THEIR WELL-BEING. IN THE IMMEDIATE AFTERMATH OF THE DISASTER, NEARLY 31,250 CHILDREN AND MEMBERS OF THEIR FAMILY RECEIVED TENTS, PLASTIC SHEETING, SHELTER KITS AND OTHER NON-FOOD ITEMS TO SET UP TEMPORARY SHELTERS. ADDITIONALLY, ALMOST490 CHILDREN WHO WERE SEPARATED FROM THEIR FAMILIES WERE PROVIDED WITH FAMILY TRACING, REUNIFICATION AND MEDIATION SUPPORT. NEARLY 10,000 CHILDREN ATTENDED CHILD FRIENDLY SPACES, WHERE THEY COULD LEARN, PLAY AND DEVELOP IN A PROTECTIVE ENVIRONMENT. OVER 43,440 CHILDREN WERE LEARNING IN TEMPORARY CLASSROOMS. YOUNG CHILDREN WERE REGULARLY SCREENED AND TREATED FOR MALNOURISHMENT, AND SAVE THE CHILDREN HELPED TO COMBAT THE SPREAD OF CHOLERA IN CAMPS OF EARTHQUAKE DISPLACED FAMILIES.

- PAKISTAN: WHEN MONSOON FLOODS DISPLACED MILLIONS OF CHILDREN FROM THEIR HOMES, SAVE THE CHILDREN PROVIDED LIFESAVING ASSISTANCE TO OVER 1.9 MILLION PEOPLE. WE PROVIDED CHILDREN WITH A SAFE LEARNING ENVIRONMENT TO RETURN TO, AND SERVED ALMOST 6,000 CHILDREN IN 66 TEMPORARY LEARNING SPACES. MORE THAN 340 AFFECTED SCHOOLS WERE ALSO SUPPLIED WITH TEACHING AND LEARNING MATERIALS.

- SOUTHEAST ASIA: WHEN SIMULTANEOUS EMERGENCIES OCCURRED, SAVE THE CHILDREN RUSHED LIFESAVING ASSISTANCE TO CHILDREN AND FAMILIES AFFECTED BY A CYCLONE IN MYANMAR, A TYPHOON IN THE PHILIPPINES, A VOLCANIC ERUPTION IN INDONESIA, AND EXTENSIVE FLOODING IN CAMBODIA, VIETNAM AND THAILAND. Page 2

- UNITED STATES: OUR DOMESTIC EMERGENCIES UNIT LAUNCHED A NEW PREPAREDNESS PROGRAM, RESILIENT AND READY COMMUNITIES, FOR CHILDREN IN AT-RISK COMMUNITIES IN LOUISIANA, MISSISSIPPI, TEXAS AND NEW YORK CITY. MORE THAN 10,000 CHILDREN TOOK PART IN RESILIENT AND READY WORKSHOPS, RECEIVING BACKPACKS WITH ITEMS TO START EMERGENCY KITS, AS WELL AS INFORMATION TO SHARE WITH THEIR FAMILIES.

TOTAL EMERGENCY PROGRAM SERVICE EXPENSES : \$147,687,118 INCLUDING GRANTS TO OTHER AGENCIES : \$24,883,680 INCLUDING FOOD AID (AGRICULTURAL COMMODITIES & OCEAN FREIGHT): \$52,445,885 RELATED PROGRAM REVENUE : \$2,587,232

## F) CHILD RIGHTS GOVERNANCE

DESPITE THE UN CONVENTION ON THE RIGHTS OF THE CHILD, MILLIONS OF CHILDREN AROUND THE WORLD ARE DENIED THEIR RIGHTS, PARTICULARLY THOSE LIVING IN CONFLICT. THESE CHILDREN FACE INCREASED RISK OF ABUSE, EXPLOITATION AND FORCED RECRUITMENT INTO THE ARMED FORCES. AMONG OTHER VIOLATIONS, MILLIONS OF CHILDREN ARE DENIED THE BASIC RIGHT TO GO TO SCHOOL , YET THE RIGHT TO A QUALITY EDUCATION COULD OFFER PROTECTION TO THESE CHILDREN AND OPEN THE DOOR TO OTHER RIGHTS.

SAVE THE CHILDREN WORKS WITH NATIONAL AND LOCAL GOVERNMENTS TO ENSURE THAT CHILDREN'S RIGHTS ARE PROMOTED AND PROTECTED, AND THAT THE CHILD

SAVE THE CHILDREN FEDERATION, INC.

PERSPECTIVE IS INCORPORATED INTO LEGISLATION.

- GEORGIA (CAUCASUS): SAVE THE CHILDREN HELPED THE GOVERNMENT CREATE NEW LEGISLATION TO PROTECT CHILDREN AGAINST VIOLENCE.

- MOZAMBIQUE: SAVE THE CHILDREN WORKED TO INFLUENCE NATIONAL GOVERNMENTAL EARLY CHILDHOOD DEVELOPMENT POLICIES AND PROGRAMS BASED ON OUR COMMUNITY EXPERIENCES.

TOTAL CHILD RIGHTS GOVERNANCE PROGRAM SERVICE EXPENSES : \$1,728,221 INCLUDING GRANTS TO OTHER AGENCIES : \$470,671

## G) CHILD POVERTY/LIVELIHOODS

SAVE THE CHILDREN'S PROGRAMS TO REDUCE CHILD POVERTY AND SUPPORT FAMILY LIVELIHOODS FOCUS ON FOUR MAIN AREAS: 1) ASSET RECOVERY AND PROTECTION: IN EMERGENCIES, SAVE THE CHILDREN PROVIDES RESOURCES AND SUPPORT FOR EARLY LIVELIHOODS RECOVERY. OUR PROGRAMS ENABLE HOUSEHOLDS TO MEET IMMEDIATE SURVIVAL NEEDS AND RECOVER ASSETS. 2) INCOME ASSET AND GROWTH: ASSIST INDIGENT FAMILIES IN DEVELOPING STRATEGIES TO GROW INCOME AND ASSETS, HELPING TO STRENGTHEN THEIR RESILIENCY TO DISTRESS. 3) WORK WITH YOUTH: SAVE THE CHILDREN IMPLEMENTS SEVERAL YOUTH-FOCUSED PROGRAMS THAT HAVE DEMONSTRATED THAT EARLY INTRODUCTION OF SKILLS AND TRAINING IN CASH MANAGEMENT AND SAVINGS PRACTICES LEAD TO MORE POSITIVE LONG-TERM FINANCIAL HABITS AND IMPROVED FUTURE PROSPECTS, ESPECIALLY FOR GIRLS. 4) LIVELIHOODS INNOVATIONS: ASIDE FROM EMERGENCIES, OUR CONTINUING CHALLENGE

REMAINS THE IMPROVEMENT OF FAMILIES' LONG-TERM FINANCIAL SECURITY BY INTRODUCING NEW ACTIVITIES AND STRATEGIES AS WELL AS EXPANDING PROVEN INTERVENTIONS, TO MAKE A POSITIVE IMPACT ON CHILDREN OF LOW-INCOME HOUSEHOLDS.

IN 2010, 5.3 MILLION CHILDREN AND ADULTS BENEFITTED DIRECTLY FROM LIVELIHOODS PROGRAMS AND ANOTHER NEARLY 12 MILLION BENEFITED INDIRECTLY. HIGHLIGHTS FROM 2010:

- MOZAMBIQUE: OVER 8,500 PEOPLE, NEARLY HALF OF WHOM ARE WOMEN, PARTICIPATED IN VILLAGE SAVINGS AND LOAN GROUPS. MANY USED THEIR SAVINGS TO BUY CLOTHES AND FOOD FOR THEIR FAMILIES, PURCHASE SCHOOL SUPPLIES FOR THEIR CHILDREN, BUY SEEDS AND INVEST IN SMALL INCOME-GENERATING ACTIVITIES.

- BANGLADESH: THROUGH SAVE THE CHILDREN'S "JIBON-O-JIBIKA" PROGRAM ("LIFE AND LIVELIHOODS"), POULTRY VACCINATORS, NUTRITION WORKERS AND FOOD PRODUCERS RECEIVED TRAINING ON BETTER POULTRY REARING AND NUTRITION. NEARLY 1,500 ULTRA-POOR HOUSEHOLDS WHO LOST LIVESTOCK DUE TO NATURAL DISASTERS AND DISEASE WERE REPLENISHED WITH ANIMALS SUCH AS GOATS AND CHICKENS.

- ETHIOPIA: WOMEN FROM PASTORALIST AREAS WHO PARTICIPATED IN INCOME GENERATION GROUPS RECEIVED START-UP SEED CAPITAL, TECHNICAL ADVISORY ASSISTANCE, AND TRAINING IN GROUP MANAGEMENT AND BUSINESS PLANNING AND MANAGEMENT.

TOTAL CHILD POVERTY/LIVELIHOODS PROGRAM SERVICES EXPENSES : \$38,981,625

Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

INCLUDING GRANTS TO OTHER AGENCIES : \$10,616,416 RELATED PROGRAM REVENUE : \$95,920

H) PROGRAM DEVELOPMENT AND PUBLIC POLICY SUPPORT

EFFECTIVE ADVOCACY AND SOCIAL MOBILIZATION ARE KEY TO ACHIEVING SAVE THE CHILDREN'S ASPIRATION TO REACH A DRAMATICALLY LARGER NUMBER OF CHILDREN AND TO INCREASE COLLABORATION TO BUILD A GLOBAL MOVEMENT FOR CHILDREN. WE TAKE THE RESULTS FROM THE EVIDENCE BASE AND OUR EXPERIENCE TO DECISION MAKERS, BOTH IN THE U.S AND ON THE INTERNATIONAL SCENE, AND BUILD COMMITMENT AMONG DONOR AND RECIPIENT COUNTRIES TO IMPROVE NATIONAL POLICIES AND PROGRAMS. WE MOBILIZE BROAD SEGMENTS OF SOCIETY TO UNDERSTAND CHILDREN'S NEEDS AND RIGHTS SO THAT SOCIAL NORMS THAT BLOCK CHILDREN'S HEALTHY DEVELOPMENT CAN BE CHANGED. THIS COMBINATION OF INFLUENCING POLICY, PROGRAM GUIDELINES, FUNDING AND SOCIAL NORMS TO BENEFIT CHILDREN SETS THE STAGE FOR EFFECTIVE IMPLEMENTATION EFFORTS AT THE COMMUNITY, DISTRICT, PROVINCIAL AND NATIONAL LEVELS.

WE PURSUE INITIATIVES THAT CUT ACROSS A VARIETY OF AREAS, SUCH AS ENCOURAGING ACTION THAT WILL BENEFIT CHILDREN AT THE ANNUAL G8 SUMMIT, REBALANCING CIVIL AND MILITARY INTERACTION IN HUMANITARIAN RELIEF AND DEVELOPMENT, FOREIGN AID APPROPRIATIONS AND REFORM OF U.S. FOREIGN ASSISTANCE POLICY AND PRACTICES.

IN 2010, SAVE THE CHILDREN WORKED WITH GOVERNMENTS IN MANY COUNTRIES,

SAVE THE CHILDREN FEDERATION, INC.

Page 2

GLOBAL INSTITUTIONS, AND DONORS TO INFLUENCE POLICIES AND INCREASE RESOURCES TO SUPPORT CHILDREN WORLDWIDE - ABOVE ALL, ADVOCATING FOR CHILDREN WITH THE U.S. CONGRESS AND THE OBAMA ADMINISTRATION. FOR EXAMPLE,

- WE WORKED WITH THE OBAMA ADMINISTRATION TO INCREASE U.S. GOVERNMENT LEADERSHIP FOR IMPROVED CHILD HEALTH AND NUTRITION AS A CRITICAL COMPONENT OF SAVE THE CHILDREN'S NEWBORN AND CHILD SURVIVAL CAMPAIGN.

- AT ADVOCACY DAY 2010, ATTENDEES LEARNED DETAILS ABOUT, NEWBORN AND MATERNAL SURVIVAL AND U.S. AFTER-SCHOOL PROGRAMS. SUPPORTERS THEN SPLIT UP INTO TEAMS FOR MEETINGS AT THE OFFICES OF NEARLY 130 DIFFERENT MEMBERS OF CONGRESS. THE GOAL WAS TO PERSUADE CONGRESS TO INCREASE FUNDING FOR HEALTH PROGRAMS, AS WELL AS EXPAND AFTER-SCHOOL PROGRAMS FOR VULNERABLE AMERICAN CHILDREN.

TOTAL PROGRAM DEVELOPMENT PROGRAM SERVICES EXPENSES : \$17,490,621 INCLUDING GRANTS TO OTHER AGENCIES : \$519,762

FORM 990-T

FORM 990, PART V, LINE 3B SAVE THE CHILDREN FILED AN EXTENSION FOR FORM 990-T BY MAY 15, 2011 AND WILL FILE THE 990-T BY THE EXTENDED DEADLINE.

FOREIGN FINANCIAL ACCOUNTS FORM 990, PART V, LINE 4B AFGHANISTAN GUINEA MOZAMBIQUE ARMENIA HAITI NEPAL

Schedule O (Form 990 or 990-EZ) 2010

Schedule O (Form 990 or 990-EZ) 2010	Page 2
Name of the organization	Employer identification number
SAVE THE CHILDREN FEDERATION, INC.	06-0726487

AZERBAIJAN	INDIA	PAKISTAN
BANGLADESH	INDONESIA	PHILIPPINES
BOLIVIA	IRAQ	SOUTH AFRICA
EGYPT	JORDAN	SUDAN
EL SALVADOR	KENYA	TAJIKISTAN
ETHIOPIA	KYRGYZSTAN	THAILAND
GEORGIA	MALAWI	WEST BANK/GAZA
GUATEMALA	MALI	ZAMBIA

BUSINESS RELATIONSHIPS

FORM 990, PART VI, LINE 2

BUSINESS RELATIONSHIPS DESCRIPTION: TWO OR MORE PERSONS ARE EACH A DIRECTOR, TRUSTEE, OFFICER OR GREATER THAN 10% OWNER IN THE SAME BUSINESS OR INVESTMENT ENTITY

- TRUSTEE MEMBERS ANDREA RICH AND NEIL FRIEDMAN
- TRUSTEE MEMBERS CHARLOTTE GUYMAN, THOMAS MURPHY, AND SUSAN DECKER

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11A

THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD ON JULY 28, 2011 AND THEN SENT TO THE ENTIRE BOARD FOR REVIEW PRIOR TO THE AUGUST 15TH FILING DATE.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY FORM 990, PART VI, LINE 12C SAVE THE CHILDREN'S CONFLICT OF INTEREST POLICIES APPLY TO ITS GOVERNING

BOARD, CORPORATE OFFICERS, EMPLOYEES AND ANY OTHERS REPRESENTING THE ORGANIZATION. SAVE THE CHILDREN'S BYLAWS REQUIRE THAT MEMBERS OF ITS GOVERNING BOARD AND ITS CORPORATE OFFICERS DISCLOSE ALL CONFLICTS OF INTEREST PROMPTLY AT THE TIME THEY ARISE, AND ANNUALLY VIA A WRITTEN DISCLOSURE PROCESS. THE GOVERNING BOARD IS CHARGED WITH REVIEWING CONFLICT OF INTEREST TRANSACTIONS AND ASSOCIATED DECISIONS, AND MAKING A DETERMINATION REGARDING ANY RESTRICTIONS TO BE IMPOSED ON THE TRANSACTION. THEIR DETERMINATION AND ALL MATERIAL FACTS ARE RECORDED IN MEETING MINUTES. SAVE THE CHILDREN'S EMPLOYEES ARE LIKEWISE REQUIRED TO DISCLOSE TO THEIR SUPERVISORS PROMPTLY, AND IN WRITING, ALL CONFLICTS OF INTEREST THAT ARISE AND UPPER-LEVEL MANAGERS ADDITIONALLY COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. AN EMPLOYEE'S SUPERVISOR IS CHARGED WITH REVIEWING A REPORTED CONFLICT OF INTEREST AND ENSURING THAT THE EMPLOYEE IS NOT INVOLVED IN DECISIONS RELATED TO THE CONFLICT.

### DETERMINING COMPENSATION

# FORM 990, PART VI, LINES 15A AND 15B THE COMPENSATION COMMITTEE OF THE BOARD CONDUCTS AN ANNUAL REVIEW AND APPROVAL OF OFFICERS' COMPENSATION. AS PART OF THIS REVIEW AND APPROVAL PROCESS, THE COMMITTEE REFERENCES AVAILABLE MARKET DATA FOR COMPARABLE POSITIONS AND INTERNAL EQUITY CONSIDERATIONS, AND IT UTILIZES AN ANALYSIS OF OFFICER SALARIES PREPARED BY AN INDEPENDENT EXTERNAL ADVISOR USING INDUSTRY BENCHMARKING DATA. THE REVIEW PROCESS COVERS ALL OFFICERS WAS COMPLETED IN JANUARY 2010.

Page 2

Name of the organization	Employer identification number
SAVE THE CHILDREN FEDERATION, INC.	06-0726487
AVAILABLE TO THE PUBLIC	
FORM 990, PART VI, LINE 19	
SAVE THE CHILDREN MAKES ITS GOVERNING DOCUMENT, CONFLICT OF INT	EREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE ON ITS PUBLIC WEBSITE	E AND UPON
REQUEST.	
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	

FORM 990, PART XI, LINE 5

UNREALIZED GAINS ON INVESTMENTS	:	\$ 3,984,107
DONATED SERVICES	:	\$ 11,449,493
FOREIGN CURRENCY EXCHANGE LOSS	:	\$ (3,191,735)
GAIN ON FOREIGN EXCHANGE	:	\$ 128,930
DONATED SERVICES EXPENSED	:	\$(11,449,493)
TOTAL LINE 5	:	\$ 921,302

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI,SC,TN,UT,VA,WA,WV,WI,

				ATTACHM	ENT 2	
PART VII - CONTINUATION OF OFF	ICERS, DIRECT	IORS, TRUSTEES,				
KEY EMPLOYEES AND H	IGHEST COMPE	NSATED EMPLOYEES				
(1)=IND.TRUSTEE/DIR. (2)=INS.TH	RUSTEE (3)=01	FFICER (4)=KEY EN	4P. (5)=H	IGHEST CO	MP. (6)	=FORMER
		(C) POSITION	CON	4PENSATIO	I FROM	
(A) NAME AND TITLE	(B) HOURS	(1)(2)(3)(4)(5)(6)	(D)ORG.	(E)REL.	ORG.	(F)OTHER
29 SUNIL SANI						
TRUSTEE	1.00	Х		0.	Ο.	0.
30 RICHARD J. SCHNIEDERS						
JSA				Schedule C	) (Form 990	or 990-EZ) 2010

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ATTACHMENT 1

Sche	dule O (Form 990 or 990-EZ) 2010						Page <b>2</b>
Nam	e of the organization				Emplo	yer identification	number
SA	VE THE CHILDREN FEDERATION, INC.				0	6-0726487	
						ACHMENT 2	
	TRUSTEE	1.00	Х		0.	0.	0.
31	STEVEN J. SIMMONS						
	TRUSTEE	1.00	Х		0.	0.	0.
32	CAROLE SIMPSON						
	TRUSTEE	1.00	Х		0.	0.	0.
33	PERNILLE SPIERS-LOPEZ						
	TRUSTEE	1.00	Х		0.	0.	0.
34	GEORGE STEPHANOPOULOS						
	TRUSTEE	1.00	Х		0.	Ο.	0.
35	HELENE R. SULLIVAN						
	TRUSTEE	1.00	Х		0.	0.	0.
36	DAWN SWEENEY						
	TRUSTEE	1.00	Х		0.	0.	0.
37	AMELIA VICINI						
•	TRUSTEE	1.00	Х		0.	0.	0.
38	NEIL FRIEDMAN	1.00				•••	•••
50	TRUSTEE - ROTATED OFF 2010	1.00	Х		Ο.	0.	0.
30	CAROLYN MILES	1.00	21		0.	0.	0.
55	EXECUTIVE VICE PRESIDENT/COO	35.00		Х	263,101.	0.	57,981.
10	ANDREA WILLIAMSON-HUGHES	55.00		Δ	203,101.	0.	57,901.
40		25 00		V		0.	11 710
41	DEPUTY DIR AND CORP SECRETARY	35.00		Х	99,066.	0.	41,740.
41	ELLEN WILLMOTT			3.7	1.62 2.01	0	24 000
4.0	ASST CORPORATE SECRETARY	35.00		Х	163,391.	0.	24,990.
42	CYNTHIA CARR	05 00				0	15 500
	VP, PEOPLE STGY & CORP SVCS	35.00		Х	229,437.	0.	15,596.
43	RICHARD STONER					_	
	SENIOR VP, OFFICE OF PRESIDENT	35.00		Х	252,190.	0.	56,389.
44	MARK SHRIVER						
	VP/MD, US PROG RESULTS AND OPS	35.00		Х	234,068.	0.	57 <b>,</b> 981.
45	DIANA MYERS						
	VP, INTL PROGRAM LEADERSHIP	35.00		Х	193,141.	0.	28,108.
46	THOMAS KRIFT						
	VP, INTERNATIONAL OPERATIONS	35.00		Х	186,055.	0.	45,262.
47	VERONICA POLLARD						
	VP, COMMUNICATION & PUB POLICY	35.00		Х	40,429.	Ο.	5,062.
48	ANNE-MARIE GREY						
	VP, RESOURCE DEVELOPMENT	35.00		Х	237,435.	Ο.	43,356.
49	MICHAEL KLOSSON						
	VP, POLICY AND DHR	35.00		Х	170,675.	Ο.	21,324.
50	KATHY J SPANGLER						·
	VICE PRESIDENT, US PROGRAMS	35.00		Х	68,311.	0.	2,281.
	,					J .	-,

JSA

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Schedule O (Form 990 or 990-EZ) 2010 Name of the organization				Employer identification	Page 2
SAVE THE CHILDREN FEDERATION, INC.				06-0726487	
				00 0720107	
				ATTACHMENT 2	(CONT'D)
51 SUSAN E. RIDGE					
VP, MARKETING & COMMUNICATIONS	35.00	Х	120,03	6. 0.	13,641.
52 KATHLEEN LOEHR					
AVP, IMG & ADVISOR TO VP, RD	35.00	Х	125,47	5. 0.	8,188.
53 SARAH A. GILLMAN					
VICE PRESIDENT, FINANCE AND IT	35.00	Х	223,00	1. 0.	34,064.
54 DAVID A. OOT					
ASSOC VP, HEALTH & NUTRITION	35.00	Х	188,97	8. 0.	22,900.
55					
56 RODNEY J. DAVIS					
57 NB: Name and salary information f	35.00	Х	179,12	9. 0.	39,119.
<ul> <li>omitted. A full copy of Part VII and Children Federation, Inc., 54 Wilton sending an email to twebster@save</li> <li>60</li> <li>61</li> <li>62</li> <li>63</li> </ul>	Road, We	stport, CT 06			
64 RUDOLPH VON BERNUTH					
DIR OF ALLIANCE COOP IN EMERG	35.00	Х	214,03	9. 0.	55,074.
65 MARK A. ELDON-EDINGTON					
INTERIM INTL PROGRAM DIRECTOR	35.00	Х	225,83	5. 0.	37,638.
66					

	ATTACHMEI	NT 3
990, PART VII- COMPENSATION OF THE FIVE HIGHES	T PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GRASSROOT CAMPAIGN 1888 SHERMAN STREET DENVER, CO 80203	FUNDRAISING, PERSONA	4,175,734.
PUBLIC OUTREACH 207 WEST HASTINGS STREET V6B1H7 VANCOUVER BC CANADA	FUNDRAISING CONSULT.	1,389,035.

Schedule O (Form 990 or 990-EZ) 2010	Page 2
Name of the organization	Employer identification number
SAVE THE CHILDREN FEDERATION, INC.	06-0726487
	ATTACHMENT 3 (CONT'D)

# 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE ADVERTISING COUNCIL 815 SECOND AVENUE NEW YORK, NY 10017-4503	ADVERTISING	1,048,600.
KPMG LLP DEPT 0511, PO BOX 120001 DALLAS, TX 75312-0511	AUDITORS	573,424.
LAKEWOOD CHURCH 3700 SOUTHWEST FREEWAY HOUSTON, TX 77027	OUTREACH SUPPORT	560,000.

TOTAL COMPENSATION

7,746,793.

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

See separate instructions.

Internal Revenue Service Name of the organization

Department of the Treasury

SCHEDULE R

(Form 990)

SAVE THE CHILDREN FEDERATION, INC.

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

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
_(1)					
_(2)					
_(3)					
(4)					

# Part II

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section 5 contr enti	olled
						Yes	No
_(1)							
_(2)							
_(3)							
_(4)							
_(5)							
_(6)							
_(7)							

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



Employer identification number

Schedule R (Form 990) 2010

06-0726487

Schedule R (Form 990) 2010

06-0726487

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.)

because it had one of r	-				1 1	1			1			
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	<b>j)</b> eral or aging mer?	(k) Percentage ownership
		····,		,			Yes	No	(*	Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
_(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) J. CHARITABLE REMAINDER TRUST 04-6637779	_						
ONE LINCOLN STREET BOSTON, MA 02111-2900	INVESTMENT	MA	N/A	TRUST		714,192.	100.0000
(2) THE R.F. CHARITABLE REMAINDER TRUST 33-6142393	_						
624 HARBOR ISLAND DRIVE NEWPORT BEACH, CA 92660-7226	INVESTMENT	CA	N/A	TRUST		232,659.	100.0000
(3) ESTATE OF B.W. 76-0698844	-						
P.O. BOX 219078 KANSAS CITY, MO 64121-9078	INVESTMENT	MO	N/A	TRUST		5,729.	100.0000
(4) AZERI STAR MICROFINANCE	-						
9A/1 GEN AKIM ABBASOV STREET BAKU, AJ	MICRO LOANS	AJ	N/A	CORPORATION	-234,710.	2,481,905.	100.0000
<u>(5)</u>	-						
(6)							
(7)	-						

Schedule R (Form 990) 2010

chedule R (Form 990) 2010		06-072648	7	Page
Part V Transactions V	/ith Related Organizations (Complete if the organization	n answered "Yes" to Form 990, F	Part IV, line 34, 35, 35a, or 3	6.)
Note. Complete line 1 if any e	ntity is listed in Parts II, III, or IV of this schedule.			Yes No
During the tax year, did the	e organization engage in any of the following transactions with	one or more related organizations list	ed in Parts II–IV?	
a Receipt of (i) interest (ii)	annuities (iii) royalties or (iv) rent from a controlled entity			1a X
<b>b</b> Gift, grant, or capital cont	ribution to other organization(s)			
c Gift, grant, or capital cont	ribution from other organization(s)			
d Loans or loan guarantees	to or for other organization(s)			
e Loans or loan guarantees	by other organization(s)			1e ≥
Sale of assets to other or	ganization(s)			
g Purchase of assets from	other organization(s)			
h Exchange of assets				
Lease of facilities, equipr	nent, or other assets to other organization(s)			· · · · · · 1i >
Lease of facilities, equipr	nent, or other assets from other organization(s)			<b>1j</b> ⊃
k Performance of services	or membership or fundraising solicitations for other organization	(s)		1k >
Performance of services	or membership or fundraising solicitations by other organization	(s)		1I >
	ment, mailing lists, or other assets			
•	S			
0 1 1 7				
• Reimbursement paid to c	ther organization for expenses			10 X
•	ther organization for expenses			
	5			
<b>a</b> Other transfer of cash or	property to other organization(s)			1q X
	property from other organization(s)			
If the answer to any of th	above is "Yes," see the instructions for information on who mu	st complete this line, including covere	ed relationships and transaction	thresholds.
	(a)	(b)	(c)	(d)
	Name of other organization	Transaction type (a–r)	Amount involved	Method of determining amount involved
) ESTATE OF B.W.		A	114.	CASH
:)				
3)				
4)				
				+
5)				
(5) (6) SA 31,000 1237AH 2219	V 10-7.2	2523569		Schedule R (Form 990) 2010

# 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) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	Disprop	(f) ortionate ations?	rtionate Code V-UBI	Gen man	(h) neral o naging artner?
			Yes	No		Yes	No	(101111000)	Yes	s No
(1)	-									
(2)	-								1	
(3)	-								+	
(4)	-								+	
(5)									+	
(6)									+	
(7)									+	
(8)									+	
(9)									+	
(10)									+	
(11)									+	
(12)									+	
(13)										-
(14)	-								+	+
(15)	-								+	+
(16)									+	+

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Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).