



# 2015 Income Tax Returns

SAVE THE CHILDREN FEDERATION, INC.

PUBLIC INSPECTION COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

# 2015

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning , 2015, and ending , 20


<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SAVE THE CHILDREN FEDERATION, INC.			<b>D</b> Employer identification number 06-0726487
	Doing Business As			<b>E</b> Telephone number (475) 999-3007
	Number and street (or P.O. box if mail is not delivered to street address) 501 KINGS HIGHWAY E.		Room/suite 400	<b>G</b> Gross receipts \$ 735,121,249.
	City or town, state or province, country, and ZIP or foreign postal code FAIRFIELD, CT 06825			
<b>F</b> Name and address of principal officer: STACY BRANDOM 501 KINGS HIGHWAY E. 400 FAIRFIELD, CT 06825			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ WWW.SAVETHECHILDREN.ORG				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1932	<b>M</b> State of legal domicile: CT

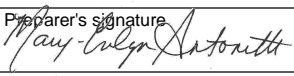
## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SAVE THE CHILDREN IS AN INTL. NONPROFIT DEVELOPMENT ORG. WHOSE MISSION IS TO INSPIRE BREAKTHROUGHS IN THE WAY THE WORLD TREATS CHILDREN AND TO ACHIEVE IMMEDIATE AND LASTING CHANGE.				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	36.		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	35.		
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	1,585.		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	332.		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	89,224.		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	89,224.			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	645,033,598.	Current Year	622,760,984.
	<b>9</b> Program service revenue (Part VIII, line 2g)		10,727,445.		7,981,824.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,569,924.		9,452,577.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,273,511.		850,165.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		667,604,478.		641,045,550.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		481,302,940.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			99,569,098.		97,326,457.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			6,938,561.		7,957,415.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 40,639,993.					
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			83,729,918.		66,966,896.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		671,540,517.		636,085,352.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		-3,936,039.		4,960,198.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	286,553,255.	End of Year	278,525,160.
	<b>21</b> Total liabilities (Part X, line 26)		95,928,724.		98,208,370.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.		190,624,531.		180,316,790.

## Part II Signature Block

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

<b>Sign Here</b>	 700FA0FC89AB45D... Signature of officer	8/12/2016 Date
	STACY BRANDOM Type or print name and title	CFO

<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARY-EVELYN ANTONETTI	Preparer's signature 	Date 8/11/2016	Check <input type="checkbox"/> if self-employed	PTIN P00431862
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 860-522-3200	
	Firm's address ▶ ONE FINANCIAL PLAZA HARTFORD, CT 06103-2608				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SAVE THE CHILDREN ("SCUS") IS AN INTERNATIONAL NONPROFIT CHILDREN'S RELIEF AND DEVELOPMENT ORGANIZATION WHOSE MISSION IS TO INSPIRE BREAKTHROUGHS IN THE WAY THE WORLD TREATS CHILDREN, AND TO ACHIEVE IMMEDIATE AND LASTING CHANGE IN THEIR LIVES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 117,140,823. including grants of \$ 91,295,153. ) (Revenue \$ 6,635,188. )

EMERGENCIES - SAVE THE CHILDREN RESPONDED TO 99 HUMANITARIAN CRISES IN 59 COUNTRIES IN 2015, DIRECTLY REACHING 13.8 MILLION PEOPLE, INCLUDING 7.1 MILLION CHILDREN. (SEE SCHEDULE O)

4b (Code: ) (Expenses \$ 173,307,571. including grants of \$ 135,026,755. ) (Revenue \$ 193,567. )

HEALTH & NUTRITION - IN 2015, SAVE THE CHILDREN SUPPORTED THE DELIVERY OF HIGH-IMPACT HEALTH CARE TO 22.6 MILLION CHILDREN AND DIRECTLY REACHED ANOTHER 11.1 MILLION CHILDREN THROUGH OUR NUTRITION PROGRAMS. (SEE SCHEDULE O)

4c (Code: ) (Expenses \$ 130,595,598. including grants of \$ 121,136,875. ) (Revenue \$ 1,153,069. )

EDUCATION & PROTECTION - IN 2015, SAVE THE CHILDREN SUPPORTED QUALITY EDUCATION FOR 12.2 MILLION CHILDREN AROUND THE WORLD AND DIRECTLY REACHED ANOTHER 2.6 MILLION CHILDREN THROUGH OUR PROTECTION PROGRAMS. (SEE SCHEDULE O)

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 140,372,022. including grants of \$ 116,375,801. ) (Revenue \$ )

4e Total program service expenses 561,416,014.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response boxes. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 720, and Form 702.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (36), 1b (35), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

STACY BRANDOM 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825 475-999-3007

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

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

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

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

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

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 hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROLYN S. MILES PRESIDENT/CEO	51.00 0.	X		X				455,625.	0.	43,613.
(2) CYNTHIA AUGUSTINE TRUSTEE	1.00 0.	X						0.	0.	0.
(3) MANNY CHIRICO TRUSTEE (AS OF 3/15)	1.00 0.	X						0.	0.	0.
(4) DONA DAVIS YOUNG TRUSTEE	1.00 0.	X						0.	0.	0.
(5) SUSAN DECKER TRUSTEE	1.00 0.	X						0.	0.	0.
(6) JOAQUIN DUATO TRUSTEE	1.00 0.	X						0.	0.	0.
(7) RANDALL EISENBERG TRUSTEE (END 2/15)	1.00 0.	X						0.	0.	0.
(8) DEBRA FINE TRUSTEE	1.00 0.	X						0.	0.	0.
(9) JENNIFER GARNER TRUSTEE	1.00 0.	X						0.	0.	0.
(10) PHILIP H. GEIER, JR. TRUSTEE (END 2/15)	1.00 0.	X						0.	0.	0.
(11) JIM GOLDMAN TRUSTEE (AS OF 3/15)	1.00 0.	X						0.	0.	0.
(12) JEFFREY GOLDSTEIN TRUSTEE	1.00 0.	X						0.	0.	0.
(13) CHARLOTTE GUYMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(14) BILL HABER TRUSTEE	1.00 0.	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) JOHN HAYES TRUSTEE	1.00 0.	X					0.	0.	0.	
( 16) AUSTIN HEARST TRUSTEE	1.00 0.	X					0.	0.	0.	
( 17) ERNIE HERRMAN TRUSTEE	1.00 0.	X					0.	0.	0.	
( 18) DR. LARRY HOROWITZ TRUSTEE	1.00 0.	X					0.	0.	0.	
( 19) BRAD IRWIN TRUSTEE	1.00 0.	X					0.	0.	0.	
( 20) BRIAN KELLEY TRUSTEE (AS OF 3/15)	1.00 0.	X					0.	0.	0.	
( 21) LINDA KOCH LORIMER TRUSTEE	1.00 0.	X					0.	0.	0.	
( 22) FREDA LEWIS-HALL TRUSTEE	1.00 0.	X					0.	0.	0.	
( 23) JOAN LOMBARDI TRUSTEE	1.00 0.	X					0.	0.	0.	
( 24) MARK V. MACTAS VICE CHAIR	1.00 0.	X					0.	0.	0.	
( 25) DAVID J. MASTROCOLA TRUSTEE (END 2/15)	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							455,625.	0.	43,613.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							5,088,616.	129,015.	849,928.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							5,544,241.	129,015.	893,541.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 183

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

**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 ► 55

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) TOM MOSER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 27) ANNE MULCAHY ----- CHAIR	1.00 ----- 0.	X						0.	0.	0.
( 28) TOM MURPHY ----- CHAIR EMERITUS	1.00 ----- 0.	X						0.	0.	0.
( 29) CATHERINE OPPENHEIMER ----- TRUSTEE (AS OF 3/15)	1.00 ----- 0.	X						0.	0.	0.
( 30) BRADLEY C. PALMER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 31) BEA PEREZ ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 32) CHARLES R. PERRIN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 33) JUDITH REICHMAN, M.D. ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 34) COKIE ROBERTS ----- VICE CHAIR	1.00 ----- 0.	X						0.	0.	0.
( 35) SUNIL SANI ----- TRUSTEE (END 2/15)	1.00 ----- 0.	X						0.	0.	0.
( 36) RICHARD J. SCHNIEDERS ----- TRUSTEE (END 2/15)	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 183

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) PERNILLE SPIERS-LOPEZ TRUSTEE	1.00 0.	X						0.	0.	0.
( 38) HELENE R. SULLIVAN TRUSTEE (AS OF 3/15)	1.00 0.	X						0.	0.	0.
( 39) DAWN SWEENEY TRUSTEE (AS OF 3/15)	1.00 0.	X						0.	0.	0.
( 40) AMELIA VICINI TRUSTEE	1.00 0.	X						0.	0.	0.
( 41) DAVID WESTIN TRUSTEE	1.00 0.	X						0.	0.	0.
( 42) STACY BRANDOM VP FIN, TREAS & CFO (AS OF 6/15)	49.00 0.			X				140,177.	0.	1,398.
( 43) CARLOS CARRAZANA EXECUTIVE VP & COO	54.00 0.			X				333,261.	0.	50,510.
( 44) MICHAEL KLOSSON VP, POLICY & DHR	54.00 0.			X				258,443.	0.	40,835.
( 45) THOMAS KRIFT VP, STRATEGIC OPERATIONS	51.00 0.			X				217,686.	0.	45,028.
( 46) KEN MURDOCH VP & CHIEF INFO OFFICER	63.00 0.			X				229,136.	0.	61,610.
( 47) EID NATOUR AVP FINANCE & CFO	49.00 0.			X				195,225.	0.	40,064.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 183**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) SUSAN RIDGE VP, MARKETING & COMMUN	48.00 0.			X				256,867.	0.	31,754.
( 49) MARK K. SHRIVER PRESIDENT, SCAN	0. 30.00			X				60,284.	129,015.	61,760.
( 50) KATHY SPANGLER VP, US PROGRAMS (END 4/15)	40.00 0.			X				136,404.	0.	11,037.
( 51) NANCY A. TAUSSIG VP, RESOURCE DEV (AS OF 2/15)	43.00 0.			X				264,083.	0.	23,046.
( 52) ROBERT D. THOMPSON VP, RESOURCE DEV (END 2/15)	53.00 0.			X				30,572.	0.	8,266.
( 53) RICHARD K. TROWBRIDGE JR. VP FIN, TREAS & CFO (END 1/15)	40.00 0.			X				15,994.	0.	5,147.
( 54) BRIAN WHITE ACTING GEN. COUNSEL	48.00 0.			X				198,775.	0.	33,282.
( 55) ANDREA WILLIAMSON SECRETARY	47.00 0.			X				132,243.	0.	21,087.
( 56) NATALIE VEGA-O'NEIL AVP, US PROGRAMS (AS OF 4/15)	48.00 0.			X				178,314.	0.	40,943.
( 57) DIANA MYERS VP, INTERNATIONAL PROGRAMS	67.00 0.			X				259,423.	0.	23,183.
( 58) SUMEET SEAM (AS OF 5/15) VP GEN COUNSEL &ASST SECRETARY	43.00 0.					X		181,582.	0.	24,836.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 183

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59) ROBERT CLAY ----- VP, HEALTH & NUTRITION	52.00 0.				X		213,064.	0.	2,800.	
( 60) DAVID KAUCK ----- SR ADVISOR, HUNGER & LIVLIHOOD	45.00 0.				X		164,570.	0.	14,378.	
( 61) SHAWN A. MOOD ----- VP & CHIEF HR OFFICER	44.00 0.				X		237,207.	0.	40,946.	
( 62) GREGORY RAMM ----- VP, HUMANITARIAN RESPONSE	46.00 0.				X		200,512.	0.	47,859.	
( 63) DANIEL N. STONER ----- AVP, EDUCATION & CHILD DEV	50.00 0.				X		186,713.	0.	42,666.	
( 64) STEPHEN R. HODGINS ----- SR. ADVISOR NEWBORN HEALTH	55.00 0.					X	189,645.	0.	32,236.	
( 65) DANA L. LANGHAM ----- AVP, CHIEF CORP DEV OFFICER	48.00 0.					X	219,076.	0.	17,359.	
( 66) CAROLYN A. LOFTUS ----- DIRECTOR PROGRAM & OPS QUALITY	41.00 0.					X	188,388.	0.	40,996.	
( 67) MICHAEL O'NEILL ----- DIR GLOBAL SAFETY & SECURITY	46.00 0.					X	189,551.	0.	42,266.	
( 68) JANINE L. SCOLPINO ----- AVP, MASS MARKET FUNDRAISING	46.00 0.					X	211,421.	0.	44,636.	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 183

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**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 ►

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	598,638.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	3,648,145.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	258,260,470.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	360,253,731.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		74,959,889.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		622,760,984.					
	<b>Program Service Revenue</b>	<b>Business Code</b>						
<b>2a</b> FEE FOR SERVICE CONTRACTS			624200	7,981,824.	7,981,824.			
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			7,981,824.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			5,639,483.		89,224.	5,550,259.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶			0.				
	<b>5</b> Royalties . . . . . ▶			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
		<b>d</b> Net rental income or (loss) . . . . . ▶			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		97,429,000.						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		3,025,352.				
		90,590,554.						
	<b>c</b> Gain or (loss) . . . . .		-3,025,352.					
	<b>d</b> Net gain or (loss) . . . . . ▶			3,813,094.			3,813,094.	
	<b>8a</b> Gross income from fundraising events (not including \$ 3,648,145. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		100,076.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	437,433.				
<b>c</b> Net income or (loss) from fundraising events. . . . . ▶				-337,357.			-337,357.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities. . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		22,360.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	22,360.					
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			0.				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> CONTRACT FEE REVENUE		624200	242,404.			242,404.		
<b>b</b> SC MEMBER EQUITY COST RECOVERY		624200	450,125.			450,125.		
<b>c</b> OTHER		624200	494,993.			494,993.		
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			1,187,522.					
<b>12 Total revenue.</b> See instructions. . . . . ▶			641,045,550.	7,981,824.	89,224.	10,213,518.		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	25,431,496.	25,431,496.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	438,403,088.	438,403,088.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	5,218,148.	2,161,842.	2,730,339.	325,967.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	60,017.	60,017.		
7 Other salaries and wages . . . . .	72,450,040.	48,591,156.	9,652,850.	14,206,034.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,967,434.	884,587.	2,456,275.	626,572.
9 Other employee benefits . . . . .	15,545,756.	12,210,102.	295,780.	3,039,874.
10 Payroll taxes . . . . .	85,062.	85,062.		
11 Fees for services (non-employees):				
a Management . . . . .	11,666,684.		11,666,684.	
b Legal . . . . .	477,609.	208,863.	230,667.	38,079.
c Accounting . . . . .	944,682.	74,055.	870,627.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	7,957,415.			7,957,415.
f Investment management fees . . . . .	991,171.		991,171.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	9,781,607.	6,676,161.	916,893.	2,188,553.
12 Advertising and promotion . . . . .	5,807,004.	4,305,387.	5,663.	1,495,954.
13 Office expenses . . . . .	6,905,994.	1,024,638.	159,912.	5,721,444.
14 Information technology . . . . .	2,454,284.	1,450,198.	408,700.	595,386.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	3,448,162.	1,956,219.	537,133.	954,810.
17 Travel . . . . .	8,493,787.	6,901,215.	804,983.	787,589.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	360,937.	343,013.	13,503.	4,421.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	2,620,227.	852,190.	1,086,943.	681,094.
23 Insurance . . . . .	796,955.	660,116.	64,401.	72,438.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SCHOOL, BLDG & OTHER SUPPLIE	6,888,286.	6,830,959.	19,788.	37,539.
b CREDIT CARDS	1,373,383.	103,114.	252,496.	1,017,773.
c MEMBERSHIPS	267,203.	136,984.	111,697.	18,522.
d OTHER	3,688,921.	2,065,552.	752,840.	870,529.
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	636,085,352.	561,416,014.	34,029,345.	40,639,993.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	22,663,651.	<b>1</b>	27,235,077.
	<b>2</b> Savings and temporary cash investments	22,075,001.	<b>2</b>	23,182,722.
	<b>3</b> Pledges and grants receivable, net	66,041,162.	<b>3</b>	65,297,459.
	<b>4</b> Accounts receivable, net	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other 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). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	3,328,371.	<b>8</b>	1,712,475.
	<b>9</b> Prepaid expenses and deferred charges	6,266,542.	<b>9</b>	38,557,692.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 19,191,277.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 10,743,301.	9,030,184.	<b>10c</b> 8,447,976.
	<b>11</b> Investments - publicly traded securities	36,176,308.	<b>11</b>	21,339,669.
	<b>12</b> Investments - other securities. See Part IV, line 11	96,590,453.	<b>12</b>	82,042,826.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	24,381,583.	<b>15</b>	10,709,264.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	286,553,255.	<b>16</b>	278,525,160.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	31,551,160.	<b>17</b>	42,295,330.
	<b>18</b> Grants payable	2,958,591.	<b>18</b>	837,606.
	<b>19</b> Deferred revenue	53,803,133.	<b>19</b>	49,305,584.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,615,840.	<b>25</b>	5,769,850.
	<b>26 Total liabilities.</b> Add lines 17 through 25	95,928,724.	<b>26</b>	98,208,370.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>X</b> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	125,610,696.	<b>27</b>	106,090,431.
	<b>28</b> Temporarily restricted net assets	35,111,277.	<b>28</b>	40,484,743.
	<b>29</b> Permanently restricted net assets	29,902,558.	<b>29</b>	33,741,616.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	190,624,531.	<b>33</b>	180,316,790.
<b>34</b> Total liabilities and net assets/fund balances	286,553,255.	<b>34</b>	278,525,160.	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	641,045,550.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	636,085,352.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,960,198.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	190,624,531.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-14,630,776.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-637,163.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	180,316,790.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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? .....
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> SAVE THE CHILDREN FEDERATION, INC.	<b>Employer identification number</b> 06-0726487
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (99.14%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (97.93%); 16a 33 1/3% support test - 2015; 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
<b>2</b>	Activities Test. Answer (a) and (b) below.		
<b>a</b>		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>		Yes	No
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>		Yes	No
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>		Yes	No
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
MISCELLANEOUS RECEIPTS	447,772.	1,475,721.	233,969.	224,861.	494,993.	2,877,316.
FUNDRAISING INCOME	20,105.		2,824.			22,929.
COURSE AND SEMINAR FEES						
SC MEMBER EQUITABLE COST RECOV	800,097.	1,263,597.	1,373,556.	772,556.	450,125.	4,659,931.
CONTRACT FEE INCOME	21,245.	529,772.	534,813.	1,546,044.	242,404.	2,874,278.
INSURANCE CLAIMS RECOVERY		306,565.	1,245,141.			1,551,706.
<b>TOTALS</b>	<u>1,289,219.</u>	<u>3,575,655.</u>	<u>3,390,303.</u>	<u>2,543,461.</u>	<u>1,187,522.</u>	<u>11,986,160.</u>

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2015**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Name of the organization**

SAVE THE CHILDREN FEDERATION, INC.

**Employer identification number**

06-0726487

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(03 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

<b>Name of organization</b> SAVE THE CHILDREN FEDERATION, INC.	<b>Employer identification number</b> 06-0726487
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 146,327,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 51,476,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 43,844,053.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 28,955,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 17,580,868.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 12,951,998.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

06-0726487

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	<u>AGRICULTURAL COMMODITIES</u> _____ _____ _____	\$ <u>33,615,478.</u>	<u>12/31/2015</u>
2	<u>PHARMACEUTICALS</u> _____ _____ _____	\$ <u>865,477.</u>	<u>12/31/2015</u>
3	<u>AGRICULTURAL COMMODITIES</u> _____ _____ _____	\$ <u>31,760,031.</u>	<u>12/31/2015</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **SAVE THE CHILDREN FEDERATION, INC.**

Employer identification number  
06-0726487

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (SAVE THE CHILDREN FEDERATION, INC.) and Employer identification number (06-0726487)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2015

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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)).

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, publications, grants, and direct contact.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, in-house lobbying expenditures, and carryover of lobbying and political expenditures.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, nondeductible lobbying and political expenditures, and carryover of nondeductible lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4



**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1D, 1E, 1G, 1H, AND 1I

SAVE THE CHILDREN FEDERATION, INC. (SCUS) ORGANIZED EVENTS, ENGAGED IN DIRECT CONTACT WITH LEGISLATORS OR THEIR STAFF, AND PUBLISHED MATERIALS RELATED TO THE FOLLOWING FEDERAL LEGISLATION IN 2015:

- \* H.R. 5, STUDENT SUCCESS ACT;
- \* H.R. 1336 & S. 1089, SOCIAL IMPACT PARTNERSHIP ACT;
- \* H.R. 1567 & S. 1252, GLOBAL FOOD SECURITY ACT;
- \* H.R. 2029, S. 2129, S. 3117, FY16 AND FY17 BUDGET AND APPROPRIATIONS;
- \* H.R. 2989, SOUTH SUDAN PEACE PROMOTION AND ACCOUNTABILITY ACT;
- \* H.R. 3583, PREPARE ACT;
- \* H.R. 4509, STATE AND HIGH-RISK URBAN AREA WORKING GROUP ACT;
- \* H.R. 3706 & S. 1911, REACH EVERY MOTHER AND CHILD ACT OF 2015;
- \* H.R. 3766 & S. 2184, FOREIGN AID TRANSPARENCY AND ACCOUNTABILITY ACT;
- \* H.R. 4038 & S. 2300, AMERICAN SECURITY AGAINST FOREIGN ENEMIES ACT OF 2015;
- \* S. 1177, EVERY STUDENT SUCCEEDS ACT;
- \* S. 1882, NEPAL RECOVERY ACT

IN 2015, SAVE THE CHILDREN US PROGRAMS ALSO PROVIDED FUNDING FOR LOBBYING EFFORTS IN SEVERAL STATES RELATED TO EDUCATION PROGRAMS (E.G. EARLY CHILDHOOD AND HOME VISITING PROGRAMS, SCHOOL AGED LITERACY AND HEALTH AND NUTRITION PROGRAMS), EMERGENCY PREPAREDNESS, AND CHILDREN'S HEALTH ISSUES, AS FOLLOWS:

- \* ALABAMA: HOUSE BILL 117 (EDUCATION PROGRAM FUNDING, NUTRITION PROGRAM

**Part IV Supplemental Information** (continued)

FUNDING, EARLY CHILDHOOD FUNDING).

\* ARKANSAS: SENATE BILL 63 (EDUCATION PROGRAM FUNDING).

\* MISSISSIPPI: HOUSE BILL 1536 (EDUCATION PROGRAM FUNDING, NUTRITION PROGRAM FUNDING), SENATE BILL 2580 (EARLY CHILDHOOD EDUCATION), HOUSE BILL 197 (EARLY CHILDHOOD EDUCATION), HOUSE BILL 321 (EARLY CHILDHOOD EDUCATION), HOUSE BILL 361 (EARLY CHILDHOOD EDUCATION), HOUSE BILL 474 (LITERACY POLICY), HOUSE BILL 956 (EDUCATION POLICY), SENATE BILL 2033 (EARLY CHILDHOOD EDUCATION), SENATE BILL 2074 (EARLY CHILDHOOD FUNDING), SENATE BILL 2075 (EARLY CHILDHOOD FUNDING), SENATE BILL 2194 (EDUCATION PROGRAMMING), SENATE BILL 2312 (EARLY CHILDHOOD PROGRAM FUNDING).

\* SOUTH CAROLINA: HOUSE BILL 4774 (EARLY CHILDHOOD PROGRAMMING), HOUSE BILL 4701 (EDUCATION FUNDING, EARLY CHILDHOOD FUNDING, NUTRITION FUNDING).

\* TENNESSEE: SENATE BILL 1399 / HOUSE BILL 1374 (EDUCATION PROGRAM FUNDING).

\* WEST VIRGINIA: SENATE BILL 5 (EDUCATION PROGRAMMING), SENATE BILL 15 (EDUCATION PROGRAMMING), SENATE BILL 19 (EARLY CHILDHOOD EDUCATION), SENATE BILL 33 (EDUCATION POLICY), SENATE BILL 410 (EDUCATION POLICY), HOUSE BILL 2005 (EDUCATION POLICY), HOUSE BILL 2139 (EDUCATION POLICY), HOUSE BILL 2414 (EDUCATION FUNDING), HOUSE BILL 2974 (EARLY CHILDHOOD EDUCATION), HOUSE BILL 4017 (EDUCATION PROGRAM FUNDING).

\* IOWA: SF 473, A BILL FOR AN ACT RELATING TO THE STATE PRESCHOOL PROGRAM FOR FOUR-YEAR-OLD CHILDREN BY ESTABLISHING A PRESCHOOL EXPANSION INCENTIVE, AUTHORIZING STATE AID FOR THE INCENTIVE, AND ADDRESSING PROGRAM COSTS.

\* IOWA: SSB 1199, A STUDY BILL FOR AN ACT REQUESTING THE ESTABLISHMENT OF

**Part IV** Supplemental Information (continued)

A SOCIAL IMPACT BOND INTERIM STUDY COMMITTEE.

\* NEW HAMPSHIRE: SB 69, AN ACT ESTABLISHING A COMMISSION TO STUDY SOCIAL IMPACT BOND FUNDING FOR EARLY CHILDHOOD EDUCATION FOR AT-RISK STUDENTS.

\* WASHINGTON: HB 1491 & SB 5452, EARLY START ACT.

SCUS TRACKS ALL EXPENSES RELATED TO THESE LOBBYING ACTIVITIES, AND THOSE EXPENSES ARE REFLECTED IN SECTION II-B OF THIS SCHEDULE.

SCUS PUBLISHES MATERIALS FOR THE PURPOSES OF LOBBYING AND DISTRIBUTES THEM TO LEGISLATORS AND THE PUBLIC. THE EXPENSES RELATED TO THIS ACTIVITY ARE REPORTED ON PART II-B, LINE 1D OF THIS SCHEDULE.

SCUS ENGAGES IN MAILINGS (INCLUDING EMAIL) FOR LOBBYING PURPOSES WITH LEGISLATORS AND THE PUBLIC. THE EXPENSES RELATED TO THIS ACTIVITY ARE REPORTED ON PART II-B, LINE 1E OF THIS SCHEDULE.

SCHEDULE C, PART II-B, LINE 1F

SCUS MADE A GRANT TO SAVE THE CHILDREN ACTION NETWORK, A PORTION OF WHICH WAS USED TO SUPPORT LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

SAVE THE CHILDREN FEDERATION, INC.

06-0726487

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	137,889,079.	141,435,709.	117,731,157.	108,131,799.	107,564,982.
<b>b</b> Contributions	576,712.	700,110.	11,657,143.	1,745,066.	8,782,908.
<b>c</b> Net investment earnings, gains, and losses	-7,025,597.	3,628,220.	16,923,781.	12,323,762.	-1,300,932.
<b>d</b> Grants or scholarships	5,925,821.	5,661,960.	4,820,372.	4,413,609.	4,533,972.
<b>e</b> Other expenditures for facilities and programs	2,062,330.	2,180,000.			
<b>f</b> Administrative expenses	29,000.	33,000.	56,000.	55,861.	2,381,187.
<b>g</b> End of year balance	123,423,043.	137,889,079.	141,435,709.	117,731,157.	108,131,799.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  75.1700 %
  - b** Permanent endowment  23.2800 %
  - c** Temporarily restricted endowment  1.5500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	X
<b>(ii)</b> related organizations	<b>3a(ii)</b>	X
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		1,600.		1,600.
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		538,777.	311,405.	227,372.
<b>d</b> Equipment		15,913,368.	9,715,330.	6,198,038.
<b>e</b> Other		2,737,532.	716,566.	2,020,966.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,447,976.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) COMMON COLLECTIVE TRUST FUNDS	15,866,462.	FMV
(B) PUBLIC EQUITY - HEDGE FUNDS	46,950,418.	FMV
(C) HEDGE FUNDS	18,706,246.	FMV
(D) REAL ESTATE INVESTMENT TRUSTS	337,700.	FMV
(E) PRIVATE EQUITY	182,000.	FMV
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	82,042,826.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED SEVERANCE	817,232.
(3) POST RETIREMENT BENEFITS OTHER	4,403,771.
(4) THAN PENSION	
(5) LOAN PROGRAM FUND ASSETS HELD	236,103.
(6) IN TRUST BY	
(7) DUE TO SAVE THE CHILDREN ACTION	312,744.
(8) NETWORK	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,769,850.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	664,903,508.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-14,630,776.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	14,477,451.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	31,279,955.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	31,126,630.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	633,776,878.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	991,171.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	6,277,501.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	7,268,672.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	641,045,550.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	675,053,323.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	14,477,451.
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	32,499,052.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	46,976,503.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	628,076,820.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	991,171.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	7,017,361.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	8,008,532.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	636,085,352.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE POLICY GOVERNING THE INVESTMENT OF THE ORGANIZATION'S ENDOWMENT IS TWOFOLD: TO PROVIDE A REASONABLE AND PRUDENT LEVEL OF CURRENTLY EXPENDABLE INCOME IN ACCORDANCE WITH THE SPENDING POLICY SET BY THE FINANCE AND ADMINISTRATION COMMITTEE OF THE ORGANIZATION'S BOARD OF TRUSTEES AT 4.5% (IN 2015 AND 2014) OF THE AVERAGE OF THE ENDOWMENT'S TOTAL MARKET VALUE FOR THE 12 QUARTERS ENDING JUNE 30 OF THE PREVIOUS YEAR IN WHICH DISTRIBUTION IS PLANNED; AND TO SUPPORT THE ORGANIZATION 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.

THE FINANCE AND ADMINISTRATION COMMITTEE, AFTER CONSIDERATION OF THE FACTORS PROVIDED IN CUPMIFA, APPROVED A POLICY WHICH STATES THAT, ABSENT DONOR-IMPOSED DIRECTIONS, IT IS PRUDENT GIVEN THE CURRENT MARKET CLIMATE TO APPLY THE CURRENT SPENDING POLICY TO BELOW HISTORIC VALUE FUNDS UNTIL SUCH FUNDS HIT THE THRESHOLD OF 50% OF HISTORIC VALUE.

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), SCUS AND HEAD START ARE EXEMPT FROM FEDERAL INCOME TAXES AND ARE PUBLICLY SUPPORTED ORGANIZATIONS, AS DEFINED IN SECTION 509(A)(1) OF THE CODE. EFFECTIVE MARCH 11, 2014, THE INTERNAL REVENUE SERVICE DETERMINED THAT SCAN IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(4) OF THE CODE. AS



**Part XIII Supplemental Information** (continued)

NOT-FOR-PROFIT ORGANIZATIONS, SCUS, HEAD START, AND SCAN ARE ALSO EXEMPT FROM STATE AND LOCAL INCOME TAXES.

THE ORGANIZATION FOLLOWS THE GUIDANCE OF ACCOUNTING STANDARDS CODIFICATION (ASC) 740, 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 TAKEN IN A TAX RETURN. THE ORGANIZATION BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

## SCHEDULE D, PART XI, LINE 2D

RELATED ENTITY REVENUE	32,129,050
CURRENCY GAIN/LOSS	(917,230)
REIMBURSEMENT OF EXPENSES	68,135
	-----
TOTAL	31,279,955

## SCHEDULE D, PART XI, LINE 4B

SPECIAL EVENT EXPENSES	(437,433)
CATALOG EXPENSES	(22,360)
GRANT TO RELATED ORGANIZATION	6,737,294
	-----
TOTAL	6,277,501

**Part XIII** Supplemental Information (continued)

## SCHEDULE D, PART XII, LINE 2D

RELATED ENTITY EXPENSES	31,971,124
CATALOG EXPENSES	22,360
SPECIAL EVENT EXPENSES	437,433
REIMBURSEMENT OF EXPENSES	68,135
	-----
TOTAL	32,499,052

## SCHEDULE D, PART XII, LINE 4B

FOREIGN EXCHANGE GAIN	280,067
GRANT TO RELATED ORGANIZATION	6,737,294
	-----
TOTAL	7,017,361

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

SAVE THE CHILDREN FEDERATION, INC.

06-0726487

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN		2.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	1,038,736.
(2) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	GRANT MAKING	8,685,725.
(3) EAST ASIA AND THE PACIFIC		8.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	826,699.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GRANT MAKING	73,247,766.
(5) EUROPE		2.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	15,329,043.
(6) EUROPE			PROGRAM SERVICES	GRANT MAKING	3,088,011.
(7) MIDDLE EAST AND NORTH AFRICA		1.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	410,757.
(8) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	GRANT MAKING	40,181,521.
(9) SOUTH AMERICA		1.	PROGRAM SERVICES	GRANT MAKING	12,711,866.
(10) SOUTH ASIA		8.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	7,152,972.
(11) SOUTH ASIA			PROGRAM SERVICES	GRANT MAKING	75,880,594.
(12) SUB-SAHARAN AFRICA		30.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	4,763,796.
(13) SUB-SAHARAN AFRICA			PROGRAM SERVICES	GRANT MAKING	183,447,330.
(14) SOUTH ASIA	3.	401.	PROGRAM SERVICES	FOOD AID FOR FAMILIES	4,808,892.
(15) NORTH AMERICA		2.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	649,518.
(16) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS	FOREIGN INVESTMENT	337,700.
(17) CENTRAL AMERICA/CARIBBEAN	1.	195.	PROGRAM SERVICES	FOOD AID FOR FAMILIES	3,993,970.
<b>3a Sub-total</b> . . . . .	4.	650.			436,554,896.
<b>b Total from continuation sheets to Part I</b> . . . . .		3.			2,285,456.
<b>c Totals (add lines 3a and 3b)</b>	4.	653.			438,840,352.

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

Schedule F (Form 990) 2015

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

SAVE THE CHILDREN FEDERATION, INC.

06-0726487

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) RUSSIA/INDEPENDENT STATES		3.	PROGRAM SERVICES	GRANT MAKING	2,285,456.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					

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

Schedule F (Form 990) 2015

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	SUPPORT IN AFGHANISTAN	4,257,318.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN ALBANIA	93,950.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN ARMENIA	743,906.	WIRE			
(4)			SOUTH ASIA	SUPPORT IN BANGLADESH	26,865,014.	WIRE			
(5)			SOUTH AMERICA	SUPPORT IN BOLIVIA	3,315,995.	WIRE			
(6)			SOUTH ASIA	SUPPORT IN BURKINA	1,110,613.	WIRE			
(7)			EAST ASIA/PACIFIC	SUPPORT IN CAMBODIA	1,810,168.	WIRE			
(8)			SUB-SAHARAN AFRICA	SUPPORT IN CENTRAL	1,768,537.	WIRE			
(9)			SOUTH ASIA	SUPPORT IN CENTRAL	2,592,323.	WIRE			
(10)			EAST ASIA/PACIFIC	SUPPORT IN CHINA	1,986,648.	WIRE			
(11)			SUB-SAHARAN AFRICA	SUPPORT IN COTE	1,719,066.	WIRE			
(12)			SUB-SAHARAN AFRICA	SUPPORT IN DEMOCRATIC	6,348,401.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN EGYPT	5,211,006.	WIRE			
(14)			SOUTH AMERICA	SUPPORT IN EL SALVADOR	2,204,029.	WIRE			
(15)			SUB-SAHARAN AFRICA	SUPPORT IN ETHIOPIA	42,832,442.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN GEORGIA &	111,895.	WIRE			

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. ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	SUPPORT IN GUATEMALA	10,328,028.	WIRE			
(2)			SUB-SAHARAN AFRICA	SUPPORT IN GUINEA	3,179,012.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	SUPPORT IN HAITI	2,240,836.	WIRE			
(4)			EAST ASIA/PACIFIC	SUPPORT IN INDONESIA	2,615,636.	WIRE			
(5)			EAST ASIA/PACIFIC	SUPPORT IN IPU	13,536,059.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN IRAQ	9,527,877.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN JORDAN	4,097,328.	WIRE			
(8)			SUB-SAHARAN AFRICA	SUPPORT IN KENYA	1,650,129.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN KOSOVO	62,139.	WIRE			
(10)			EAST ASIA/PACIFIC	SUPPORT IN LAOS	34,506.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN LEBANON &	499,164.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN LEBANON	1,618,299.	WIRE			
(13)			SUB-SAHARAN AFRICA	SUPPORT IN LIBERIA	11,080,335.	WIRE			
(14)			SUB-SAHARAN AFRICA	SUPPORT IN MALAWI	12,235,432.	WIRE			
(15)			SUB-SAHARAN AFRICA	SUPPORT IN MALI	12,889,000.	WIRE			
(16)			SUB-SAHARAN AFRICA	SUPPORT IN MOZAMBIQUE	5,600,177.	WIRE			

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. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	SUPPORT IN MYANMAR	39,587,445.	WIRE			
(2)			SOUTH ASIA	SUPPORT IN NEPAL&BHUTAN	35,778,692.	WIRE			
(3)			SOUTH AMERICA	SUPPORT IN NICARAGUA	512,118.	WIRE			
(4)			SUB-SAHARAN AFRICA	SUPPORT IN NIGER	11,083,552.	WIRE			
(5)			SUB-SAHARAN AFRICA	SUPPORT IN NIGERIA	7,539,242.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN NORTHWEST	85,319.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN OCCUPIED	596,990.	WIRE			
(8)			SOUTH AMERICA	SUPPORT IN PERU&ECUADOR	1,026,074.	WIRE			
(9)			EAST ASIA/PACIFIC	SUPPORT IN PHILIPPINES	7,344,673.	WIRE			
(10)			SUB-SAHARAN AFRICA	SUPPORT IN RWANDA	547,250.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	SUPPORT SAVE THE	9,894.	WIRE			
(12)			SUB-SAHARAN AFRICA	SUPPORT IN SCI EAST	42,522.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	SUPPORT IN SCI	3,078,117.	WIRE			
(14)			CENT. AMERICA/CARIBBEAN	SUPPORT IN SCI LATIN	26,822.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN SCI MIDDLE	20,627.	WIRE			
(16)			EAST ASIA/PACIFIC	SUPPORT IN SCI SOUTH &	10,500.	WIRE			

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. ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	SUPPORT IN SE &E ASIA	119,648.	WIRE			
(2)			SUB-SAHARAN AFRICA	SUPPORT IN SCI	334,385.	WIRE			
(3)			SUB-SAHARAN AFRICA	SUPPORT IN SCI WEST &	508,328.	WIRE			
(4)			SUB-SAHARAN AFRICA	SUPPORT IN SENEGAL	16,647.	WIRE			
(5)			SUB-SAHARAN AFRICA	SUPPORT IN SIERRA	4,301,523.	WIRE			
(6)			SUB-SAHARAN AFRICA	SUPPORT IN SOMALIA	2,196,953.	WIRE			
(7)			SUB-SAHARAN AFRICA	SUPPORT IN SOUTH SUDAN	5,647,834.	WIRE			
(8)			EAST ASIA/PACIFIC	SUPPORT IN SRI LANKA	458,781.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN SYRIA	1,832,982.	WIRE			
(10)			SUB-SAHARAN AFRICA	SUPPORT IN TANZANIA	680,141.	WIRE			
(11)			EAST ASIA/PACIFIC	SUPPORT IN THAILAND	769,751.	WIRE			
(12)			SUB-SAHARAN AFRICA	SUPPORT IN UGANDA	2,126,489.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN UKRAINE	1,429,655.	WIRE			
(14)			SOUTH ASIA	SUPPORT IN VIETNAM	2,461,653.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN YEMEN	8,142,717.	WIRE			
(16)			SUB-SAHARAN AFRICA	SUPPORT IN ZAMBIA	3,742,602.	WIRE			

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. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SUPPORT IN ZIMBABWE	1,836,700.	WIRE			
(2)			SUB-SAHARAN AFRICA	SUPPORT IN SUDAN	67,793.	WIRE			
(3)			SUB-SAHARAN AFRICA	SUPPORT IN S	2,661,322.	WIRE			
(4)			SUB-SAHARAN AFRICA	PROVIDE SUPP	15,266.	WIRE			
(5)			EAST ASIA/PACIFIC	SUPPORT IN AUSTRALIA	332,411.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	SUPPORT VARIOUS	120,125.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	SUPPORT VARIOUS	69,959.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	SUPPORT VARIOUS	37,062.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	SUPPORT VARIOUS	17,971.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	SUPPORT IN SC UK OFFICE	610,104.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	SUPPORT SCI WORK	10,811,167.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	SUPPORT VARIOUS	110,133.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	SUPPORT VARIOUS	523,884.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	SUPPORT VARIOUS	273,592.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	SUPPORT IN ROMANIA	49,800.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	SUPPORT IN GERMANY	175,271.	WIRE			

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. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	SUPPORT IN DENMARK	9,163.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	SUPPORT IN SPAIN	534,071.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	SUPPORT IN ITALY	199,787.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	SUPPORT VARIOUS	12,276.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	SUPPORT VARIOUS	86,956.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	SUPPORT IN HONDURAS	461,468.	WIRE			
(7)			CENT. AMERICA/CARIBBEAN	SUPPORT VARIOUS	11,816.	WIRE			
(8)			CENT. AMERICA/CARIBBEAN	SUPPORT IN REPUBLIC	120,973.	WIRE			
(9)			CENT. AMERICA/CARIBBEAN	SUPPORT VARIOUS	17,874.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	SUPPORT VARIOUS	13,160.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	SUPPORT VARIOUS	312,460.	WIRE			
(12)			NORTH AMERICA	SUPPORT IN MEXICO	440,031.	WIRE			
(13)			SOUTH ASIA	SUPPORT VARIOUS	101,543.	WIRE			
(14)			SOUTH ASIA	SUPPORT VARIOUS	66,787.	WIRE			
(15)			SOUTH ASIA	SUPPORT VARIOUS	31,897.	WIRE			
(16)			SOUTH ASIA	SUPPORT VARIOUS	34,713.	WIRE			

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. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	SUPPORT VARIOUS	839,205.	WIRE			
(2)			SOUTH ASIA	SUPPORT VARIOUS	111,550.	WIRE			
(3)			SOUTH ASIA	SUPPORT VARIOUS	28,101.	WIRE			
(4)			SOUTH ASIA	SUPPORT VARIOUS	15,266.	WIRE			
(5)			SOUTH ASIA	SUPPORT VARIOUS	357,548.	WIRE			
(6)			SOUTH ASIA	SUPPORT VARIOUS	162,162.	WIRE			
(7)			SOUTH ASIA	SUPPORT VARIOUS	96,587.	WIRE			
(8)			SOUTH ASIA	SUPPORT VARIOUS	10,000.	WIRE			
(9)			SOUTH ASIA	SUPPORT VARIOUS	25,339.	WIRE			
(10)			SOUTH ASIA	SUPPORT VARIOUS	218,799.	WIRE			
(11)			SOUTH ASIA	SUPPORT VARIOUS	34,154.	WIRE			
(12)			SOUTH ASIA	SUPPORT VARIOUS	5,004.	WIRE			
(13)			SOUTH ASIA	SUPPORT VARIOUS	58,455.	WIRE			
(14)			SOUTH ASIA	SUPPORT VARIOUS	55,000.	WIRE			
(15)			SOUTH ASIA	SUPPORT VARIOUS	3,509,775.	WIRE			
(16)			SOUTH ASIA	SUPPORT VARIOUS	11,968.	WIRE			

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. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	SUPPORT VARIOUS	17,819.	WIRE			
(2)			SOUTH ASIA	SUPPORT VARIOUS	37,174.	WIRE			
(3)			SOUTH ASIA	SUPPORT VARIOUS	41,775.	WIRE			
(4)			SOUTH ASIA	SUPPORT VARIOUS	75,309.	WIRE			
(5)			SOUTH ASIA	SUPPORT VARIOUS	92,910.	WIRE			
(6)			SOUTH ASIA	SUPPORT VARIOUS	97,895.	WIRE			
(7)			SOUTH ASIA	SUPPORT VARIOUS	150,032.	WIRE			
(8)			SOUTH ASIA	SUPPORT VARIOUS	187,858.	WIRE			
(9)			SUB-SAHARAN AFRICA	SUPPORT VARIOUS	71,195.	WIRE			
(10)			SUB-SAHARAN AFRICA	SUPPORT VARIOUS	1,961,503.	WIRE			
(11)			NORTH AMERICA	SUPPORT THE SEARCH FOR	15,361.	WIRE			
(12)			SOUTH ASIA	SUPPORT MEMBER	10,000.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	SUPPORT MEMBER	132,356.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	SUPPORT MEMBER	125,213.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	SUPPORT MEMBER	588,320.	WIRE			
(16)			SOUTH ASIA	SUPPORT MEMBER	117,364.	WIRE			

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. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	SUPPORT MEMBER	54,000.	WIRE			
(2)			NORTH AMERICA	SUPPORT MEMBER	152,617.	WIRE			
(3)			EAST ASIA/PACIFIC	SUPPORT MEMBER	203,288.	WIRE			
(4)			EAST ASIA/PACIFIC	SUPPORT MEMBER	200,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	SUPPORT MEMBER	355,948.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	SUPPORT MEMBER	787,880.	WIRE			
(7)			SOUTH ASIA	SUPPORT MEMBER	557,039.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN AFGHANISTAN			1,667,044.	VARIOUS ITEM	FMV
(9)			SOUTH ASIA	SUPPORT IN BURKINA FASO			3,767,991.	VARIOUS ITEM	FMV
(10)			SOUTH ASIA	SUPPORT IN CENTRAL ASIA			555,055.	VARIOUS ITEM	FMV
(11)			EAST ASIA/PACIFIC	SUPPORT IN CHINA			1,007,946.	VARIOUS ITEM	FMV
(12)			SUB-SAHARAN AFRICA	SUPPORT IN DR OF CONGO			54,000.	VARIOUS ITEM	FMV
(13)			SOUTH AMERICA	SUPPORT IN EL SALVADOR			1,520,765.	VARIOUS ITEM	FMV
(14)			SUB-SAHARAN AFRICA	SUPPORT IN ETHIOPIA			22,067,999.	VARIOUS ITEM	FMV
(15)			CENT. AMERICA/CARIBBEAN	SUPPORT IN GUATEMALA			71,409.	VARIOUS ITEM	FMV
(16)			CENT. AMERICA/CARIBBEAN	SUPPORT IN HAITI			12,600.	VARIOUS ITEM	FMV

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. ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN IRAQ			630,659.	VARIOUS ITEM	FMV
(2)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN JORDAN			5,580,612.	VARIOUS ITEM	FMV
(3)			SUB-SAHARAN AFRICA	SUPPORT IN KENYA			21,137.	VARIOUS ITEM	FMV
(4)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN LEBANON			122,246.	VARIOUS ITEM	FMV
(5)			SUB-SAHARAN AFRICA	SUPPORT IN LIBERIA			39,121.	VARIOUS ITEM	FMV
(6)			SUB-SAHARAN AFRICA	SUPPORT IN MALAWI			4,811,038.	VARIOUS ITEM	FMV
(7)			SUB-SAHARAN AFRICA	SUPPORT IN MALI			184,332.	VARIOUS ITEM	FMV
(8)			SUB-SAHARAN AFRICA	SUPPORT IN MOZAMBIQUE			121,618.	VARIOUS ITEM	FMV
(9)			EAST ASIA/PACIFIC	SUPPORT IN MYANMAR			3,957,807.	VARIOUS ITEM	FMV
(10)			SOUTH ASIA	SUPPORT IN NEPAL&BHUTAN			1,220,900.	VARIOUS ITEM	FMV
(11)			SOUTH AMERICA	SUPPORT IN NICARAGUA			99,987.	VARIOUS ITEM	FMV
(12)			SUB-SAHARAN AFRICA	SUPPORT IN NIGER			6,395,915.	VARIOUS ITEM	FMV
(13)			SUB-SAHARAN AFRICA	SUPPORT IN NIGERIA			28,728.	VARIOUS ITEM	FMV
(14)			SOUTH AMERICA	SUPPORT IN PERU&ECUADOR			38,700.	VARIOUS ITEM	FMV
(15)			EAST ASIA/PACIFIC	SUPPORT IN PHILIPPINES			8,198.	VARIOUS ITEM	FMV
(16)			SUB-SAHARAN AFRICA	SUPPORT IN SENEGAL			34,158.	VARIOUS ITEM	FMV

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. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SUPPORT IN SIERRA LEONE			29,070.	VARIOUS ITEM	FMV
(2)			SUB-SAHARAN AFRICA	SUPPORT IN SOMALIA			1,384,209.	VARIOUS ITEM	FMV
(3)			SUB-SAHARAN AFRICA	SUPPORT IN SOUTH SUDAN			3,419,241.	VARIOUS ITEM	FMV
(4)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN SYRIA			539,000.	VARIOUS ITEM	FMV
(5)			SUB-SAHARAN AFRICA	SUPPORT IN UGANDA			71,462.	VARIOUS ITEM	FMV
(6)			SOUTH ASIA	SUPPORT IN VIETNAM			482,597.	VARIOUS ITEM	FMV
(7)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN YEMEN			1,517,617.	VARIOUS ITEM	FMV
(8)			EAST ASIA/PACIFIC	SUPPORT IN VANUATU			37,000.	VARIOUS ITEM	FMV
(9)			CENT. AMERICA/CARIBBEAN	SUPPORT IN MEXICO			41,509.	VARIOUS ITEM	FMV
(10)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN LITHUANIA			132,374.	VARIOUS ITEM	FMV
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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. . . . . 98.

3 Enter total number of other organizations or entities. . . . . 43.

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
<b>(1)</b> FOOD FOR FAMILIES - PAKISTAN	SOUTH ASIA	96593.			4,808,892.	FOOD COMMOD.	FMV
<b>(2)</b> FOOD FOR FAMILIES - GUATEMALA	CENT. AMERICA/CARIBBEAN	68549.			3,993,970.	FOOD COMMOD.	FMV
<b>(3)</b>							
<b>(4)</b>							
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							
<b>(13)</b>							
<b>(14)</b>							
<b>(15)</b>							
<b>(16)</b>							
<b>(17)</b>							
<b>(18)</b>							



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

SAVE THE CHILDREN US (SCUS) HAS THE MAJORITY OF ITS INTERNATIONAL PROGRAMS IMPLEMENTED BY SAVE THE CHILDREN INTERNATIONAL (SCI), A LONDON BASED NON-PROFIT, THAT WAS CREATED BY THE 29 SAVE THE CHILDREN MEMBERS WORLDWIDE. SOME FINANCIAL CONTROLS SET UP TO OVERSEE SCI ARE AS FOLLOWS:

--REVIEW SCI INTERNAL AUDIT TEAMS' AUDITS, AUDIT FINDINGS AND AUDIT CLEARING, PARTICULARLY TO IDENTIFY AND TRACK AUDIT POINTS OF SPECIFIC INTEREST, ESPECIALLY AS THEY IMPACT SCUS FUNDS. OFTEN DO JOINT AUDITS AND JOINT RISK ASSESSMENTS AND AUDIT PLANNING.

--SCI AND SCUS EACH HAVE THEIR OWN ZERO FRAUD TOLERANCE POLICY AND REPORT INSTANCES OF FRAUD IN A TIMELY MANNER.

--HEAD OF SCI INTERNAL AUDIT TEAM REPORTS OUT TO SCUS AUDIT COMMITTEE 1-2 TIMES PER YEAR.

--A COMPREHENSIVE JOINT AWARD MANAGEMENT SYSTEM THAT TRACKS ALL AWARDS BETWEEN MEMBERS AND SCI FROM THE PROPOSAL STAGE THROUGH CLOSE-OUT.

--MONTHLY REVIEW OF SCUS FUNDS BUDGET V ACTUAL VARIANCES IN SCI COUNTRY OFFICES.

--QUARTERLY FINANCIAL DATA RECONCILIATIONS.

**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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

--PERIODIC AND ANNUAL FINANCIAL STATEMENTS AND REPORTS FROM SCI, SCI GLOBAL ASSURANCE (INTERNAL AUDIT) PAPERS SHARED WITH SCUS MANAGEMENT.

--EXTERNAL AUDIT REPORTS OF SCI, INCLUDING THE FOREIGN RECIPIENT AUDIT DONE ANNUALLY FOR USAID, WHICH IS REVIEWED BY SCUS.

--IN 2015, THREE JOINT BOARD MEMBERS (PERRIN, PALMER AND SPIERS-LOPEZ). THE CHAIR OF THE SCI BOARD, CHARLES PERRIN, SERVES ON THE SCUS BOARD AND AUDIT COMMITTEE.

--MULTIPLE TRAINING OPPORTUNITIES PROVIDED TO SCI, INCLUDING COUNTRY OFFICE (CO) STAFF ARE DONE THROUGHOUT THE YEAR THAT COVERED SUCH TOPICS AS: COMMON TOOLS UTILIZED FOR ASSESSING RISKS AND DEFINING RISK MITIGATION PLANS FOR NEW AWARDS AS WELL AS INTERNATIONAL AND LOCAL PARTNERS; RISK MITIGATION; US GOVERNMENT GRANTS AND CONTRACTS RULES, REGULATIONS AND COMPLIANCE; SUBGRANT MANAGEMENT; TIMEKEEPING AND EFFORT REPORTING; BUDGETING AND TIMELY SPENDING; COST ALLOCATION; PROCUREMENT POLICIES; ALLOWABLE COSTS; PRIOR APPROVALS; DONOR REPORTING AND RECEIVABLES COLLECTION; AND CASH MANAGEMENT.

--PROGRAM REVIEWS BY SCUS PROGRAM TECHNICAL STAFF.

--SCUS REVIEW OF THE SCUS COMMODITIES AND SPONSORSHIP PROGRAMS BEING

**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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

IMPLEMENTED IN SCI COUNTRY OFFICES.

--REGULAR MEMBER MEETINGS PROVIDING A FORUM TO CHALLENGE SCI PRACTICES.

--FORMATION OF WORKING/LEADERSHIP GROUPS, WHICH SCUS ARE PART OF, E.G.

SAFETY AND SECURITY, AWARD MANAGEMENT, WHICH GIVE SCUS EXPOSURE TO

CHANGES AND DEVELOPMENTS WITHIN SCI AND PROVIDE OPPORTUNITIES TO

CONTRIBUTE, INFLUENCE AND CHALLENGE SCI PRACTICES.

--EXTERNAL STATUTORY AUDIT BY KPMG OF THE FY2015 SCI FINANCIAL STATEMENTS

INCLUDING AUDIT WORK PERFORMED AT THE HEAD OFFICE IN LONDON PLUS VARIOUS

COUNTRY OFFICES (ETHIOPIA, BANGLADESH, MALAWI, NIGER, NIGERIA, NEPAL AND

YEMEN). APPROXIMATELY 36% OF SCI'S INCOME DERIVES FROM SCUS. KPMG

DISCUSSES THE RESULTS OF THE STATUTORY AUDIT AND FOREIGN RECIPIENT REPORT

OF SCI WITH THE SCUS AUDIT COMMITTEE.

--THE CHAIR AND VICE CHAIR OF THE SCUS AUDIT COMMITTEE UNDERTAKE PERIODIC

COMMUNICATIONS WITH BOTH THE CHAIR OF THE SCI AUDIT AND FINANCE COMMITTEE

AND THE CHIEF FINANCIAL OFFICER OF SCI.

--THE KPMG MANAGEMENT LETTER OF SCI IS SHARED AND REVIEWED BY SCUS

MANAGEMENT.

--QUARTERLY IN-PERSON MEETINGS AND REGULAR CALLS BETWEEN THE SCI CFO AND

**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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCUS CFO WHERE FINANCIAL OVERSIGHT, PERFORMANCE AND POLICIES ARE DISCUSSED.

--A PROCESS WHEREBY SCUS MONITORS SCI ON COMPLIANCE WITH US GOVERNMENT FUNDING REQUIREMENTS BASED ON A RISK BASED ASSESSMENT AND KEY PERFORMANCE FACTORS.

SCHEDULE F, PART III, COLUMN C THE NUMBER OF RECIPIENTS FOR FOOD AND FREIGHT ASSISTANCE IN PAKISTAN INCLUDE DIRECT AND INDIRECT FOOD PROGRAM BENEFICIARIES, WHICH ARE ESTIMATED THROUGH PROGRAM MONITORING, FOOD DISTRIBUTION RECORDS AND PROJECT DOCUMENTATIONS.

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

06-0726487

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **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)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				11,042,637.	7,614,711.	3,427,926.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,  
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY,

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		ILLUM. GALA (event type)	LIVC - SPRING (event type)	13. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	2,798,792.	277,231.	672,198.	3,748,221.
	2	Less: Contributions	2,724,992.	252,205.	670,948.	3,648,145.
	3	Gross income (line 1 minus line 2)	73,800.	25,026.	1,250.	100,076.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	149,665.			149,665.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	198,665.	73,429.	15,674.	287,768.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-337,357.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct 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 conducted in:
 

a 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 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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 IV Supplemental Information.** 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 provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B

IN 2015, \$3,677,280 IN ADDITIONAL REVENUE WAS GENERATED FROM DONORS ACQUIRED FROM CANVASSING CAMPAIGNS IN 2011 TO 2015 (THROUGH PUBLIC OUTREACH, GRASSROOTS, DONORWORX, APPCO GROUP SUPPORT, QUANTUM DIALOGUE AND DEVELOPING AWARENESS.)

PAYMENT FIGURES REPORTED IN COLUMN (V) REPRESENT TOTAL COMPENSATION PAID UP FRONT TO THE FUNDRAISER DURING THIS TAX YEAR. THE FIGURES REPORTED IN



- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 IV Supplemental Information.** 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 provide any additional information (see instructions).

COLUMN (IV) FOR DONORWORX INC., APPCO GROUP SUPPORT, AND DEVELOPING AWARENESS, INC. REFLECT INITIAL REVENUE RESULTS BUT DO NOT REFLECT TOTAL LIFETIME VALUE OF CONTRIBUTIONS THAT WILL BE GENERATED AS A RESULT OF THE FUNDRAISER'S 2015 CAMPAIGNS.

THE LIFETIME VALUE IS A NET PRESENT VALUE ESTIMATE OF CURRENT AND FUTURE INCOME FOR CANVASSING VENDORS.

AS A RESULT OF 2015 EXPENDITURES, INCREMENTAL REVENUE WILL BE ACQUIRED

- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 IV Supplemental Information.** 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 provide any additional information (see instructions).

EACH SUBSEQUENT YEAR FROM THESE CANVASSING RECURRING MONTHLY CONTRIBUTORS. TOTAL PROJECTED LIFETIME REVENUE FOR FIVE YEARS FOR THE CANVASSING RECURRING MONTHLY CONTRIBUTORS ACQUIRED IN 2015 THROUGH DONORWORX INC., APPCO GROUP SUPPORT AND DEVELOPING AWARENESS, INC. IS PROJECTED TO BE \$9,073,712.

FUNDRAISER CONTRACTS THAT DO NOT DISTINGUISH BETWEEN SERVICE FEE AND EXPENSE REIMBURSEMENT:

- 11 Does the organization conduct 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 conducted in:
 

a 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 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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 IV Supplemental Information.** 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 provide any additional information (see instructions).

1. APPCO GROUP SUPPORT- CONTRACT OUTLINES ACQUISITION FEES PER DONOR AND RECRUITER. APPCO GROUP WAS REIMBURSED \$246 FOR PRINTING AND TRAVEL EXPENSES.
2. CHARITY DYNAMICS, LLC - CONTRACT OUTLINES FEES. CHARITY DYNAMICS WAS REIMBURSED \$657 FOR TRAVEL EXPENSES.
3. DEVELOPING AWARENESS, INC. - CONTRACT SETS FEES FOR PER DONOR CONTRIBUTION PROCESSED PLUS REIMBURSEMENT FOR PRINTING COSTS AND AN

- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 IV Supplemental Information.** 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 provide any additional information (see instructions).

ADMINISTRATIVE CHARGE PER PLEDGE FORM. DEVELOPING AWARENESS WAS REIMBURSED \$959 FOR TRAVEL EXPENSES.

4. DIRECT POINT GROUP, INC. - CONTRACT CONTAINS COMPENSATION TERMS FOR MONTHLY AND HOURLY RATES, PLUS MISCELLANEOUS SERVICES AND TRAVEL. DIRECT POINT WAS REIMBURSED \$10,690 FOR TRAVEL EXPENSES.

5. DONOR CARE CENTER, INC. - CONTRACT ITEMIZES FEES FOR SERVICES BASED UPON SIMILAR FUNDRAISING PROJECTS FOR OTHER CHARITIES, AND

- 11 Does the organization conduct 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 conducted in:
 

a 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 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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 IV Supplemental Information.** 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 provide any additional information (see instructions).

SPECIFIES THAT EXPENSE REIMBURSEMENT IS AT COST. DONOR CARE WAS REIMBURSED \$73,643 FOR SHIPPING, PRINTING, TRAINING AND OTHER EXTERNAL SERVICES.

6. DONORWORX, INC. - CONTRACT SETS FEES PER CAMPAIGN PLUS RELATED COSTS AND TRAVEL EXPENSES. DONORWORX WAS REIMBURSED \$95,411 FOR TRAVEL, POSTAGE, TRAINING, BOOTH BRANDING AND LEASE COSTS.

7. DONOR SERVICES GROUP, LLC - CONTRACTS SETS FEES PER MONTH PLUS

- 11 Does the organization conduct 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 conducted in:
 

a 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 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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 IV Supplemental Information.** 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 provide any additional information (see instructions).

PRINTING AND POSTAGE. DONOR SERVICES GROUP WAS REIMBURSED \$2,167 FOR POSTAGE, PRINTING AND REGISTRATION FEES.

8. DTV LIMITED - CONTRACT CONTAINS COMPENSATION TERMS FOR MONTHLY AND HOURLY RATES FOR PROGRAM AND CAMPAIGN MANAGEMENT PLUS TRAVEL. DTV LIMITED WAS NOT REIMBURSED FOR ANY EXPENSES.

9. MERKLE - CONTRACT SETS FEES PER MONTH. MERKLE WAS NOT REIMBURSED FOR ANY EXPENSES.

- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 IV Supplemental Information.** 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 provide any additional information (see instructions).

10. PLENTY CONSULTING - CONTRACT SETS BASE FEE PLUS MANAGEMENT FEE TO COVER EXPENSES. FEES DO NOT INCLUDE TRAVEL OR OTHER COSTS. PLENTY CONSULTING WAS REIMBURSED \$5,706 FOR TRAVEL EXPENSES.

- 11 Does the organization conduct 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 conducted in:
 

a 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 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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 IV Supplemental Information.** 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 provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 3

SAVE THE CHILDREN IS REGISTERED IN ALL STATES REQUIRING REGISTRATION. WE

SOLICIT CONTRIBUTIONS IN ALL 50 STATES AND THE DISTRICT OF COLUMBIA.



SAVE THE CHILDREN FEDERATION, INC.

06-0726487

ATTACHMENT 1

## 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
APPCO GROUP US, INC. APPCO GROUP SUPPORT 40 RECTOR STREET, SUITE 1504 NEW YORK NY 10006	PROF'L SOLICITOR		X	311,878.	518,124.	-206,246.
CHARITY DYNAMICS LLC 3420 EXECUTIVE CENTER DRIVE, SUITE G-100 AUSTIN TX 78731	FUND. COUNCIL		X	442,984.	86,004.	356,980.
DEVELOPING AWARENESS, INC 89 YESLER WAY, MEZZANINE SEATTLE WA 98104	PROF'L SOLICITOR		X	2,144,187.	4,318,550.	-2,174,363.
DIRECT POINT GROUP, INC. 251 NORTH SERVICE ROAD W., SUITE 300 OAKVILLE ONTARIO CA L6M 3E7	FUND. COUNCIL		X	3,678,573.	415,125.	3,263,448.
DONOR CARE CENTER, INC. 480 W. TUSCARAWAS AVE, SUITE 307 BABERTON OH 44203	PROF'L SOLICITOR		X	477,436.	783,746.	-306,310.

SAVE THE CHILDREN FEDERATION, INC.

06-0726487

ATTACHMENT 1 (CONT'D)

DONOR SERVICES GROUP, LLC 6715 SUNSET BLVD LOS ANGELES CA 90028	PROF'L SOLICITOR	X	1,517,637.	164,448.	1,353,189.
DONORWORX INC. 219 DUFFERIN STREET, UNIT 1B TORONTO ONTARIO CA M6K 3J1	PROF'L SOLICITOR	X	949,294.	811,942.	137,352.
DIRECT TV LIMITED 49-50 EAGLE WHARF ROAD LONDON UK N17ED UK	FUND. COUNCIL	X	314,560.	278,576.	35,984.
MERKLE GROUP INC. 7001 COLUMBIA GATEWAY DRIVE COLUMBIA MD 21046	FUND. COUNCIL	X	104,600.	118,371.	-13,771.
PLENTY CONSULTING 613 FRANKLIN STREET, SUITE A MICHIGAN CITY IN 46360	FUND. COUNCIL	X	1,101,488.	119,825.	981,663.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

06-0726487

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ACDI/VOCA 50 F STREET, NW WASHINGTON, DC 20001	52-0811461	501 (C) 3	92,784.				DEVELOP I-SMART 2.0
<b>(2)</b> ALAMOSA SCHOOL DISTRICT 209 VICTORIA AVE. ALAMOSA, CO 81101	84-6011793		97,413.				PROVIDE EDUCATIONAL
<b>(3)</b> ALPAUGH UNIFIED SCHOOL DIST 5313 ROAD 39 WILBUR PO BOX 9	77-0031861		54,698.				PROVIDE EDUCATIONAL
<b>(4)</b> AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD	36-2275597	501 (C) 3	462,469.				MATERNAL AND CHILD S
<b>(5)</b> AMITE COUNTY SCHOOL DISTRICT 333 MAGGIE STREET LIBERTY, MS 39645	64-6000075		138,233.				PROVIDE EDUCATIONAL
<b>(6)</b> ARKANSAS STATE UNIVERSITY PO BOX 2640 STATE UNIVERSITY, AR 72467	71-6000556		27,764.				EMERGENCY PREPAREDNE
<b>(7)</b> AUGUSTA PUBLIC SCHOOL 320 SYCAMORE AUGUSTA, AR 72006	71-6020508		65,897.				PROVIDE EDUCATIONAL
<b>(8)</b> BARNWELL COUNTY SCHOOL DISTRICT # 19 297 PASCALLAS STREET BLACKVILLE, SC 29817	57-6000126		97,260.				PROVIDE EDUCATIONAL
<b>(9)</b> BARNWELL SCHOOL DISTRICT #45 770 HAGOOD AVENUE BARNWELL, SC 29812	57-6000126		78,489.				PROVIDE EDUCATIONAL
<b>(10)</b> BAUXITE SCHOOL DISTRICT 800 SCHOOL STREET BAUXITE, AR 72011	71-6020959		33,044.				PROVIDE EDUCATIONAL
<b>(11)</b> BELLS CITY SCHOOL 4532 HWY 88 SOUTH BELLS, TN 38006	62-6000245		121,150.				PROVIDE EDUCATIONAL
<b>(12)</b> BOARD OF EDUCATION OF JEFFERSON COUNTY, KEN PO BOX 35340 LOUISVILLE, KY 40232-5340	61-6001316		44,869.				PROVIDE EDUCATIONAL

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

06-0726487

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOARD OF EDUCATION USD 453 PO BOX 969 LEAVENWORTH, KS 66048	48-6034016		35,216.				PROVIDE EDUCATIONAL
(2) BONANZA BUYING CENTER 629 HUMMINGBIRD ROAD DUNCAN, MS 38740	64-0923097	501 (C) 3	113,913.				PROVIDE EDUCATIONAL
(3) BOYS & GIRLS CLUB OF THE MS DELTA 516 NORTH CANAL STREET YAZOO CITY, MS 39194	45-0469376	501 (C) 3	20,077.				PROVIDE EDUCATIONAL
(4) CALHOUN COUNTY BOARD OF EDUCATION 540 ALAN MOLLOHAN DRIVE MT. ZION, WV 26151	55-6000309		144,111.				PROVIDE EDUCATIONAL
(5) CALIFORNIA RURAL LEGAL ASSISTANCE FOUNDATIO 2210 K STREET SACRAMENTO, CA 95816	94-2800442		54,500.				DESIGNATED FUNDING F
(6) CAMPBELL COUNTY BOARD OF EDUCATION 172 VALLEY ST. JACKSBORO, TN 37757	62-6000507		46,167.				PROVIDE EDUCATIONAL
(7) CARE, INC. 151 ELLIS STREET NE ATLANTA, GA 30303	13-1685039		169,799.				GENERATE, CAPTURE, D
(8) CATHOLIC RELIEF SERVICES 228 W. LEXINGTON ST. BALTIMORE, MD 21230	13-5563422	501 (C) 3	29,310.				PROVIDE SUPPORT FOR
(9) CENTER CONSOLIDATED SCHOOL DISTRICT 26JT 550 S. SYLVESTER AVENUE CENTER, CO 81125	84-6001943		98,125.				PROVIDE EDUCATIONAL
(10) CENTRAL HEIGHTS USD 288 3521 ELLIS RD RICHMOND, KS 66080	48-0697796		7,038.				PROVIDE EDUCATIONAL
(11) CENTRAL OKLAHOMA COMMUNITY MENTAL HEALTH CE 909 E ALAMEDA NORMAN, OK 73071	73-6017987		8,600.				DOMESTIC EMERGENCY F
(12) CHILD CARE CONNECTIONS, INC 3805 MCCAIN PARK DRIVE	73-1666180		9,577.				PROVIDE EDUCATIONAL

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

06-0726487

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CHINLE UNIFIED SCHOOL DISTRICT PO BOX 587 CHINLE, AZ 86503	86-6006232		86,941.				PROVIDE EDUCATIONAL
<b>(2)</b> CLARENDON COUNTY SCHOOL DISTRICT 1 P.O. BOX 38 SUMMERTON, SC 29148	57-0481945		115,114.				PROVIDE EDUCATIONAL
<b>(3)</b> CLARENDON SCHOOL DISTRICT #2 15 MAJOR DRIVE MANNING, SC 29102	57-6000708		27,812.				PROVIDE EDUCATIONAL
<b>(4)</b> CLAY COUNTY BOARD OF EDUCATION 128 RICHMOND ROAD MANCHESTER, KY 40962	61-6001320		1,011,194.				PROVIDE EDUCATIONAL
<b>(5)</b> COAHOMA COUNTY SCHOOL DISTRICT 1555 LEE DRIVE CLARKSDALE, MS 38614	64-6000266		52,248.				PROVIDE EDUCATIONAL
<b>(6)</b> COCKE CO BOARD OF EDUCATION 305 HEDRICK DRIVE NEWPORT, TN 37821	62-6000539		419,355.				PROVIDE EDUCATIONAL
<b>(7)</b> COLLABORATIVE FOR CHILDREN 1111 NORTH LOOP WEST, SUITE 600	76-0228065		25,000.				PURCHASE MATERIALS F
<b>(8)</b> COLUMBIA UNIVERSITY SPONSORED PROJECTS FINANCE (SPF)	13-5598093		534,652.				PROVIDE EDUCATIONAL
<b>(9)</b> CONCERN WORLDWIDE US INC 355 LEXINGTON AVENUE NEW YORK, NY 10017	13-3712030		36,150.				EXPLORING THE POTENT
<b>(10)</b> CORE, INC. 919 18TH ST. NW WASHINGTON, DC 20006-5503	31-1744950	501 (C) 3	429,027.				GENERATE, CAPTURE, D
<b>(11)</b> COUNCIL OF CHURCH OF THE OZARKS 627 N GLENSTONE AVENUE	43-0903657		16,978.				PROVIDE EDUCATIONAL
<b>(12)</b> CROCKETT COUNTY SCHOOLS 102 N CAVALIER DR ALAMO, TN 38001	62-6000547		99,872.				PROVIDE EDUCATIONAL

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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(1) DEPELCHIN CHILDREN'S CENTER 4950 MEMORIAL DRIVE TAXES, TX 77007	76-0318867		7,776.				SUPPORT CHILDREN AND
(2) EDUCARE OF OMAHA 2123 PAUL ST OMAHA, NE 68102	80-0015385	501 (C) 3	57,388.				PROVIDE EDUCATIONAL
(3) EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVE WALTHAM, MA 02453	04-2241718		361,969.				PROMOTING OPPORTUNIT
(4) ELK VALLEY USD 283 P O BOX 87 LONGTON, KS 67352	48-0724213		47,497.				PROVIDE EDUCATIONAL
(5) FAIRFIELD U.S.D. #310 16115 S. LANGDON ROAD LANGDON, KS 67583	48-0720350		6,697.				PROVIDE EDUCATIONAL
(6) FARMERSVILLE USD 571 E CITRUS AVENUE FARMERSVILLE, CA 93223	77-0565331		58,618.				PROVIDE EDUCATIONAL
(7) FLORENCE SCHOOL DISTRICT THREE 125 SOUTH BLANDING ST	57-0641054		118,093.				PROVIDE EDUCATIONAL
(8) FOOD FOR THE HUNGRY, INC. 1224 E. WASHINGTON STREET PHOENIX, AZ 85034	95-2680390	501 (C) 3	361,902.				GENERATE, CAPTURE, D
(9) FORREST CITY PUBLIC SCHOOLS 625 IRVING STREET FORREST CITY, AR 72335	71-6020499		56,901.				PROVIDE EDUCATIONAL
(10) FOWLER USD 225 P.O. BOX 170 FOWLER, KS 67844	48-0724608		6,839.				PROVIDE EDUCATIONAL
(11) FRANKLIN COUNTY BOARD OF EDUCATION 215 S COLLEGE ST WINCHESTER, TN 37398	62-6000593		57,284.				PROVIDE EDUCATIONAL
(12) FREMONT PUBLIC SCHOOLS 130 E. 9TH STREET FREMONT, NE 68025	47-6002550		53,148.				PROVIDE EDUCATIONAL

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OMB No. 1545-0047

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(1) GADSDEN INDEPENDENT SCHOOL DISTRICT PO DRAWER 70 ANTHONY, NM 88021	85-6000313		34,819.				PROVIDE EDUCATIONAL
(2) GANADO SCHOOL DISTRICT HIGHWAY 264 GANADO, AZ 86505	86-0394254		27,202.				PROVIDE EDUCATIONAL
(3) GEORGETOWN UNIVERSITY, STUDENT ACCOUNTS OFF 37 TH & O STREETS NW	53-0196603		11,353.				EVALUATE A MULTI-LEV
(4) GEORGETOWN UNIVERSITY/INSTITUTE FOR REPRODU 37 TH & O STREETS NW	53-0196603		8,020.				RESPONDING TO THE NE
(5) GRANDMOTHER PROJECT INC 126 SAINT ANDREW CIRCLE	65-8818625		48,110.				GENERATE, CAPTURE, D
(6) GREENE COUNTY BOARD OF EDUCATION 220 MAIN ST. EUTAW, AL 35462	63-6000909		32,480.				PROVIDE EDUCATIONAL
(7) HARDEMAN COUNTY BOE PO BOX 112 BOLIVAR, TN 38008	62-6000649		66,163.				PROVIDE EDUCATIONAL
(8) HAYWOOD COUNTY SCHOOL DISTRICT 900 E. MAIN STREET BROWNSVILLE, TN 38012	62-6000659		51,461.				PROVIDE EDUCATIONAL
(9) HELEN KELLER INTERNATIONAL 352 PARK AVENUE SOUTH NEW YORK, NY 10010	13-5562162		88,478.				PROVIDE EDUCATIONAL
(10) HELENA-WEST HELENA SCHOOL DISTRICT PO BOX 369 HELENA, AR 72342	71-6020534		81,763.				PROVIDE EDUCATIONAL
(11) HERINGTON USD 487 19 NORTH BROADWAY HERINGTON, KS 67449	48-6018834		5,862.				PROVIDE EDUCATIONAL
(12) HOPE PUBLIC SCHOOL DISTRICT 117 EAST SECOND STREET HOPE, AR 71801	71-6021044		115,869.				PROVIDE EDUCATIONAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

06-0726487

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(1) HUMBOLDT UNIFIED SCHOOL DISTRICT 258 801 NEW YORK ST. HUMBOLDT, KS 66748	48-0698395		32,649.				PROVIDE EDUCATIONAL
(2) INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD LOS ANGELES, CA 90025	95-3949646	501 (C) 3	153,450.				PROVIDE SUPPORT FOR
(3) INTER-TRIBAL EMERGENCY MANAGEMENT COALITION PO BOX 1729 OKMULGEE, OK 74447	80-0334081		20,000.				DESIGNATED FUNDING F
(4) JACKSON COUNTY BOARD OF EDUCATION PO BOX 217 MCKEE, KY 40447	61-6001324		383,526.				PROVIDE EDUCATIONAL
(5) JEFFERSON DAVIS SCHOOL DISTRICT 1025 3RD STREET PRENTISS, MS 39474	64-6009027		73,878.				PROVIDE EDUCATIONAL
(6) JSI RESEARCH AND TRAINING INSTITUTE, INC. 44 FARNSWORTH STREET BOSTON, MA 02210	04-2679824		179,237.				MARKET SUPPORT PROJE
(7) KEARNEY PUBLIC SCHOOLS 310 WEST 24TH ST KEARNEY, NE 68845	47-6001393		60,559.				PROVIDE EDUCATIONAL
(8) KINGS CANYON UNIFIED SCHOOL DIST. 675 WEST MANNING REEDLEY, CA 93654	58-2103066		217,939.				PROVIDE EDUCATIONAL
(9) KINGS RIVER UNION SCHOOL DISTRICT 3961 AVE 400 KINGSBURG, CA 93631	77-0563524		7,164.				PROVIDE EDUCATIONAL
(10) KNOTT CO BOARD OF EDUCATION 1156 HINDMAN BY PASS HINDMAN, KY 41822	61-6001297		399,678.				PROVIDE EDUCATIONAL
(11) LABETTE UNIFIED S.D. #506 401 S. HIGH ALTAMONT, KS 67330	48-0724846		167,863.				PROVIDE EDUCATIONAL
(12) LAKE QUINAULT SCHOOL DISTRICT 6130 STATE HWY 101 AMANDA PARK, WA 98526	91-0997236		140,932.				PROVIDE EDUCATIONAL

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Schedule I (Form 990) (2015)



**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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(1) LAND O'LAKES INC 4001 LEXINGTON AVE NORTH	41-0365145		90,637.				PROVIDE SUPPORT FOR
(2) LAUDERDALE COUNTY SCHOOL DISTRICT 402 S. WASHINGTON STREET RIPLEY, TN 38063	62-6000707		31,525.				PROVIDE EDUCATIONAL
(3) LEE COUNTY SCHOOL DISTRICT-SC 521 PARK STREET BISHOPVILLE, SC 29010	57-6000377		206,080.				PROVIDE EDUCATIONAL
(4) MARION COUNTY BOARD OF EDUCATION 1010 HWY 13 NORTH COLUMBIA, MS 39429	64-6000671		258,737.				PROVIDE EDUCATIONAL
(5) MASON CO BOARD OF EDUCATION 1200 MAIN STREET POINT PLEASANT, WV 25550	55-6000353		76,594.				PROVIDE EDUCATIONAL
(6) MCCREARY CO. BOARD OF EDUCATION 120 RAIDER WAY STEARNS, KY 42647	61-6001376		120,488.				PROVIDE EDUCATIONAL
(7) MCDOWELL COUNTY BOE 30 CENTRAL AVE WELCH, WV 24801	55-6000356		81,113.				PROVIDE EDUCATIONAL
(8) MENDOTA UNIFIED SCHOOL DISTRICT 115 MCCABE AVENUE MENDOTA, CA 93640	77-0406030		65,968.				PROVIDE EDUCATIONAL
(9) MERCY CORPSRPS 45 SW ANKENY ST PORTLAND, OR 97204	91-1148123	501 (C) 3	836,255.				GENERATE, CAPTURE, D
(10) MIAMI AREA UNIFIED S.D. #40 P.O. BOX 2070 MIAMI, AZ 85539	86-6000456		6,256.				PROVIDE EDUCATIONAL
(11) MISSOURI CHILD CARE RESOURCE & REFERRAL NET 1000 EXECUTIVE PARKWAY DR STE 103	43-1821038		59,998.				PROVIDE EDUCATIONAL
(12) MORGAN CO BOARD OF EDUCATION 136 FLAT FORK RD WARTBURG, TN 37887	62-6000772		417,388.				PROVIDE EDUCATIONAL

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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<b>(1)</b> MOUND BAYOU SCHOOL DISTRICT 201 GREEN STREET MOUND BAYOU, MS 38762	64-0802373	501 (C) 3	124,960.				PROVIDE EDUCATIONAL
<b>(2)</b> NATIONAL PARK COMMUNITY COLLEGE 101 COLLEGE DRIVE HOT SPRINGS, AR 71913	71-0445211		10,327.				AID IN DEVELOPING TH
<b>(3)</b> NEIGHBORS IN NEED OF SERVICES, INC. 402 W. ROBERTSON SAN BENITO, TX 78587	74-2574527	501 (C) 3	20,956.				DESIGNATED FUNDING F
<b>(4)</b> NEW AMERICA FOUNDATION 1899 L STREET NW WASHINGTON, DC 20036	52-2096845		172,783.				SUPPORT YOUTHSAVE PR
<b>(5)</b> NORTH CONEJOS SCHOOL DISTRICT R-1 PO BOX 72 LA JARA, CO 81140	84-6001052		25,137.				PROVIDE EDUCATIONAL
<b>(6)</b> NORTHWEST ARKANSAS CHILD CARE RESOURCE & RE 614 E EMMA AVE SPRINGDALE, AR 72764	71-0780981	501 (C) 3	20,695.				PROVIDE EDUCATIONAL
<b>(7)</b> OCEAN BEACH UNIFIED SCHOOL DIST 500 WASHINGTON AVE LONG BEACH, WA 98631	91-0972358		61,224.				PROVIDE EDUCATIONAL
<b>(8)</b> OIC INTERNATIONAL 1120 G STREET NW WASHINGTON, DC 20005	23-1726113	501 (C) 3	10,700.				GENERATE, CAPTURE, D
<b>(9)</b> ONAGA USD 322 500 HIGH STREET ONAGA, KS 66521	48-0721306		16,249.				PROVIDE EDUCATIONAL
<b>(10)</b> ORANGEBURG CONSOLIDATE SD FIVE 578 ELLIS AVE ORANGEBURG, SC 29115	57-6000772		189,026.				PROVIDE EDUCATIONAL
<b>(11)</b> OSKALOOSA USD 341 404 PARK ST OSKALOOSA, KS 66066	48-6034902		26,038.				PROVIDE EDUCATIONAL
<b>(12)</b> OWSLEY COUNTY BOARD OF EDUCATION ROUTE 3 BOONEVILLE, KY 41314	61-6001246		212,360.				PROVIDE EDUCATIONAL

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(1) PALLADIUM INTERNATIONAL, LLC 1331 PENNSYLVANIA AVENUE NC	26-1509671		40,286.				SUPPORT TO STRENGTHEN
(2) PARSONS USD #503 PO BOX 1056 PARSONS, KS 67357	48-6040371		47,102.				PROVIDE EDUCATIONAL
(3) PATH RESUSCITATION OUTCOMES - HO 2201 WESTLAKE AVE SEATTLE, WA 98121	91-1157127		12,237.				TO PROVIDE SUPPORT F
(4) PCI - PROJECT CONCERN INTERNATIONAL 5151 MURPHY CANYON ROAD	95-2248462	501 (C) 3	65,000.				PROVIDE SUPPORT FOR
(5) PERRY CO. BOARD OF EDUCATION 315 PARK AVE. HAZARD, KY 41701	61-6001294		419,794.				PROVIDE EDUCATIONAL
(6) PERRY COUNTY BOARD OF ED. 333 S MILL ST LINDEN, TN 37096	62-6000787		92,402.				PROVIDE EDUCATIONAL
(7) PITTSBURG SCHOOL DISTRICT USD 250 510 DEILL ST PITTSBURG, KS 66762	48-6041349		255,466.				PROVIDE EDUCATIONAL
(8) PLEASANT VIEW SCHOOL DISTRICT 14004 ROAD 184 PORTERVILLE, CA 93257	77-0563833		54,986.				PROVIDE EDUCATIONAL
(9) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE. CAMBRIDGE, MA 02138	04-2103580		74,656.				SUPPORT TO IMPROVE T
(10) PYRAMID LAKE PAIUTE TRIBE 208 CAPITOL HILL NIXON, NV 89424	88-0058154		32,767.				PROVIDE EDUCATIONAL
(11) QUITMAN COUNTY DEV'T ORG, INC PO BOX 386 MARKS, MS 38646	64-0629668	501 (C) 3	77,179.				PROVIDE EDUCATIONAL
(12) RAYMOND SCHOOL DISTRICT 116 1016 COMMERCIAL ST. RAYMOND, WA 98577	91-0971941		20,743.				PROVIDE EDUCATIONAL

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<b>(1)</b> REACH OUT AND READ 89 SOUTH STREET BOSTON, MA 02111	04-3481253	501 (C) 3	550,000.				SUPPORT WORK WITH AR
<b>(2)</b> ROANE CO BOARD OF EDUCATION 813 CAPITOL STREET SPENCER, WV 25276	55-6000396		150,817.				PROVIDE EDUCATIONAL
<b>(3)</b> SAN CARLOS UNIFIED SCHOOL DISTRICT P.O. BOX 207 SAN CARLOS, AZ 85550	86-6000454		52,607.				PROVIDE EDUCATIONAL
<b>(4)</b> SAN DIEGO RIVERSIDE CHARTER SCHOOL 504 MISSION ROAD JEMEZ PUEBLO, NM 87024	85-0464915		55,437.				PROVIDE EDUCATIONAL
<b>(5)</b> CLINTON HEALTH ACCESS INTIATIVE 383 DORCHESTER AVENUE BOSTON, MA 02127	27-1414646	501 (C) 3	40,128.				SUPPORT A BOTTLENECK
<b>(6)</b> COUNTY OF RIO CONSOLIDATED SCHOOL DISTRICT 345 E PROSPECT AVE MONTE VISTA, CO 81144	84-6001901		13,215.				PROVIDE EDUCATIONAL
<b>(7)</b> THE MANOFF GROUP 4301 CONNECTICUT AVE NW	04-3030192		190,331.				SUPPORT FOR SOCIAL A
<b>(8)</b> SCHUYLER COMMUNITY SCHOOL 2404 DENVER STREET SCHUYLER, NE 68661	47-0535355		38,309.				PROVIDE EDUCATIONAL
<b>(9)</b> SOUTH BEND SCHOOL DISTRICT 405 E. 1ST ST. SOUTH BEND, WA 98586	91-0999640		32,152.				PROVIDE EDUCATIONAL
<b>(10)</b> SOUTH CONEJOS SCHOOL DISTRICT PO BOX 398 ANTONITO, CO 81120	84-6001045		82,171.				PROVIDE EDUCATIONAL
<b>(11)</b> ST. CHARLES SCHOOL 355 SAN CARLOS AVE. SAN CARLOS, AZ 85550	86-0393097		27,000.				PROVIDE EDUCATIONAL
<b>(12)</b> ST. MARTIN PARISH SCHOOL BOARD 305 WASHINGTON STREET	72-6001274		39,017.				PROVIDE EDUCATIONAL

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

06-0726487

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> SUNNYSIDE UNION SCHOOL DISTRICT 21644 AVENUE 196 STRATHMORE, CA 93267	77-056330		60,403.				PROVIDE EDUCATIONAL
<b>(2)</b> TAHOLAH SCHOOL DISTRICT 600 CHITWHIN DR TAHOLAH, WA 98587	91-6215570		126,293.				PROVIDE EDUCATIONAL
<b>(3)</b> TANGO INTERNATIONAL, INC. 406 S. 4TH AVENUE TUSCON, AZ 85701	86-0945589		640,248.				SUPPORT VARIOUS RESI
<b>(4)</b> TERRA BELLA UNION SCHOOL DISTRICT 9121 ROAD 240 TERRA BELLA, CA 93270	77-0563826		36,727.				PROVIDE EDUCATIONAL
<b>(5)</b> THE BOARD OF TRUSTEES OF UNIVERSITY OF ILLI 506 S. WRIGHT STREET URBANA, IL 61801	37-6000511	501(C)(3)AND 11	16,000.				SUPPORT FOR THE JOUR
<b>(6)</b> THE FAMILY CONSERVANCY 444 MINNESOTA AVE KANSAS CITY, MO 66101	44-0454800		30,725.				AID IN DEVELOPING TH
<b>(7)</b> TIPTON COUNTY BOARD OF EDUCATION 1580 HWY 51S COVINGTON, TN 38019	62-6000870		57,822.				PROVIDE EDUCATIONAL
<b>(8)</b> TIPTON SCHOOL DISTRICT PO BOX 787 TIPTON, CA 93272	91-1883652		63,634.				PROVIDE EDUCATIONAL
<b>(9)</b> TULSA PARTNERS, INC PO BOX 2192 TULSA, OK 74101	73-1604421	501 (C) 3	20,427.				DESIGNATED FUNDING F
<b>(10)</b> UNIFIED SCHOOL DISTRICT # 508 - BAXTER SPRI 1108 MILITARY BAXTER SPRINGS, KS 66713	48-6041681		26,175.				PROVIDE EDUCATIONAL
<b>(11)</b> UNIFIED SCHOOL DISTRICT #210 205 E 6TH ST HUGOTON, KS 67951	48-0724334		14,435.				PROVIDE EDUCATIONAL
<b>(12)</b> UNIFIED SCHOOL DISTRICT NO.404 PO BOX 290 RIVERTON, KS 66770	48-0699378		50,219.				PROVIDE EDUCATIONAL

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<b>(1)</b> UNION COUNTY SCHOOL DISTRICT 130 WEST MAIN ST UNION, SC 29739	57-6004861		98,577.				PROVIDE EDUCATIONAL
<b>(2)</b> UNIONTOWN USD 235 601 FIFTH UNIONTOWN, KS 66779	48-0720518		6,918.				PROVIDE EDUCATIONAL
<b>(3)</b> UNIVERSITY CITY CHILDREN'S CENTER-LUME INST 6646 VERNON AVENUE ST. LUIS, MO 63130	43-0858608		30,275.				AID IN DEVELOPING TH
<b>(4)</b> USD # 286 -- CHAUTAUQUA CO. 302 N. SHERMAN SEDAN, KS 67361	48-0721024		16,869.				PROVIDE EDUCATIONAL
<b>(5)</b> USD #445 - COFFEYVILLE 615 ELLIS COFFEYVILLE, KS 67337	48-0698616		100,604.				PROVIDE EDUCATIONAL
<b>(6)</b> USD 434 SANTA FE TRAIL 1663 E US HWY 56 CARBONDALE, KS 66414	48-0721401		30,184.				PROVIDE EDUCATIONAL
<b>(7)</b> USD 440 HALSTEAD-BENTLEY 521 WEST 6TH ST HALSTEAD, KS 67056	48-0720776		32,787.				PROVIDE EDUCATIONAL
<b>(8)</b> USD 493 COLUMBUS 802 S HIGH SCHOOL COLUMBUS, KS 66725	48-0724445		12,790.				PROVIDE EDUCATIONAL
<b>(9)</b> USD 505 CHETOPA-ST.PAUL 430 ELM STREET CHETOPA, KS 67336	48-6039273	501 (C) 3	42,414.				PROVIDE EDUCATIONAL
<b>(10)</b> VISALIA UNIFIED SCHOOL DISTRICT 5000 WEST CYPRESS AVENUE VISALIA, CA 93277	77-0531549		34,583.				PROVIDE EDUCATIONAL
<b>(11)</b> WASHINGTON PARISH SCHOOL DISTRICT 800 MAIN STREET FRANKLINTON, LA 70438	72-6001459		37,655.				PROVIDE EDUCATIONAL
<b>(12)</b> WASHINGTON UNIVERSITY IN ST. LOUIS, ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611		542,798.				SUPPORT YOUTHSAVE PR

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(1) WEST TALLAHATCHIE SCHOOL DISTRICT 1096 FRIENDSHIP RD W. SUMNER, MS 38966	64-0798045		56,101.				PROVIDE EDUCATIONAL
(2) WHITE RIVER PLANNING & DEVELOPMENT DISTRICT 1652 WHITE DRIVE BATESVILLE, AR 72501	71-0398870	501 (C) 3	16,131.				AID IN DEVELOPING TH
(3) WHITLEY CO BOARD OF ED 300 MAIN STREET WILLIAMSBURG, KY 40769	61-6001378		436,241.				PROVIDE EDUCATIONAL
(4) WILKINSON COUNTY SCHOOL DISTRICT 488 MAIN ST WOODVILLE, MS 39669	64-6001230		33,458.				PROVIDE EDUCATIONAL
(5) WILLISTON SCHOOL DISTRICT 29 OFFICE OF FINANCE WILLISTON, SC 29853	57-6001201		99,472.				PROVIDE EDUCATIONAL
(6) WILSONA SCHOOL DISTRICT 18050 EAST AVENUE O PALMDALE, CA 93591	95-6003534		67,045.				PROVIDE EDUCATIONAL
(7) WINNEBAGO TRIBE OF NEBRASKA P.O. BOX 687 WINNEBAGO, NE 68071	47-0489118		46,367.				PROVIDE EDUCATIONAL
(8) WORLD FOOD LOGISTICS ORGANIZATION 1500 KING STREET ALEXANDRIA, VA 22314	36-2181657		84,956.				TO CONDUCT EVALUATIO
(9) YOUTH & FAMILY SERVICES, INC. PO BOX 1207 EL RENO, OK 73036	73-0970667		8,584.				DOMESTIC EMERGENCY F
(10) SAVE THE CHILDREN ACTION NETWORK, INC. 899 NORTH CAPITAL NE WASHINGTON, DC 20002	46-5465189	501(C)4	6,737,294.				SUPPORT ADVOCACY WOR
(11) ALAMOSA SCHOOL DISTRICT 209 VICTORIA AVE. ALAMOSA, CO 81101	84-6011793			17,598.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
(12) AMITE COUNTY SCHOOL DISTRICT 333 MAGGIE STREET LIBERTY, MS 39645	64-6000075			34,341.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL

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<b>(1)</b> AUGUSTA PUBLIC SCHOOL 320 SYCAMORE AUGUSTA, AR 72006	71-6020508			15,731.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(2)</b> BARNWELL COUNTY SCHOOL DISTRICT #19 297 PASCALLAS STREET BLACKVILLE, SC 29817	57-6000126			14,800.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(3)</b> BARNWELL SCHOOL DISTRICT #45 770 HAGOOD AVENUE BARNWELL, SC 29812	57-6000126			36,410.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(4)</b> BAUXITE SCHOOL DISTRICT 800 SCHOOL STREET BAUXITE, AR 72011	71-6020959			32,426.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(5)</b> BELLS CITY SCHOOL 4532 HWY 88 SOUTH BELLS, TX 38006	62-6000245			13,613.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(6)</b> BONANZA BUYING CENTER 629 HUMMINGBIRD ROAD DUNCAN, MS 38740	64-0923097	501(C)(3)		10,343.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(7)</b> CALHOUN COUNTY BOARD OF EDUCATION 540 ALAN MOLLOHAN DRIVE MT. ZION, WV 26151	55-6000309			8,614.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(8)</b> CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY 700 N VIRGEN DE SAN JUAN BLVD, 4	72-0536647			8,142.	FMV	VARIOUS GIK	GIK IN TEXAS TO HELP
<b>(9)</b> CLARENDON COUNTY SCHOOL DISTRICT 1 P.O. BOX 38 SUMMERTON, SC 29148	57-0481945			20,489.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(10)</b> CLAY COUNTY BOARD OF EDUCATION 128 RICHMOND ROAD MANCHESTER, KY 40962	61-6001320			95,775.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(11)</b> COAHOMA COUNTY SCHOOL DISTRICT 1555 LEE DRIVE CLARKSDALE, MS 38614	64-6000266			8,461.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(12)</b> COCKE CO BOARD OF EDUCATION 305 HEDRICK DRIVE NEWPORT, TN 37821	62-6000539			54,121.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL

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<b>(1)</b> COLLABORATIVE FOR CHILDREN 1111 NORTH LOOP WEST, SUITE 600	76-0228065			10,000.	FMV	VARIOUS GIK	PURCHASE MATERIALS F
<b>(2)</b> FORREST CITY PUBLIC SCHOOLS 625 IRVING STREET FORREST CITY, AR 72335	71-6020499			13,556.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(3)</b> HARDEMAN COUNTY BOE PO BOX 112 BOLIVAR, TN 38008	62-6000649			8,113.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(4)</b> HAYWOOD COUNTY SCHOOL DISTRICT 900 E. MAIN STREET BROWNSVILLE, TN 38012	62-6000659			5,915.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(5)</b> HELENA-WEST HELENA SCHOOL DISTRICT PO BOX 369 HELENA, AR 72342	71-6020534			34,708.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(6)</b> HOPE PUBLIC SCHOOL DISTRICT 117 EAST SECOND STREET HOPE, AR 71801	71-6021044			43,729.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(7)</b> JACKSON COUNTY BOARD OF EDUCATION PO BOX 217 MCKEE, KY 40447	61-6001324			72,710.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(8)</b> JEFFERSON DAVIS SCHOOL DISTRICT 1025 3RD STREET PRENTISS, MS 39474	64-6009027			24,823.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(9)</b> KINGS CANYON UNIFIED SCHOOL DIST. 675 WEST MANNING REEDLEY, CA 93654	58-2103066			91,410.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(10)</b> KNOTT CO BOARD OF EDUCATION 1156 HINDMAN BY PASS HINDMAN, KY 41822	61-6001297			50,585.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(11)</b> LAKE QUINAULT SCHOOL DISTRICT 6130 STATE HWY 101 AMANDA PARK, WA 98526	91-0997236			5,400.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(12)</b> LAUDERDALE COUNTY SCHOOL DISTRICT 402 S. WASHINGTON STREET RIPLEY, TN 38063	62-6000707			32,841.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL

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<b>(1)</b> LEE COUNTY SCHOOL DISTRICT-SC 521 PARK STREET BISHOPVILLE, SC 29010	57-6000377			42,204.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(2)</b> MARION COUNTY BOARD OF EDUCATION 1010 HWY 13 NORTH COLUMBIA, MS 39429	64-6000671			55,715.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(3)</b> MASON CO BOARD OF EDUCATION 1200 MAIN STREET POINT PLEASANT, WV 25550	55-6000353			5,355.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(4)</b> MCCREARY CO. BOARD OF EDUCATION 120 RAIDER WAY STEARNS, KY 42647	61-6001376			75,757.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(5)</b> MORGAN CO BOARD OF EDUCATION 136 FLAT FORK RD WARTBURG, TN 37887	62-6000772			50,836.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(6)</b> MOUND BAYOU SCHOOL DISTRICT 201 GREEN STREET MOUND BAYOU, MS 38762	64-0802373	501(C)(3)		12,339.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(7)</b> OCEAN BEACH UNIFIED SCHOOL DIST 500 WASHINGTON AVE LONG BEACH, WA 98631	91-0972358			19,504.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(8)</b> ORANGEBURG CONSOLIDATE SD FIVE 578 ELLIS AVE ORANGEBURG, SC 29115	57-6000772			26,804.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(9)</b> OWSLEY COUNTY BOARD OF EDUCATION ROUTE 3 BOONEVILLE, KY 41314	61-6001246			20,892.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(10)</b> PERRY CO. BOARD OF EDUCATION 315 PARK AVE. HAZARD, KY 41701	61-6001294			54,811.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(11)</b> PERRY COUNTY BOARD OF ED. 333 S MILL ST LINDEN, TN 37096	62-6000787			19,996.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(12)</b> PLEASANT VIEW SCHOOL DISTRICT 14004 ROAD 184 PORTERVILLE, CA 93257	77-0563833			6,760.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> QUITMAN COUNTY DEV'T ORG, INC PO BOX 386 MARKS, MS 38646	64-0629668	501(C)(3)		14,345.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(2)</b> ROANE CO BOARD OF EDUCATION 813 CAPITOL STREET SPENCER, WV 25276	55-6000396			5,067.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(3)</b> SOUTH BEND SCHOOL DISTRICT 405 E. 1ST ST. SOUTH BEND, WA 98586	91-0999640			5,620.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(4)</b> SPRING HILL ELEMENTARY 1901 HALL AVE. HUNTINGTON, WV 25701	06-0726487	501(C)(3)		7,547.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(5)</b> SUNNYSIDE UNION SCHOOL DISTRICT 21644 AVENUE 196 STRATHMORE, CA 93267	77-05655330			9,145.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(6)</b> TIPTON COUNTY BOARD OF EDUCATION 1580 HWY 51S COVINGTON, TN 38019	62-6000870			59,461.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(7)</b> TIPTON SCHOOL DISTRICT PO BOX 787 TIPTON, CA 93272	91-1883652			10,556.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(8)</b> UNION COUNTY SCHOOL DISTRICT 130 WEST MAIN ST UNION, SC 29739	57-6004861			42,976.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(9)</b> VISALIA UNIFIED SCHOOL DISTRICT 5000 WEST CYPRESS AVENUE VISALIA, CA 93277	77-0531549			36,730.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(10)</b> WEST TALLAHATCHIE SCHOOL DISTRICT 1096 FRIENDSHIP RD W. SUMNER, MS 38966	64-0798045			17,470.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(11)</b> WHITLEY CO BOARD OF ED 300 MAIN STREET WILLIAMSBURG, KY 40769	61-6001378			146,932.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL
<b>(12)</b> WILLISTON SCHOOL DISTRICT 29 OFFICE OF FINANCE WILLISTON, SC 29853	57-6001201			11,926.	FMV	VARIOUS GIK	PROVIDE EDUCATIONAL

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 47.

**3** Enter total number of other organizations listed in the line 1 table ▶ 503.

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

Schedule I (Form 990) (2015)

**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) 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.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SAVE THE CHILDREN FEDERATION, INC. CONDUCTS PERIODIC FINANCIAL AND

PROGRAM REVIEWS 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 THE OFFICE, IN CONJUNCTION WITH THE AREA

**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) 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.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

CONTROLLER, AND TESTED ON A REGULAR BASIS. SAVE THE CHILDREN FEDERATION, INC. HAS ALSO IMPLEMENTED CONTROLS TO ENSURE THAT FUNDS GRANTED TO SAVE THE CHILDREN ACTION NETWORK ARE ONLY USED FOR 501(C)(3)-ALLOWABLE PURPOSES.

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

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

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

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

06-0726487

Part I Questions Regarding Compensation

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

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

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

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a The organization?
b Any related organization?

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

- a The organization?
b Any related organization?

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

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

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-9 with 'X' marks in Yes/No columns.

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CAROLYN S. MILES PRESIDENT/CEO	(i)	429,124.	25,535.	966.	24,192.	19,421.	499,238.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CARLOS CARRAZANA EXECUTIVE VP & COO	(i)	313,509.	18,786.	966.	22,184.	28,326.	383,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MICHAEL KLOSSON VP, POLICY & DHR	(i)	238,868.	14,241.	5,334.	20,998.	19,837.	299,278.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 THOMAS KRIFT VP, STRATEGIC OPERATIONS	(i)	206,474.	8,441.	2,771.	18,193.	26,835.	262,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 KEN MURDOCH VP & CHIEF INFO OFFICER	(i)	214,301.	13,029.	1,806.	19,211.	42,399.	290,746.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 EID NATOUR AVP FINANCE & CFO	(i)	183,616.	10,710.	899.	15,927.	24,137.	235,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 SUSAN RIDGE VP, MARKETING & COMMUN	(i)	246,053.	9,848.	966.	21,428.	10,326.	288,621.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 SUMEET SEAM (AS OF 5/15) VP GEN COUNSEL &ASST SECRETARY	(i)	171,319.	10,000.	263.		24,836.	206,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MARK K. SHRIVER PRESIDENT, SCAN	(i)	42,501.	17,574.	209.	6,666.	11,031.	77,981.	0.
	(ii)	128,384.	0.	631.	10,354.	33,709.	173,078.	0.
10 NANCY A. TAUSSIG VP, RESOURCE DEV (AS OF 2/15)	(i)	250,102.	12,175.	1,806.	21,625.	1,421.	287,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 BRIAN WHITE ACTING GEN. COUNSEL	(i)	189,420.	8,996.	359.	11,339.	21,943.	232,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 ANDREA WILLIAMSON SECRETARY	(i)	130,526.	0.	1,717.	10,634.	10,453.	153,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 ROBERT CLAY VP, HEALTH & NUTRITION	(i)	210,292.	0.	2,772.	1,402.	1,398.	215,864.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 DAVID KAUCK SR ADVISOR, HUNGER & LIVLIHOOD	(i)	156,282.	6,202.	2,086.	13,073.	1,305.	178,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 SHAWN A. MOOD VP & CHIEF HR OFFICER	(i)	225,082.	11,495.	630.	13,915.	27,031.	278,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 GREGORY RAMM VP, HUMANITARIAN RESPONSE	(i)	191,592.	7,123.	1,797.	17,268.	30,591.	248,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL N. STONER AVP, EDUCATION & CHILD DEV	(i)	175,048.	10,800.	865.	15,907.	26,759.	229,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 NATALIE VEGA-O'NEIL AVP, US PROGRAMS (AS OF 4/15)	(i)	168,296.	9,696.	322.	14,914.	26,029.	219,257.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 STEPHEN R. HODGINS SR. ADVISOR NEWBORN HEALTH	(i)	187,924.	0.	1,721.	15,326.	16,910.	221,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DANA L. LANGHAM AVP, CHIEF CORP DEV OFFICER	(i)	205,901.	11,400.	1,775.	15,961.	1,398.	236,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CAROLYN A. LOFTUS DIRECTOR PROGRAM & OPS QUALITY	(i)	180,454.	7,355.	579.	16,003.	24,993.	229,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DIANA MYERS VP, INTERNATIONAL PROGRAMS	(i)	242,410.	14,241.	2,772.	20,562.	2,621.	282,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MICHAEL O'NEILL DIR GLOBAL SAFETY & SECURITY	(i)	186,883.	0.	2,668.	15,456.	26,810.	231,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JANINE L. SCOLPINO AVP, MASS MARKET FUNDRAISING	(i)	198,280.	12,175.	966.	17,824.	26,812.	256,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 3

COMPENSATION REVIEW

THE COMPENSATION COMMITTEE OF THE BOARD, CONSISTING OF INDEPENDENT BOARD MEMBERS, CONDUCTS AN ANNUAL REVIEW AND APPROVAL PROCESS OF THE COMPENSATION OF THOSE EMPLOYEES IN POSITIONS HAVING A SIGNIFICANT LEVEL OF INFLUENCE WITHIN THE ORGANIZATION, AS DEFINED BY THE INTERNAL REVENUE SERVICE. THE PURPOSE OF THIS PROCESS, KNOWN AS AN INTERMEDIATE SANCTIONS/EXCESS BENEFITS REVIEW, IS TO ENSURE THAT NO SUCH PERSON IS RECEIVING EXCESSIVE COMPENSATION (INCLUDING SALARY, ANY BONUS, AND BENEFITS). THE COMMITTEE MEETS THE REBUTTABLE PRESUMPTION ESTABLISHED BY THE IRS THROUGH THE FOLLOWING PROCESS:

- 1) THE COMMITTEE OBTAINS THE COMPENSATION OF INDIVIDUALS PERFORMING SIMILAR SERVICES IN SIMILAR ORGANIZATIONS IN DETERMINING THAT THE COMPENSATION OF PERSONS REVIEWED AT SAVE THE CHILDREN IS ROUGHLY COMPARABLE AND REASONABLE. THAT COMPARABILITY DATA IS ASSEMBLED USING EXTERNALLY DEVELOPED BENCHMARKING SURVEYS, AS WELL AS COMPARABLE ORGANIZATION 990S AND ANNUAL REPORTS;
- 2) THE COMMITTEE MEETS TO REVIEW THIS EXTERNAL COMPENSATION DATA WITH THE COMPENSATION OF THESE INDIVIDUALS AT SAVE THE CHILDREN AND TO MAKE

**Part III Supplemental Information**

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

DETERMINATIONS ABOUT THE REASONABLENESS OF SUCH COMPENSATION;

3) DETERMINATIONS OF THE COMMITTEE AND THE BASIS FOR SUCH DETERMINATIONS ARE RECORDED CONTEMPORANEOUSLY IN THE WRITTEN MINUTES OF THAT MEETING.

THESE DETERMINATIONS ARE SHARED WITH THE FULL BOARD OF TRUSTEES, AND;

4) COMPENSATION IS ALSO REVIEWED BY OUTSIDE ADVISORS. THE LAST TIME THE COMPENSATION COMMITTEE OF THE BOARD REVIEW OCCURRED WAS IN FEBRUARY 2015.

SCHEDULE J, PART I, LINE 4A

KATHY SPANGLER RECEIVED A SEVERANCE PAYMENT OF \$59,337 WHICH IS REPORTED ON SCHEDULE J, COLUMN B(III).

SCHEDULE J, PART I, LINE 7

LUMP-SUM PAYMENTS (AS A PERCENTAGE OF BASE SALARY) BASED ON A COMBINATION OF INDIVIDUAL PERFORMANCE AND ORGANIZATIONAL PERFORMANCE WERE MADE TO ELIGIBLE INDIVIDUALS. SCHEDULE J, PART II, COLUMN B(II) REFLECTS THESE PAYMENTS TO MILES, CARRAZANA, KLOSSON, KRIFT, LOFTUS, MURDOCH, MYERS, OOT, RIDGE, SCOLPINO, SHRIVER, STONER, TAUSSIG, SEAM, MOOD, NATOUR, BRANDOM, WHITE, VEGA-O'NEIL, KAUCK, RAMM AND LANGHAM.

**Part III Supplemental Information**

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

SCHEDULE J, PART II, COLUMN A

B. WHITE'S TERM AS AN OFFICER ENDED IN JUNE OF 2015. E. NATOUR'S TERM AS AN OFFICER ENDED IN MAY OF 2015. HOWEVER, BOTH INDIVIDUALS REMAINED EMPLOYED WITH SCUS FOR THE DURATION OF 2015 IN DIFFERENT ROLES. THE COMPENSATION REPORTED ON PART VII AND SCHEDULE J FOR BOTH INDIVIDUALS REPRESENTS THEIR COMPENSATION FOR THE ENTIRE YEAR, INCLUDING THE PORTION OF TIME NOT SPENT AS OFFICERS.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **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.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open To Public Inspection**

Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

06-0726487

**Part I**

**Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . . ▶							\$						

**Part III**

**Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose 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) 2015

**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	(e) Sharing of organization's revenues?	
				Yes	No
(1) COLLETTE RAMM (UNTIL 9/2015)	FAMILY MEMBER - G RAMM	43,038.	COMPENSATION		X
(2) ROSEMARY TRENT	FAMILY MEMBER - D STONER	16,979.	COMPENSATION		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

06-0726487

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		1,109,521.	FMV
5 Clothing and household goods . . . . .	X		4,647,965.	FMV
6 Cars and other vehicles . . . . .	X	3.	113,238.	FMV
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	9.	65,741,148.	FMV
20 Drugs and medical supplies . . . . .	X	26.	2,225,180.	FMV
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1) . . . . .		21.	1,122,837.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

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

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

Schedule M (Form 990) (2015)

JSA

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

SCHEDULE M, PART I

NONCASH CONTRIBUTIONS

VARIOUS AGRICULTURAL COMMODITIES AND OTHER MISCELLANEOUS SUPPLIES

RECEIVED FOR THE PURPOSE OF FAMINE, MEDICAL AND EDUCATIONAL RELIEF

EFFORTS.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
SCHOOL SUPPLIES	X	1.	2,987.	FMV
TOYS	X	5.	206,533.	FMV
TRAINING COURSES	X	5.	196,241.	FMV
EMERGENCY SHELTER MATERIA	X	8.	161,913.	FMV
OFFICE FURNITURE	X	1.	5,163.	FMV
SOFTWARE	X	1.	550,000.	FMV
TOTALS		<u>21.</u>	<u>1,122,837.</u>	



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

**2015****Open to Public  
Inspection**

Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

06-0726487

FORM 990, PART III, LINE 4

SAVE THE CHILDREN BELIEVES EVERY CHILD DESERVES A FUTURE. IN THE UNITED STATES AND AROUND THE WORLD, WE WORK EVERY DAY TO GIVE CHILDREN A HEALTHY START IN LIFE, THE OPPORTUNITY TO LEARN AND PROTECTION FROM HARM. WHEN CRISIS STRIKES, AND CHILDREN ARE MOST VULNERABLE, WE ARE ALWAYS AMONG THE FIRST TO RESPOND AND THE LAST TO LEAVE. WE ENSURE CHILDREN'S UNIQUE NEEDS ARE MET AND THEIR VOICES ARE HEARD. WE DELIVER LASTING RESULTS FOR MILLIONS OF CHILDREN, INCLUDING THOSE HARDEST TO REACH. WE DO WHATEVER IT TAKES FOR CHILDREN - EVERY DAY AND IN TIMES OF CRISIS - TRANSFORMING THEIR LIVES AND THE FUTURE WE SHARE.

IN 2015, SAVE THE CHILDREN WORKED IN 120 COUNTRIES, INCLUDING THE UNITED STATES, AND REACHED AN ESTIMATED 185 MILLION CHILDREN - INCLUDING MORE THAN 62 MILLION CHILDREN DIRECTLY. OUR FULL REPORT ON 2015 ACCOMPLISHMENTS CAN BE FOUND IN OUR ANNUAL REPORT, RESULTS FOR CHILDREN, AVAILABLE ON OUR WEBSITE. BELOW YOU WILL FIND HIGHLIGHTED EXCERPTS FROM THE REPORT.

PROGRAM SERVICE REVENUE IS INCLUSIVE OF FEE FOR SERVICE CONTRACT REVENUE ONLY AND EXCLUDES GRANT AND CONTRIBUTION REVENUE WHICH COMPRISES MOST OF SCUS REVENUE. EXPENSES, HOWEVER, ARE INCLUSIVE OF ALL FUNDING SOURCES.

FORM 990, PART III, LINE 4A

EMERGENCIES

Name of the organization SAVE THE CHILDREN FEDERATION, INC.	Employer identification number 06-0726487
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IN ADDITION TO OUR EMERGENCY EFFORTS IN THE UNITED STATES AND OTHER MEMBER-SUPPORTED RESPONSES, SAVE THE CHILDREN RESPONDED TO 99 HUMANITARIAN CRISES IN 59 COUNTRIES IN 2015, DIRECTLY REACHING 13.8 MILLION PEOPLE, INCLUDING 7.1 MILLION VULNERABLE CHILDREN AROUND THE WORLD.

WE PROVIDED SUPPORT TO THE CHILDREN AND FAMILIES DISPLACED BY THE CONFLICTS IN SYRIA, IRAQ, NIGERIA, SOUTH SUDAN AND YEMEN. WE ALSO PROVIDED IMMEDIATE, LIFESAVING RELIEF TO CHILDREN AND FAMILIES WHO SUFFERED FROM NEPAL'S TWO DEVESTATING EARTHQUAKES, DIRECTLY REACHING MORE THAN 500,000 CHILDREN AND ADULTS WITH VITAL RELIEF AND RECOVERY SUPPORT. IN 2015, SAVE THE CHILDREN TEAMS ALSO CONTINUED TO WORK TIRELESSLY FOR THE MORE THAN 1 MILLION REFUGEE CHILDREN AND THEIR FAMILIES, OFFERING VITAL FOOD, WATER, BLANKETS, BABY FOOD AND OTHER SUPPLIES. LAST YEAR, WE REACHED 4 MILLION REFUGEES, INCLUDING 2 MILLION CHILD REFUGEES, WITH LIFESAVING CARE AND SUPPORT.

IN THE UNITED STATES, WE ADDRESSED THE NEEDS OF CHILDREN AFFECTED BY DISASTERS IN SOUTH CAROLINA, TEXAS AND OKLAHOMA AND LED PREPAREDNESS EFFORTS REACHING MORE THAN 227,000 PEOPLE, INCLUDING MORE THAN 76,000 CHILDREN. IN ADDITION TO RELIEF AND RECOVERY WORK, SAVE THE CHILDREN HAS BEEN AT THE FOREFRONT OF OUR COUNTRY'S EMERGENCY PREPAREDNESS WORK.

TOTAL EMERGENCY PROGRAM SERVICES EXPENSES: 117,140,823  
INCLUDING GRANTS TO OTHER AGENCIES: 91,295,153

Name of the organization SAVE THE CHILDREN FEDERATION, INC.	Employer identification number 06-0726487
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TOTAL PROGRAM REVENUE: 6,635,190

FORM 990, PART III, LINE 4B

SAVE THE CHILDREN IS DEDICATED TO ENSURING EVERY CHILD HAS A HEALTHY START. IN 2015, SAVE THE CHILDREN SUPPORTED THE DELIVERY OF HIGH-IMPACT HEALTH CARE TO 22.6 MILLION CHILDREN AND DIRECTLY REACHED ANOTHER 11.1 MILLION CHILDREN THROUGH OUR NUTRITION PROGRAMS.

OUR WORK LED TO 6.8 MILLION LIFESAVING HEALTH INTERVENTIONS - INCLUDING FOR CONDITIONS LIKE MALARIA, PNEUMONIA, DIARRHEA AND MALNUTRITION. WE ENSURED SKILLED BIRTH ATTENDANTS WERE PRESENT AT MORE THAN 870,000 BIRTHS, GIVING MOTHERS AND BABIES A HEALTHY START. IN ADDITION, SAVE THE CHILDREN CO-FUNDED RESEARCH THAT DEMONSTRATED THE EFFECTIVENESS OF SIMPLIFIED ANTIBIOTIC TREATMENT BY TRAINED HEALTH WORKERS FOR NEWBORNS WITH SEVERE BACTERIAL INFECTIONS, WHEN HOSPITALIZATION IS NOT POSSIBLE. WE INTRODUCED MATERNAL, NEWBORN AND CHILD HEALTH CARE AND NUTRITION AS A NEW AREA OF OUR SPONSORSHIP WORK. AND IN BANGLADESH, WE HELPED REDUCE NEONATAL DEATHS BY SCALING UP AN EFFICIENT, LOW-COST PRACTICE THAT PREOTECTS NEWBORNS FROM LIFE-THREATENING INFECTIONS.

IN THE U.S., OUR HEALTHY CHOICES PROGRAM ENCOURAGES CHILDREN TO MAKE HEALTHY FOOD CHOICES AND LEAD HEALTHIER LIVES THROUGH EXPOSURE TO PHYSICAL ACTIVITY, HEALTHY FOODS, AND NUTRITION EDUCATION. IN 2015, WE PROVIDED OUR HEALTHY CHOICES PROGRAM ACROSS 14 STATES, DIRECTLY REACHING NEARLY 28,000 CHILDREN. EIGHTY-NINE PERCENT OF U.S. CHILDREN IN OUR HEALTHY CHOICES PROGRAM SHOWED INCREASED NUTRITION KNOWLEDGE.

Name of the organization SAVE THE CHILDREN FEDERATION, INC.	Employer identification number 06-0726487
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TOTAL HEALTH PROGRAM SERVICES EXPENSES: 173,307,571

INCLUDING GRANTS TO OTHER AGENCIES: 135,026,755

RELATED PROGRAM REVENUE: 193,567

FORM 990, PART III, LINE 4C

EDUCATION

SAVE THE CHILDREN IS DEDICATED TO ENSURING EVERY CHILD HAS THE OPPORTUNITY TO LEARN. IN 2015, WE SUPPORTED QUALITY EDUCATION FOR CHILDREN IN NEED AROUND THE WORLD, DIRECTLY REACHING 12.2 MILLION CHILDREN AROUND THE WORLD.

LAST YEAR, WE NOT ONLY LAUNCHED LITERACY BOOST IN EIGHT MORE COUNTRIES, FOR A TOTAL OF 32, BUT WE ARE SEEING A SIGNIFICANT "RIPPLE EFFECT." BY LEVERAGING PROGRAM LEARNINGS WITH A BROAD RANGE OF PUBLIC AND PRIVATE PARTNERS, WE HAVE EXPANDED THE REACH OF OUR LITERACY WORK TO MORE THAN 50 MILLION CHILDREN AROUND THE WORLD. IN AN UNPRECEDENTED 20 COUNTRIES, GOVERNMENTS HAVE INTEGRATED LITERACY BOOST CORE CONCEPTS AND STRATEGIES INTO THEIR EDUCATION PROGRAMS. USING SAVE THE CHILDREN'S EFFECTIVE GLOBAL ASSESSMENT TOOL, IDELA (INTERNATIONAL DEVELOPMENT AND EARLY LEARNING ASSESSMENT), WE ARE MEASURING THE IMPACT AND BUILDING THE EVIDENCE BASE FOR OUR EARLY CHILDHOOD CARE AND DEVELOPMENT PROGRAMS. IN 2015, THE TOOL ATTRACTED STRONG INTEREST FROM DONORS, IMPLEMENTING PARTNERS AND ADVOCATES, AND IS GAINING MOMENTUM IN 29 COUNTRIES.

IN THE U.S., SAVE THE CHILDREN HELPS CHILDREN SUCCEED AND ACHIEVE

Name of the organization SAVE THE CHILDREN FEDERATION, INC.	Employer identification number 06-0726487
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GRADE-LEVEL READING. OUR EARLY STEPS TO SCHOOL SUCCESS PROGRAM PUTS AT-RISK BABIES AND TODDLERS ON TRACK FOR SCHOOL READINESS. OUR SCHOOL-AGE LITERACY PROGRAM HELPS STRUGGLING STUDENTS IN HIGH-POVERTY SCHOOLS IMPROVE THEIR READING SKILLS. ACCORDING TO 2015 LONGITUDINAL ANALYSIS OF OUR PROGRAM RESULTS, NOT ONLY DO CHILDREN IN OUR PROGRAMS MAKE FASTER ANNUAL READING PROGRESS THAN THEIR CLASSMATES, THOSE WHO PARTICIPATED IN BOTH OUR EARLY CHILDHOOD AND SCHOOL-AGE LITERACY PROGRAMS DO BEST OF ALL. IN FACT, THEY MAKE TWICE THE ANNUAL PROGRESS. IN 2015, WE PROVIDED EARLY EDUCATION, INCLUDING THROUGH HEAD START, AND LITERACY PROGRAMS IN 17 STATES, DIRECTLY REACHING MORE THAN 70,000 U.S. CHILDREN.

TOTAL EDUCATION PROGRAM SERVICES EXPENSES: 106,672,075

INCLUDING GRANTS TO OTHER AGENCIES: 102,497,667

RELATED PROGRAM REVENUE: 1,144,953

#### CHILD PROTECTION

SAVE THE CHILDREN IS DEDICATED TO ENSURING EVERY CHILD IS PROTECTED FROM HARM. IN 2015, SAVE THE CHILDREN SUPPORTED QUALITY FAMILY-BASED CARE AND PROTECTED VULNERABLE CHILDREN FROM HARM AROUND THE WORLD, DIRECTLY REACHING 2.6 MILLION CHILDREN.

WE HELPED EXPAND CASE MANAGEMENT SYSTEMS IN ZAMBIA THAT AIDS FAMILIES IN ACCESSING THE SERVICES THEY NEED TO BETTER CARE FOR THEIR CHILDREN. IN NIGERIA, SAVE THE CHILDREN IS WORKING IN URBAN COMMUNITIES TO HELP THEM PRIORITIZE CHILDREN'S NEEDS AND BUILD CAPACITY TO BETTER CARE FOR AND

Name of the organization SAVE THE CHILDREN FEDERATION, INC.	Employer identification number 06-0726487
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PROTECT THEIR CHILDREN. AND IN POST-CONFLICT NORTHERN UGANDA, WE'RE BUILDING POSITIVE PARENTING PRACTICES THROUGH OUR INNOVATIVE REAL FATHERS INITIATIVE. RESULTS FROM 2015 SHOW THAT PARTICIPATING FATHERS WHO USED PHYSICAL PUNISHMENT IN THE PAST SAID THEY WERE LESS LIKELY TO DO SO AND TWICE AS LIKELY TO SPEND QUALITY TIME WITH THEIR CHILDREN IN THE FUTURE.

IN THE U.S., SAVE THE CHILDREN PROVIDED CRITICAL PROTECTION TO CHILDREN IN TIMES OF CRISIS THROUGHOUT THE YEAR. FOR EXAMPLE, DURING THE HISTORIC FLOODS IN SOUTH CAROLINA THIS PAST YEAR, WE SET UP CHILD-FRIENDLY SPACES FOR CHILDREN TO SAFELY PLAY AND BE SUPPORTED BY TRAINED ADULTS AS THEY DEALT WITH STRESS AND UNCERTAINTY FROM THE CHAOS CREATED BY THE FLOODING. WE ALSO OFFERED OUR JOURNEY OF HOPE EMOTIONAL RECOVERY PROGRAM TO HELP CHILDREN AND THEIR CAREGIVERS COPE WITH THE TRAUMA OF CRISIS AND BUILD RESILIENCE TO FUTURE CRISES. SINCE 2007, WE HAVE DELIVERED JOURNEY OF HOPE TO MORE THAN 85,000 CHILDREN IN 10 STATES AND FIVE OTHER COUNTRIES.

TOTAL CHILDREN PROTECTION PROGRAM SERVICES EXPENSES: 23,923,524

INCLUDING GRANTS TO OTHER AGENCIES: 18,639,207

RELATED PROGRAM REVENUE: 8,116

FORM 990, PART III, LINE 4D

HUNGER AND LIVELIHOODS

WITH PROGRAMS IN 30 COUNTRIES, SAVE THE CHILDREN WORKS EVERY DAY TO ENSURE CHILDREN DON'T GO HUNGRY BY PROMOTING BETTER FARMING PRACTICES AND IMPROVING FAMILY RESILIENCE. WE ALSO RESPOND TO EMERGENCY FOOD NEEDS IN

Name of the organization SAVE THE CHILDREN FEDERATION, INC.	Employer identification number 06-0726487
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TIMES OF CRISIS. IN 2015, WE DIRECTLY REACHED 1.3 MILLION CHILDREN THROUGH OUR FOOD SECURITY AND LIVELIHOODS PROGRAMS.

WE WORKED WITH PARTNERS IN BANGLADESH, GUATEMALA, ETHIOPIA AND NEPAL TO STRENGTHEN SYSTEMS AND PROVIDE OPPORTUNITIES THAT ARE IMPROVING THE RESILIENCE OF RURAL FAMILIES, ALLOWING THEM TO RAISE HEALTHY CHILDREN. WE ALSO WORKED TO ADDRESS THE IMMEDIATE NEEDS OF MORE THAN 116,000 CHILDREN AFFECTED BY CRISES IN LIBERIA, MAURITANIA, NIGER, SIERRA LEONE, ZIMBABWE AND YEMEN. OUR INNOVATIVE USE OF TECHNOLOGY HELPS US USE REAL-TIME DATA TO MORE EFFECTIVELY PREDICT AND RESPOND TO FOOD EMERGENCIES AND ADVOCATE ON BEHALF OF AFFECTED COMMUNITIES.

AROUND THE WORLD, 75 MILLION YOUNG PEOPLE, AGES 15 - 24, WANT TO WORK - BUT THEY ARE THREE TIMES MORE LIKELY THAN ADULTS TO BE UNEMPLOYED. SAVE THE CHILDREN IS HELPING THESE VULNERABLE YOUTH IN SEVERAL KEY WAYS - BY ENSURING THEY HAVE THE SKILLS AND SUPPORT TO SUCCEED ON THE JOB AND BY IMPROVING THEIR FINANCIAL LITERACY AND ACCESS TO SERVICES, SUCH AS SAVINGS ACCOUNTS. THROUGH OUR SKILLS TO SUCCEED PROGRAM, SAVE THE CHILDREN HAS HELPED NEARLY 50,000 YOUTH IN BANGLADESH, CHINA, EGYPT, INDONESIA, THE PHILIPPINES AND VIETNAM SINCE 2012 - WITH OVER 50 PERCENT PLACED IN DECENT JOBS, APPRENTICESHIPS, INTERNSHIPS OR SELF-EMPLOYMENT. SINCE LAUNCHING OUR YOUTHSAVE PROGRAM IN 2010, SAVE THE CHILDREN HAS HELPED MORE THAN 130,000 YOUTH IN COLOMBIA, GHANA, KENYA AND NEPAL TO OPEN SAVINGS ACCOUNTS THAT HAVE A COLLECTIVE VALUE OF MORE THAN \$1 MILLION, IN 2015, WE DIRECTLY HELPED MORE THAN 1 MILLION CHILDREN THROUGH

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OUR LIVELIHOODS WORK.

TOTAL HUNGER AND LIVELIHOODS PROGRAM SERVICES EXPENSES: 56,044,635

INCLUDING GRANTS TO OTHER AGENCIES: 43,665,289

RELATED PROGRAM REVENUE: NONE

HIV/AIDS

SAVE THE CHILDREN IS GLOBALLY RECOGNIZED FOR OUR EFFECTIVENESS IN IMPROVING THE LIVES AND FUTURES OF CHILDREN AND FAMILIES LIVING WITH AND AFFECTED BY HIV AND AIDS. IN 2015, WE PLAYED A KEY ROLE IN THE DEVELOPMENT OF THE NEW GLOBAL FUND STRATEGIC FRAMEWORK FOR 2017-2021 TO ACHIEVE THE END OF AIDS AND OTHER EPIDEMICS. THE STRATEGY SETS OUR PRIORITIES FOR ACCELERATING PROGRESS AGAINST EPIDEMICS AND IMPROVING GLOBAL HEALTH. IT ALSO INCLUDES AMBITIOUS TARGETS FOR MEASURING SUCCESS.

SAVE THE CHILDREN DIRECTLY REACHED 11.8 MILLION CHILDREN IN 2015 THROUGH OUR HIV AND AIDS WORK.

TOTAL HIV/AIDS PROGRAM SERVICES EXPENSES: 48,061,064

INCLUDING GRANTS TO OTHER AGENCIES: 37,445,159

RELATED PROGRAM REVENUE: NONE

PROGRAM DEVELOPMENT AND PUBLIC POLICY SUPPORT

IN 2015, SAVE THE CHILDREN SUCCESSFULLY ADVOCATED FOR LARGE-SCALE, SUSTAINABLE PROGRESS FOR CHILDREN WITHIN SEVERAL PRIORITY AREAS. WE



Name of the organization SAVE THE CHILDREN FEDERATION, INC.	Employer identification number 06-0726487
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PLAYED A KEY ROLE IN HELPING TO ENSURE THAT THE SUSTAINABLE DEVELOPMENT GOALS (SDGS) - APPROVED BY 193 COUNTRIES IN THE UN GENERAL ASSEMBLY IN SEPTEMBER - INCLUDE SPECIFIC TARGETS ON ENDING PREVENTABLE MATERNAL, NEWBORN AND CHILD DEATHS, ENDING VIOLENCE AGAINST CHILDREN, REDUCING STUNTING AND WASTING, AND IMPROVING LEARNING OUTCOMES. IN ADDITION, WE HELPED ACHIEVE AN INCREASE IN U.S. GOVERNMENT FUNDING FOR MATERNAL AND CHILD HEALTH. WE CONTINUED OUR GROUNDBREAKING WORK ON AID EFFECTIVENESS. AND SAVE THE CHILDREN WAS ON THE FRONTLINES OF HUMANITARIAN RESPONSE, BOTH ON THE GROUND AND IN THE HALLS OF CONGRESS, HELPING SECURE HIGH LEVELS OF FUNDING FOR HUMANITARIAN CRISES, INCLUDING FOR THE NEPAL EARTHQUAKES AND SYRIAN REFUGE CRISIS. IN THE U.S., WE CONTINUED TO FOCUS OUR POLICY WORK ON MEETING CHILDREN'S NEEDS DURING DISASTERS AND ORGANIZED A SERIES OF HIGH-PROFILE EVENTS TO CALL ATTENTION TO GAPS THAT REMAIN FOR PROTECTING CHILDREN IN EMERGENCIES, AND SOLUTIONS TO FILL THEM.

TOTAL PROGRAM DEVELOPMENT PROGRAM SERVICES EXPENSES: 35,077,012

INCLUDING GRANTS TO OTHER AGENCIES: 34,338,741

RELATED PROGRAM REVENUE: NONE

#### CHILD RIGHTS GOVERNANCE

NEARLY ALL COUNTRIES HAVE MADE COMMITMENTS TO ADVANCING CHILDREN'S RIGHTS, BUT SOMETIMES ACTION LAGS BEHIND COMMITMENTS. SAVE THE CHILDREN'S INNOVATIVE GLOBAL STRATEGY AIMS TO ENSURE COUNTRIES INVEST EFFECTIVELY TO FULFILL ALL CHILDREN'S RIGHTS. WE DO THIS BY CAMPAIGNING WITH CHILDREN

Name of the organization SAVE THE CHILDREN FEDERATION, INC.	Employer identification number 06-0726487
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AND OTHER ORGANIZATIONS, WORKING WITH GOVERNMENTS AT THE FEDERAL, STATE AND LOCAL LEVELS, AND ELEVATING THE VOICES OF CHILDREN THEMSELVES.

TOTAL CHILD RIGHTS GOVERNANCE PROGRAM SERVICES EXPENSES: 1,189,311

INCLUDING GRANTS TO OTHER AGENCIES: 926,612

RELATED PROGRAM REVENUE: NONE

SAVE THE CHILDREN INTERNATIONAL

SAVE-THE CHILDREN-USA IS A MEMBER OF SAVE THE CHILDREN ASSOCIATION (SCA), A SWISS MEMBERSHIP ORGANIZATION. SCA CURRENTLY HAS 30 INDEPENDENT, AUTONOMOUS, NONPROFIT, PRIVATE VOLUNTARY MEMBERSHIP ORGANIZATIONS THAT BEAR THE NAME SAVE THE CHILDREN OR A RELATED DESIGNATION (THE MEMBERS). SCA CREATED SAVE THE CHILDREN INTERNATIONAL (SCI), A UNITED KINGDOM BASED CHARITABLE ENTITY, OF WHICH SCA IS THE SOLE MEMBER, AND THEREFORE, SCI IS EFFECTIVELY A WHOLLY OWNED SUBSIDIARY OF SCA. SCUS FUNDS THAT ARE BEING PROGRAMMED BY SAVE THE CHILDREN INTERNATIONAL (SCI) IN 2015 WERE \$385,896,728.

FORM 990, PART V, LINE 3B

SAVE THE CHILDREN FILED AN EXTENSION FOR FORM 990-T BY MAY 15, 2016 AND WILL FILE THE 990-T BY THE EXTENDED DEADLINE.

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.

Name of the organization SAVE THE CHILDREN FEDERATION, INC.	Employer identification number 06-0726487
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-TRUSTEE MEMBERS CHARLOTTE GUYMAN AND SUSAN DECKER

CEO CAROLYN MILES, TRUSTEES AUSTIN HEARST AND DAWN SWEENEY, AND CHAIR EMERITUS TOM MURPHY ALSO SERVE AS DIRECTORS OF SAVE THE CHILDREN ACTION NETWORK.

FORM 990, PART VI, LINE 11B

THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD ON JULY 26, 2016 AND THEN SENT TO THE ENTIRE BOARD FOR REVIEW PRIOR TO THE AUGUST 15TH FILING DATE.

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY

UNDER ITS BYLAWS AND ITS CODE OF ETHICS & BUSINESS CONDUCT, SAVE THE CHILDREN'S TRUSTEES, OFFICERS, AND OTHER EMPLOYEES ARE REQUIRED TO PROMPTLY DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST, IN WRITING. ALL TRUSTEES, OFFICERS, AND OTHER KEY EMPLOYEES ARE ALSO REQUIRED TO SUBMIT AN ANNUAL DISCLOSURE FORM TO THE SECRETARY OF THE CORPORATION, WHO VERIFIES THEIR SUBMISSION AND MAINTAINS RECORDS OF ANY POTENTIAL CONFLICTS. IN THE EVENT THAT A TRANSACTION POSES A POTENTIAL CONFLICT OF INTEREST FOR ANY OFFICER OR TRUSTEE, THE BYLAWS PROVIDE FOR THE TRUSTEES' FULL CONSIDERATION OF ALL MATERIAL FACTS AND CIRCUMSTANCES TO DETERMINE WHETHER THE TRANSACTION IS FAIR, REASONABLE, AND IN THE CORPORATION'S BEST INTERESTS. IN THE EVENT THAT A TRANSACTION POSES A POTENTIAL CONFLICT OF INTEREST FOR A KEY EMPLOYEE OTHER THAN AN OFFICER, THE EMPLOYEE'S SUPERVISOR AND NEXT-LEVEL SUPERVISOR ARE CHARGED WITH ENSURING

Name of the organization SAVE THE CHILDREN FEDERATION, INC.	Employer identification number 06-0726487
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THAT THE EMPLOYEE DOES NOT TAKE PART IN THE TRANSACTION.

FORM 990, PART VI, LINES 15A AND 15B

THE COMPENSATION COMMITTEE OF THE BOARD, CONSISTING OF INDEPENDENT BOARD MEMBERS, CONDUCTS AN ANNUAL REVIEW AND APPROVAL PROCESS OF THE COMPENSATION OF THOSE EMPLOYEES IN POSITIONS HAVING A SIGNIFICANT LEVEL OF INFLUENCE WITHIN THE ORGANIZATION, AS DEFINED BY THE INTERNAL REVENUE SERVICE. THE PURPOSE OF THIS PROCESS, KNOWN AS AN INTERMEDIATE SANCTIONS/EXCESS BENEFITS REVIEW, IS TO ENSURE THAT NO SUCH PERSON IS RECEIVING EXCESSIVE COMPENSATION (INCLUDING SALARY, ANY BONUS, AND BENEFITS). THE COMMITTEE MEETS THE REBUTTABLE PRESUMPTION ESTABLISHED BY THE IRS THROUGH THE FOLLOWING PROCESS: 1) THE COMMITTEE OBTAINS THE COMPENSATION OF INDIVIDUALS PERFORMING SIMILAR SERVICES IN SIMILAR ORGANIZATIONS IN DETERMINING THAT THE COMPENSATION OF PERSONS REVIEWED AT SAVE THE CHILDREN IS ROUGHLY COMPARABLE AND REASONABLE. THAT COMPARABILITY DATA IS ASSEMBLED USING EXTERNALLY DEVELOPED BENCHMARKING SURVEYS, AS WELL AS COMPARABLE ORGANIZATION 990S AND ANNUAL REPORTS; 2) THE COMMITTEE MEETS TO REVIEW THIS EXTERNAL COMPENSATION DATA WITH THE COMPENSATION OF THESE INDIVIDUALS AT SAVE THE CHILDREN AND TO MAKE DETERMINATIONS ABOUT THE REASONABLENESS OF SUCH COMPENSATION; AND 3) DETERMINATIONS OF THE COMMITTEE AND THE BASIS FOR SUCH DETERMINATIONS ARE RECORDED CONTEMPORANEOUSLY IN THE WRITTEN MINUTES OF THAT MEETING. THESE DETERMINATIONS ARE SHARED WITH THE FULL BOARD OF TRUSTEES. THE LAST TIME THAT THIS REVIEW OCCURRED WAS IN FEBRUARY 2015.

FORM 990, PART VI, LINE 19

SAVE THE CHILDREN MAKES ITS GOVERNING DOCUMENTS CONFLICT OF INTEREST

Name of the organization SAVE THE CHILDREN FEDERATION, INC.	Employer identification number 06-0726487
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POLICY AND FINANCIAL STATEMENTS AVAILABLE ON ITS PUBLIC WEBSITE AND UPON REQUEST.

FORM 990, PART X, LINES 18 AND 19

IN 2015 SCUS ADJUSTED THE PRESENTATION OF GRANTS PAYABLE AND DEFERRED REVENUE ON FORM 990, PART X, LINES 18 AND 19 TO BE CONSISTENT WITH THE PRESENTATION ON THE AUDITED FINANCIAL STATEMENTS. FOR COMPARATIVE PURPOSES, THE BEGINNING BALANCES ON LINES 18 AND 19 HAVE BEEN RESTATED ACCORDINGLY.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CURRENCY GAIN/LOSS	(917,230)
FOREIGN EXCHANGE GAIN	280,067
	-----
	(637,163)

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
HUNGER AND LIVELIHOODS	43,665,289.	56,044,635.	
HIV/AIDS	37,445,159.	48,061,064.	
PROGRAM DEVELOPMENT AND PUBLIC POLICY	34,338,741.	35,077,012.	
CHILD RIGHTS GOVERNANCE	926,612.	1,189,311.	
TOTALS	<u>116,375,801.</u>	<u>140,372,022.</u>	

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ATTACHMENT 2FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BANGLADESH

BOLIVIA

ETHIOPIA

GUATEMALA

MALAWI

BURMA

PAKISTAN

THAILAND

UNITED KINGDOM

ATTACHMENT 3FORM 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,

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DEVELOPING AWARENESS, INC. 411 BRAZOS STREET, SUITE 104 AUSTIN, TX 78701	FUNDRAISING SERVICES	4,318,550.
PRODUCTION SOLUTIONS 1953 GALLOWS ROAD, SUITE 600 VIENNA, VA 22182	LETTERSHOP SERVICES	4,215,152.
BKA LOGISTICS 1629 K STREET NW, SUITE 500	FREIGHT FORWARDING	1,490,879.

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ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WASHINGTON, DC 20006		
MEDIA ASSOCIATES, INC. 75 GLEN ROAD SANDY HOOK, CT 06482	ADVERTISING	1,440,374.
DONORWORX INC. 18 MOWAT AVE #18C TORONTO ONTARIO CANADA M6K 3E8	FUNDRAISING SERVICES	811,899.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

06-0726487

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SCUS HEAD START PROGRAMS, INC. 45-3672468 501 KINGS HIGHWAY EAST, SUITE FAIRFIELD, CT 06825	PRESCHOOL	CT	501(C)(3)	7	SCUS	X	
(2) SAVE THE CHILDREN ACTION NETWORK, INC. 46-5465189 2000 L ST, NW, SUITE 500 WASHINGTON, DC 20036	SOCIALWELFARE	DE	501(C)(4)		SCUS	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(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	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (9)									
	INVESTMENT	CA	SCUS	TRUST					X
(2) AZERI STAR MICROFINANCE 9A/1 GEN AKIM ABBASOV STREET BAKU, AJ	MICRO LOANS	AJ	SCUS	C CORP	111,472.	0.			X
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAVE THE CHILDREN ACTION NETWORK, INC.	B	6,737,294.	COST
(2) SAVE THE CHILDREN ACTION NETWORK, INC.	N	95,831.	COST
(3) SAVE THE CHILDREN ACTION NETWORK, INC.	O	402,338.	COST
(4) SAVE THE CHILDREN ACTION NETWORK, INC.	P	930,973.	COST
(5) SAVE THE CHILDREN ACTION NETWORK, INC.	Q	124,910.	COST
(6) SCUS HEAD START PROGRAMS, INC.	N	1,114,581.	ALLOCATED COST

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	SCUS HEAD START PROGRAMS, INC.	O	15,785,743.	COST
<b>(2)</b>	SCUS HEAD START PROGRAMS, INC.	Q	2,563,508.	COST
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII** **Supplemental Information**

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

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CHARITABLE REMAINDER TRUSTS

THE ORGANIZATION IS RELATED TO CHARITABLE REMAINDER TRUSTS DOMICILED IN

CA, PA, NY, AND MA.