



# 2016 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)

# 2016

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 2016 calendar year, or tax year beginning**, 2016, **and ending**, 20

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **SAVE THE CHILDREN FEDERATION, INC.**  
Doing Business As: \_\_\_\_\_  
Number and street (or P.O. box if mail is not delivered to street address): \_\_\_\_\_ Room/suite: \_\_\_\_\_  
501 KINGS HIGHWAY E, STE 400  
City or town, state or province, country, and ZIP or foreign postal code: **FAIRFIELD, CT 06825**

**D** Employer identification number: 06-0726487

**E** Telephone number: (475) 999-3007

**F** Name and address of principal officer: **STACY BRANDOM**  
501 KINGS HIGHWAY E, STE 400 FAIRFIELD, CT 06825

**G** Gross receipts \$ 741,006,793.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: WWW.SAVETHECHILDREN.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1932 **M** State of legal domicile: CT

**H(c)** Group exemption number ▶

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities: SAVE THE CHILDREN DOES WHATEVER IT TAKES- EVERY DAY AND IN TIMES OF CRISIS - TRANSFORMING CHILDREN'S LIVES AND THE FUTURE WE SHARE.

**2** Check this box  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>	35.
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	34.
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	1,604.
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	298.
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	32,671.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	622,760,984.	641,222,984.
	<b>9</b> Program service revenue (Part VIII, line 2g)	7,981,824.	8,426,542.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,452,577.	1,895,859.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	850,165.	475,953.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	641,045,550.	652,021,338.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	463,834,584.
<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)		97,326,457.	95,880,832.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		7,957,415.	8,950,186.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		49,080,310.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		66,966,896.	68,751,079.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		636,085,352.	659,561,070.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,960,198.	-7,539,732.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 278,525,160.	End of Year: 266,749,131.
	<b>21</b> Total liabilities (Part X, line 26)	98,208,370.	84,278,935.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	180,316,790.	182,470,196.

## 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. My preparation of this return is based on all information of which preparer has any knowledge.

**Sign Here**

*Stacy Brandon*  
Signature of officer  
E5A7941614244D1...  
Date: 8/14/2017

STACY BRANDOM  
Type or print name and title  
CFO

**Paid Preparer Use Only**

Print/Type preparer's name: MARY-EVELYN ANTONETTI  
Preparer's signature: *Mary Evelyn Antonetti*  
Date: 08/11/2017  
Check  if self-employed  
PTIN: P00431862

Firm's name ▶ KPMG LLP  
Firm's EIN ▶ 13-5565207  
Firm's address ▶ ONE FINANCIAL PLAZA HARTFORD, CT 06103-2608  
Phone no. 860-522-3200

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 (2016)

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 IS AN INTERNATIONAL NONPROFIT CHILDREN'S RELIEF AND DEVELOPMENT ORGANIZATION. OUR 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 \$ 166,625,633. including grants of \$ 145,253,655. ) (Revenue \$ 798,925. ) GLOBAL HEALTH - IN 2016, SAVE THE CHILDREN HELPED GIVE 36.2 MILLION CHILDREN AROUND THE WORLD A HEALTHY START IN LIFE, WITH A FOCUS ON MATERNAL, NEWBORN AND CHILD HEALTH AND NUTRITION, ENDING CHILD HUNGER AND HIV/AIDS. IN THE U.S., WE REACHED MORE THAN 14,000 CHILDREN IN 10 STATES THROUGH OUR HEALTHY CHOICES PROGRAM. (SEE SCHEDULE O)

4b (Code: ) (Expenses \$ 119,790,325. including grants of \$ 114,481,151. ) (Revenue \$ 5,687,608. ) EMERGENCIES - IN 2016, SAVE THE CHILDREN RESPONDED TO 131 HUMANITARIAN CRISES IN 59 COUNTRIES, HELPING 11.7 MILLION PEOPLE, INCLUDING 6.6 MILLION CHILDREN. IN THE U.S. WE'VE RESPONDED TO EVERY MAJOR DISASTER SINCE HURRICANE KATRINA, HELPING MORE THAN 1 MILLION CHILDREN. IN 2016, WE REACHED 28,000 U.S. CHILDREN THROUGH EMERGENCY RESPONSE, AND 70,300 CHILDREN AND ADULTS THROUGH OUR DISASTER PREPAREDNESS PROGRAMS. (SEE SCHEDULE O)

4c (Code: ) (Expenses \$ 113,546,204. including grants of \$ 92,678,387. ) (Revenue \$ 1,627,860. ) EDUCATION & PROTECTION - IN 2016, SAVE THE CHILDREN HELPED GIVE 13.8 MILLION CHILDREN AROUND THE WORLD THE OPPORTUNITY TO LEARN, WITH A FOCUS ON EARLY LEARNING, BOOSTING LITERACY AND EMPOWERING YOUTH. IN THE U.S., WE REACHED MORE THAN 124,000 CHILDREN IN 16 STATES THROUGH OUR EARLY EDUCATION AND LITERACY PROGRAMS - AND WE DISTRIBUTED 400,000 BOOKS. IN ADDITION, WE HELPED PROTECT 3.8 MILLION CHILDREN FROM HARM IN 2016. SINCE 2007, WE'VE REACHED MORE THAN 85,000 CHILDREN AND ADULTS THROUGH OUR JOURNEY OF HOPE PROGRAM IN 17 U.S. STATES, AS WELL AS FIVE OTHER COUNTRIES, HELPING CHILDREN, PARENTS AND CAREGIVERS COPE WITH TRAUMA AND STRENGTHEN THEIR RESILIENCE. (SEE SCHEDULE O)

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 175,096,876. including grants of \$ 133,565,780. ) (Revenue \$ 954,021. )

4e Total program service expenses 575,059,038.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 with various questions about organizational activities and financial 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 organizational operations, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.



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 990, Form 720, and Form 709.

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 (35), 1b (34), 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: DONNA MATHESON 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825 475-999-3312

**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) CYNTHIA AUGUSTINE TRUSTEE	1.00 1.00	X					0.	0.	0.	
(2) ABHIJIT BANERJEE TRUSTEE (AS OF 2/16)	1.00 0.	X					0.	0.	0.	
(3) MANNY CHIRICO TRUSTEE	1.00 0.	X					0.	0.	0.	
(4) SUSAN DECKER TRUSTEE (END 2/16)	1.00 0.	X					0.	0.	0.	
(5) MARY DILLON TRUSTEE (AS OF 2/16)	1.00 0.	X					0.	0.	0.	
(6) JOAQUIN DUATO TRUSTEE	1.00 0.	X					0.	0.	0.	
(7) DEBRA FINE TRUSTEE	1.00 0.	X					0.	0.	0.	
(8) JENNIFER GARNER TRUSTEE	1.00 0.	X					0.	0.	0.	
(9) JIM GOLDMAN TRUSTEE	1.00 0.	X					0.	0.	0.	
(10) JEFFREY GOLDSTEIN TRUSTEE	1.00 0.	X					0.	0.	0.	
(11) CHARLOTTE GUYMAN TRUSTEE	1.00 1.00	X					0.	0.	0.	
(12) WILLIAM HABER TRUSTEE	1.00 0.	X					0.	0.	0.	
(13) JOHN HAYES TRUSTEE	1.00 0.	X					0.	0.	0.	
(14) AUSTIN HEARST TRUSTEE	1.00 1.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) ERNIE HERMANN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
( 16) LARRY HOROWITZ ----- TRUSTEE	1.00 0.	X						0.	0.	0.
( 17) BRAD IRWIN ----- TRUSTEE	1.00 1.00	X						0.	0.	0.
( 18) BRIAN KELLEY ----- TRUSTEE	1.00 0.	X						0.	0.	0.
( 19) LINDA KOCH LORIMER ----- TRUSTEE (END 2/16)	1.00 0.	X						0.	0.	0.
( 20) FREDA LEWIS-HALL ----- TRUSTEE	1.00 0.	X						0.	0.	0.
( 21) JOAN LOMBARDI ----- TRUSTEE	1.00 0.	X						0.	0.	0.
( 22) MARK MACTAS ----- TRUSTEE	1.00 0.	X						0.	0.	0.
( 23) DAVID MASTROCOLA ----- TRUSTEE (AS OF 2/16)	1.00 0.	X						0.	0.	0.
( 24) THOMAS MOSER ----- TRUSTEE	1.00 0.	X						0.	0.	0.
( 25) ANNE MULCAHY ----- TRUSTEE	1.00 1.00	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								4,588,205.	0.	720,082.
<b>d Total (add lines 1b and 1c)</b> . . . . .								4,588,205.	0.	720,082.

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 ► 195

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	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? If "Yes," complete Schedule J for such individual . . . . .	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? If "Yes," complete Schedule J for such person . . . . .		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 ► 13

**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 MURPHY CHAIR EMERITUS	1.00 1.00	X						0.	0.	0.
( 27) CATHERINE OPPENHEIMER TRUSTEE	1.00 0.	X						0.	0.	0.
( 28) BRADLEY PALMER TRUSTEE	1.00 0.	X						0.	0.	0.
( 29) BEA PEREZ TRUSTEE	1.00 0.	X						0.	0.	0.
( 30) CHARLES PERRIN TRUSTEE	1.00 0.	X						0.	0.	0.
( 31) JUDITH REICHMAN, M.D. TRUSTEE (END 2/16)	1.00 0.	X						0.	0.	0.
( 32) COKIE ROBERTS TRUSTEE	1.00 0.	X						0.	0.	0.
( 33) SUNIL SANI TRUSTEE (AS OF 2/16)	1.00 0.	X						0.	0.	0.
( 34) PERNILLE SPIERS-LOPEZ TRUSTEE	1.00 0.	X						0.	0.	0.
( 35) HELENE SULLIVAN TRUSTEE	1.00 0.	X						0.	0.	0.
( 36) DAWN SWEENEY TRUSTEE	1.00 1.00	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 **▶** 195

	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) AMELIA VICINI ----- TRUSTEE (END 2/16)	1.00 0.	X					0.	0.	0.	
( 38) DAVID WESTIN ----- TRUSTEE	1.00 0.	X					0.	0.	0.	
( 39) DONA YOUNG ----- TRUSTEE	1.00 0.	X					0.	0.	0.	
( 40) CAROLYN S. MILES ----- PRESIDENT & CEO	35.00 5.00	X		X			459,969.	0.	50,016.	
( 41) STACY BRANDOM ----- VP, TREASURER & CFO	40.00 0.			X			292,284.	0.	29,405.	
( 42) CARLOS CARRAZANA ----- EXECUTIVE VP & COO	40.00 0.			X			336,803.	0.	68,453.	
( 43) MICHAEL KLOSSON ----- VP, POLICY & HUMANITARIAN RESP	40.00 0.			X			268,006.	0.	44,800.	
( 44) SHAWN A. MOOD ----- VP & CHIEF OF HUMAN RESOURC.	40.00 0.			X			253,786.	0.	48,315.	
( 45) KENNETH G. MURDOCH ----- VP, IT & BUILDING OPERATIONS	40.00 0.			X			259,787.	0.	58,130.	
( 46) DIANA K. MYERS ----- VP, INTERNATIONAL PROGRAMS	40.00 0.			X			276,572.	0.	30,789.	
( 47) SUSAN E. RIDGE ----- VP, MARKETING & COMMUNICATIONS	40.00 0.			X			261,366.	0.	48,394.	
<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 ▶ 195

	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) SUMEET SEAM VP & GENERAL COUNSEL	40.00 0.			X				271,403.	0.	39,550.
( 49) NANCY A. TAUSSIG VP, RESOURCE DEVELOPMENT	40.00 0.			X				280,539.	0.	23,647.
( 50) NATALIE VEGA O'NEIL ACTING VP, US PROGRAMS	28.00 12.00			X				195,112.	0.	42,423.
( 51) ANDREA WILLIAMSON CORPORATE SECRETARY	40.00 0.			X				136,685.	0.	23,424.
( 52) ROBERT J. CARDINALLI CHIEF OF PARTY, SABAL	40.00 0.					X		224,459.	0.	23,576.
( 53) THOMAS R. KRIFT REGIONAL DIRECTOR	40.00 0.					X		221,014.	0.	31,809.
( 54) DANA L. LANGHAM ASSOCIATE VP, CHIEF CORP DEV	40.00 0.					X		235,233.	0.	21,500.
( 55) GREGORY A. RAMM VP, HUMANITARIAN RESPONSE	40.00 0.					X		207,336.	0.	48,584.
( 56) JANINE L. SCOLPINO ASSOCIATE VP, MASS MARKET FUND	40.00 0.					X		218,652.	0.	44,849.
( 57) DANIEL STONER AVP, EDUCATION & CHILD DEV.	40.00 0.						X	189,199.	0.	42,418.
<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 **▶** 195

	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>	1,183,871.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	2,436,965.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	307,104,551.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	330,497,597.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		89,379,165.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			641,222,984.				
	<b>Program Service Revenue</b>	<b>Business Code</b>						
<b>2a</b> FEE FOR SERVICE CONTRACTS			624200	8,426,542.	8,426,542.			
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>g Total.</b> Add lines 2a-2f . . . . .				8,426,542.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			2,395,285.		32,671.	2,362,614.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .			0.				
	<b>5</b> Royalties . . . . .			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	1,000.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .		1,000.				
	<b>d</b> Net rental income or (loss) . . . . .			1,000.			1,000.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	87,904,742.	84,348.				
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	88,069,345.	419,171.				
		<b>c</b> Gain or (loss) . . . . .	-164,603.	-334,823.				
	<b>d</b> Net gain or (loss) . . . . .			-499,426.			-499,426.	
	<b>8a</b> Gross income from fundraising events (not including \$ 2,436,965. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		92,915.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	475,376.				
<b>c</b> Net income or (loss) from fundraising events . . . . .				-382,461.			-382,461.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		0.					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	0.					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0.			0.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		21,563.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	21,563.					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.			0.	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> CONTRACT FEE REVENUE		624200	466,615.	466,615.				
<b>b</b> OTHER INCOME		624200	201,863.			201,863.		
<b>c</b> ECR INCOME		624200	175,257.	175,257.				
<b>d</b> All other revenue . . . . .			13,679.			13,679.		
<b>e Total.</b> Add lines 11a-11d . . . . .			857,414.					
<b>12 Total revenue.</b> See instructions. . . . .			652,021,338.	9,068,414.	32,671.	1,697,269.		



**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 . . . . .	24,931,952.	24,931,952.		
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 . . . . .	461,047,021.	461,047,021.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,799,658.	857,702.	2,637,770.	304,186.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	99,078.			99,078.
7 Other salaries and wages . . . . .	71,623,009.	46,483,145.	10,090,926.	15,048,938.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,969,981.	2,571,386.	653,816.	744,779.
9 Other employee benefits . . . . .	16,309,746.	10,615,677.	2,305,569.	3,388,500.
10 Payroll taxes . . . . .	79,360.	79,360.		
11 Fees for services (non-employees):				
a Management . . . . .	12,206,905.		12,206,905.	
b Legal . . . . .	156,127.	66,033.	78,969.	11,125.
c Accounting . . . . .	1,014,403.	28,802.	979,907.	5,694.
d Lobbying . . . . .	82,673.	82,673.		
e Professional fundraising services. See Part IV, line 17.	8,950,186.			8,950,186.
f Investment management fees . . . . .	870,601.		870,601.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	10,639,059.	6,928,920.	617,544.	3,092,595.
12 Advertising and promotion . . . . .	5,409,495.	318,211.	736.	5,090,548.
13 Office expenses . . . . .	7,030,798.	816,818.	159,010.	6,054,970.
14 Information technology . . . . .	2,399,432.	1,024,059.	462,205.	913,168.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	5,018,894.	3,154,891.	883,639.	980,364.
17 Travel . . . . .	9,185,841.	7,348,265.	834,065.	1,003,511.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	114,345.	111,494.		2,851.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	2,607,870.	829,204.	1,053,521.	725,145.
23 Insurance . . . . .	604,282.	493,055.	52,039.	59,188.
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 <b>COMMUNITY LABOR &amp; TRAINING</b> . . . . .	9,840,236.	7,092,504.	1,231,839.	1,515,893.
b <b>FINANCIAL FEES</b> . . . . .	1,365,875.	58,567.	229,942.	1,077,366.
c <b>MEMBERSHIP FEES</b> . . . . .	204,243.	119,299.	72,719.	12,225.
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	659,561,070.	575,059,038.	35,421,722.	49,080,310.
<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. |

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	27,235,077.	<b>1</b>	41,383,649.
	<b>2</b> Savings and temporary cash investments	23,182,722.	<b>2</b>	4,705,353.
	<b>3</b> Pledges and grants receivable, net	65,297,459.	<b>3</b>	59,920,755.
	<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	1,712,475.	<b>8</b>	1,341,651.
	<b>9</b> Prepaid expenses and deferred charges	38,557,692.	<b>9</b>	14,952,561.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 18,699,140.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 9,492,375.	8,447,976.	<b>10c</b> 9,206,765.
	<b>11</b> Investments - publicly traded securities	21,339,669.	<b>11</b>	21,644,794.
	<b>12</b> Investments - other securities. See Part IV, line 11	82,042,826.	<b>12</b>	103,128,658.
	<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	10,709,264.	<b>15</b>	10,464,945.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	278,525,160.	<b>16</b>	266,749,131.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	42,295,330.	<b>17</b>	28,664,667.
	<b>18</b> Grants payable	837,606.	<b>18</b>	0.
	<b>19</b> Deferred revenue	49,305,584.	<b>19</b>	50,571,555.
	<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	5,769,850.	<b>25</b>	5,042,713.
	<b>26 Total liabilities.</b> Add lines 17 through 25	98,208,370.	<b>26</b>	84,278,935.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	106,090,431.	<b>27</b>	104,850,935.
	<b>28</b> Temporarily restricted net assets	40,484,743.	<b>28</b>	39,910,261.
	<b>29</b> Permanently restricted net assets	33,741,616.	<b>29</b>	37,709,000.
	<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	180,316,790.	<b>33</b>	182,470,196.
<b>34</b> Total liabilities and net assets/fund balances	278,525,160.	<b>34</b>	266,749,131.	

**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>	652,021,338.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	659,561,070.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-7,539,732.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	180,316,790.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	10,230,772.
<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>	-537,634.
<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>	182,470,196.

**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	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

<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 12, check only one box.)

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

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

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) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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 2016 (99.18%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (99.14%); 16a 33 1/3% support test - 2016 (checked); 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.



Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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 2 columns: Line number, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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 12a or 12b 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

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

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

<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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:                   \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			



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

ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
MISCELLANEOUS RECEIPTS	1,475,721.	233,969.	224,861.	494,993.	13,679.	2,443,223.
FUNDRAISING INCOME		2,824.				2,824.
COURSE AND SEMINAR FEES					201,863.	201,863.
SC MEMBER EQUITABLE COST RECOV	1,263,597.	1,373,556.	772,556.	450,125.		3,859,834.
CONTRACT FEE INCOME	529,772.	534,813.	1,546,044.	242,404.		2,853,033.
INSURANCE CLAIMS RECOVERY	306,565.	1,245,141.				1,551,706.
TOTALS	<u>3,575,655.</u>	<u>3,390,303.</u>	<u>2,543,461.</u>	<u>1,187,522.</u>	<u>215,542.</u>	<u>10,912,483.</u>

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2016**

▶ **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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

<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	_____	\$ 163,713,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 76,334,154.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 30,839,659.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 28,046,955.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 20,677,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 19,152,451.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<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
7	_____	\$ 13,685,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 12,951,937.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input 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>37,317,051.</u>	<u>12/31/2016</u>
2	<u>PHARMACEUTICALS</u> _____ _____	\$ <u>9,444,300.</u>	<u>12/31/2016</u>
3	<u>AGRICULTURAL COMMODITIES</u> _____ _____	\$ <u>30,839,659.</u>	<u>12/31/2016</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

2016

Open to Public Inspection

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

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 campaign activity expenditures (see instructions)
3 Volunteer hours for political campaign activities (see instructions)

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?
4a Was a correction made?
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?
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) 2016

**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%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="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) 2013	(b) 2014	(c) 2015	(d) 2016	(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 columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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 columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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 columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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 1A, 1B, 1D, 1E, 1F, 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 2016:

- \*FY17 AND FY18 APPROPRIATIONS
- \*ARTICLE I CONSOLIDATED APPROPRIATIONS AMENDMENTS, 2016 (H.R.4371)
- \*REACH EVERY MOTHER AND CHILD ACT OF 2015 (S.1911/H.R.3706)
- \*GLOBAL FOOD SECURITY ACT OF 2016 (S.1252/H.R.1567)
- \*SOCIAL IMPACT PARTNERSHIP ACT (S.1089/H.R.1336)
- \*EDUCATION FOR ALL ACT OF 2016 (H.R.4481/S.3256)
- \*CAESAR SYRIA CIVILIAN PROTECTION ACT OF 2016 (H.R.5732)
- \*FOREIGN AID TRANSPARENCY AND ACCOUNTABILITY ACT OF 2016 (H.R.3766)
- \*GLOBAL FOOD SECURITY ACT OF 2014 (H.R.5656)
- \*SOUTH SUDAN PEACE PROMOTION AND ACCOUNTABILITY ACT OF 2015 (H.R.2989)
- \*WORKING FAMILIES RELIEF ACT (H.R.4867/S.2879)
- \*PROMOTING AFFORDABLE CHILD CARE FOR EVERYONE ACT (S.3233)
- \*SOCIAL IMPACT PARTNERSHIPS TO PAY FOR RESULTS ACT (H.R.5170)
- \*EARLY STEM ACHIEVEMENT ACT (H.R.6188)

SCUS ALSO PROVIDED FUNDING FOR LOBBYING EFFORTS IN A NUMBER OF STATES RELATED TO EDUCATION PROGRAMS (E.G. HOME VISITATION AND AFTERSCHOOL LITERACY), EMERGENCY PREPAREDNESS, AND CHILDREN'S HEALTH ISSUES, AS FOLLOWS:

- \*ALABAMA: H122 (DEPARTMENT OF EDUCATION FUNDING), ETF BUDGET
- \*IOWA: HF2294 (RELATING TO PREKINDERGARTEN SERVICES USING INNOVATIVE FINANCING PARTNERSHIP CONTRACTS), HF2460 (RELATING TO APPROPRIATIONS FOR

**Part IV** Supplemental Information (continued)

HEALTH AND HUMAN SERVICES)

\*MISSISSIPPI: HB1643 (DEPARTMENT OF EDUCATION APPROPRIATION BILL)

\*NEW HAMPSHIRE: SB503 (RELATIVE TO PRE-K EDUCATION USING 'PAY FOR SUCCESS' FINANCING)

\*SOUTH CAROLINA: H3591 (FIRST STEPS EARLY CHILDHOOD BILL), FY2017-2018

BUDGET (STATE BUDGET) - THESE ARE 2017 BILLS I.E. SCUS STAFF DID NOT LOBBY ON THEM IN 2016. KATY (AND SCAN) DID NOT LOBBY IN SC IN 2016.

\*TENNESSEE: SB483/HB511 (EDUCATION PROGRAM FUNDING)

\*WASHINGTON: HB2376/SB6667 (FY2016 BUDGET BILL)

\*WEST VIRGINIA: SB1013 (FY2017 BUDGET BILL)

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 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. b 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) 2016



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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 71.6000 %
b Permanent endowment 26.2000 %
c Temporarily restricted endowment 2.2000 %
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:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with Yes/No columns for 3a(i), 3a(ii), 3b

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**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	13,577,803.	FMV
(B) PUBLIC EQUITY - HEDGE FUNDS	61,214,495.	FMV
(C) HEDGE FUNDS	27,767,771.	FMV
(D) REAL ESTATE INVESTMENT TRUSTS	328,879.	FMV
(E) PRIVATE EQUITY	239,710.	FMV
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	103,128,658.	

**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	262,001.
(3) POST RETIREMENT BENEFITS OTHER	
(4) THAN PENSION	4,517,549.
(5) LOAN PROGRAM FUND ASSETS HELD	
(6) IN TRUST BY OTHERS	177,747.
(7) DUE TO SAVE THE CHILDREN ACTION	
(8) NETWORK ("SCAN")	85,416.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,042,713.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 652,021,338.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 659,561,070.

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 2016 AND 2015) 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 FOLLOWING FOOTNOTE IS FROM THE CONSOLIDATED FINANCIAL STATEMENTS OF SAVE THE CHILDREN FEDERATION, INC: 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 NOT-FOR-PROFIT ORGANIZATIONS, SCUS, HEAD START, AND SCAN ARE

**Part XIII** Supplemental Information (continued)

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	32,670,651
CURRENCY GAIN/LOSS	(673,256)
LOSS ON SALE OF FIXED ASSETS	419,171
	-----
TOTAL	32,416,566

## SCHEDULE D, PART XI, LINE 4B

GRANT TO RELATED ORGANIZATION	5,731,158
SPECIAL EVENT EXPENSES	(475,376)
CATALOG EXPENSES	(21,563)
	-----
TOTAL	5,234,219

## SCHEDULE D, PART XII, LINE 2D

RELATED ENTITY EXPENSES	32,553,685
CATALOG EXPENSES	21,563
SPECIAL EVENT EXPENSES	475,376

**Part XIII** Supplemental Information (continued)

LOSS ON SALE OF FIXED ASSETS 419,171

-----

TOTAL 33,469,795

SCHEDULE D, PART XII, LINE 4B

GRANT TO RELATED ORGANIZATION 5,731,158

FOREIGN EXCHANGE GAIN 135,622

-----

TOTAL 5,866,780



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

**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

SAVE THE CHILDREN FEDERATION, INC.

Employer identification number

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 the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA		17.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	160,546,839.
(2) SOUTH ASIA	5.	5.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	73,448,454.
(3) EAST ASIA AND THE PACIFIC		11.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	57,934,033.
(4) SUB-SAHARAN AFRICA			PROGRAM SERVICES	FOOD AID FOR FAMILIES	53,449,955.
(5) MIDDLE EAST AND NORTH AFRICA		2.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	30,890,274.
(6) EUROPE			PROGRAM SERVICES	GRANT MAKING	19,900,105.
(7) EUROPE		6.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	16,124,729.
(8) RUSSIA/INDEPENDENT STATES		3.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	14,650,139.
(9) CENTRAL AMERICA/CARIBBEAN		1.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	8,399,023.
(10) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	FOOD AID FOR FAMILIES	6,306,519.
(11) SOUTH AMERICA			PROGRAM SERVICES	RELIEF AND DEVELOPMENT	5,139,350.
(12) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	FOOD AID FOR FAMILIES	4,512,304.
(13) SOUTH ASIA			PROGRAM SERVICES	GRANT MAKING	4,236,609.
(14) SOUTH ASIA			PROGRAM SERVICES	FOOD AID FOR FAMILIES	2,969,309.
(15) NORTH AMERICA			PROGRAM SERVICES	GRANT MAKING	1,004,634.
(16) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	GRANT MAKING	839,349.
(17) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GRANT MAKING	698,681.
<b>3a Sub-total</b> . . . . .	5.	45.			461,050,306.
<b>b Total from continuation sheets to Part I</b> . . . . .		3.			15,027,902.
<b>c Totals (add lines 3a and 3b)</b>	5.	48.			476,078,208.

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

Schedule F (Form 990) 2016

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

**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 the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	GRANT MAKING	94,200.
(2) NORTH AMERICA		3.	PROGRAM SERVICES	RELIEF AND DEVELOPMENT	65,377.
(3) SUB-SAHARAN AFRICA			PROGRAM SERVICES	GRANT MAKING	25,398.
(4) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS	FOREIGN INVESTMENT	14,842,927.
(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) 2016

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SUPPORT IN ETHIOPIA	49,164,150.	WIRE			
(2)			EAST ASIA/PACIFIC	SUPPORT IN MYANMAR	38,314,075.	WIRE			
(3)			SOUTH ASIA	SUPPORT IN NEPAL &	28,710,270.	WIRE			
(4)			SOUTH ASIA	SUPPORT IN BANGLADESH	23,231,412.	WIRE			
(5)			SUB-SAHARAN AFRICA	SUPPORT IN MALI	16,734,225.	WIRE			
(6)			SUB-SAHARAN AFRICA	SUPPORT IN MALAWI	16,287,155.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	SUPPORT IPU SECONDMENT	15,144,991.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	SUPPORT IN UNITED	13,677,962.	WIRE			
(9)			CENT. AMERICA/CARIBBEAN	SUPPORT IN GUATEMALA	12,472,555.	WIRE			
(10)			SUB-SAHARAN AFRICA	SUPPORT IN NIGER	11,777,728.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN YEMEN	9,886,106.	WIRE			
(12)			SUB-SAHARAN AFRICA	SUPPORT IN COTE	9,605,418.	WIRE			
(13)			SUB-SAHARAN AFRICA	SUPPORT IN NIGERIA	8,085,294.	WIRE			
(14)			SUB-SAHARAN AFRICA	SUPPORT IN MOZAMBIQUE	6,777,403.	WIRE			
(15)			EAST ASIA/PACIFIC	SUPPORT IN PHILIPPINES	6,672,887.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN IRAQ	5,468,724.	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SUPPORT IN DR OF CONGO	4,892,977.	WIRE			
(2)			SUB-SAHARAN AFRICA	SUPPORT IN TANZANIA	4,745,435.	WIRE			
(3)			SUB-SAHARAN AFRICA	SUPPORT IN SIERRA LEONE	4,420,981.	WIRE			
(4)			EUROPE/ ICELAND/ GREENLAND	SUPPORT IN SWEDEN	4,392,215.	WIRE			
(5)			SUB-SAHARAN AFRICA	SUPPORT IN LIBERIA	4,238,951.	WIRE			
(6)			SUB-SAHARAN AFRICA	SUPPORT IN SOUTH SUDAN	4,215,685.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN EGYPT	4,026,896.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN JORDAN	3,953,343.	WIRE			
(9)			SUB-SAHARAN AFRICA	SUPPORT IN ZAMBIA	3,487,299.	WIRE			
(10)			CENT. AMERICA/CARIBBEAN	SUPPORT IN HAITI	3,445,406.	WIRE			
(11)			SOUTH ASIA	SUPPORT IN AFGHANISTAN	3,364,783.	WIRE			
(12)			EAST ASIA/PACIFIC	SUPPORT IN INDONESIA	3,279,244.	WIRE			
(13)			SOUTH ASIA	SUPPORT IN CENTRAL ASIA	3,186,489.	WIRE			
(14)			SOUTH AMERICA	SUPPORT IN BOLIVIA	3,151,192.	WIRE			
(15)			EAST ASIA/PACIFIC	SUPPORT IN LEBANON	3,132,122.	WIRE			
(16)			SOUTH ASIA	SUPPORT IN VIETNAM	2,938,928.	WIRE			

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SUPPORT IN UGANDA	2,898,378.	WIRE			
(2)			EAST ASIA/PACIFIC	SUPPORT IN CAMBODIA	2,831,991.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN LEBANON	2,803,203.	WIRE			
(4)			SUB-SAHARAN AFRICA	SUPPORT IN SOMALIA	2,767,689.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN SYRIA	2,663,443.	WIRE			
(6)			SOUTH ASIA	SUPPORT IN INDIA	2,285,988.	WIRE			
(7)			CENT. AMERICA/CARIBBEAN	SUPPORT IN EL SALVADOR	2,049,851.	WIRE			
(8)			SUB-SAHARAN AFRICA	SUPPORT IN RWANDA	2,043,020.	WIRE			
(9)			SOUTH ASIA	SUPPORT IN PAKISTAN	1,750,621.	WIRE			
(10)			SUB-SAHARAN AFRICA	SUPPORT IN KENYA	1,637,835.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN OCCUPIED	1,541,503.	WIRE			
(12)			SUB-SAHARAN AFRICA	SUPPORT IN UKRAINE	1,522,252.	WIRE			
(13)			SOUTH ASIA	SUPPORT IN BURKINA FASO	1,435,220.	WIRE			
(14)			SUB-SAHARAN AFRICA	SUPPORT IN CENTRAL	1,348,948.	WIRE			
(15)			SOUTH AMERICA	SUPPORT IN PERU &	1,267,725.	WIRE			
(16)			EAST ASIA/PACIFIC	SUPPORT IN CHINA	1,242,718.	WIRE			

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA/NEWLY IND. STATES	SUPPORT IN ARMENIA	1,044,692.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	SUPPORT IN ITALY	1,034,163.	WIRE			
(3)			SUB-SAHARAN AFRICA	SUPPORT IN ZIMBABWE	928,909.	WIRE			
(4)			EAST ASIA/PACIFIC	SUPPORT IN LAOS	862,992.	WIRE			
(5)			NORTH AMERICA	SUPPORT IN MEXICO	810,876.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	SUPPORT IN SPAIN	770,464.	WIRE			
(7)			SUB-SAHARAN AFRICA	SUPPORT SCI WEST &	725,389.	WIRE			
(8)			SUB-SAHARAN AFRICA	SUPPORT SCI SOUTHERN	700,789.	WIRE			
(9)			SOUTH AMERICA	SUPPORT IN NICARAGUA	658,181.	WIRE			
(10)			CENT. AMERICA/CARIBBEAN	SUPPORT IN HONDURAS	559,102.	WIRE			
(11)			EAST ASIA/PACIFIC	SUPPORT IN SRI LANKA	557,754.	WIRE			
(12)			SUB-SAHARAN AFRICA	SUPPORT IN GUINEA	417,534.	WIRE			
(13)			RUSSIA/NEWLY IND. STATES	SUPPORT IN GEORGIA &	394,270.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN BALKANS	380,730.	WIRE			
(15)			EAST ASIA/PACIFIC	SUPPORT IN AUSTRALIA	365,245.	WIRE			
(16)			EAST ASIA/PACIFIC	SUPPORT SCI SOUTH &	363,228.	WIRE			

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	SUPPORT IN THAILAND	316,328.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	SUPPORT IN ALBANIA	315,547.	WIRE			
(3)			EAST ASIA/PACIFIC	SUPPORT IN JAPAN	291,913.	WIRE			
(4)			NORTH AMERICA	SUPPORT IN CANADA	233,758.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	SUPPORT IN SWITZERLAND	215,000.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	SUPPORT IN DOMINICAN	201,647.	WIRE			
(7)			EAST ASIA/PACIFIC	SUPPORT IN KOREA	200,000.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	SUPPORT IN KOSOVO	180,912.	WIRE			
(9)			SUB-SAHARAN AFRICA	SUPPORT IN EUROPE FOR	172,210.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	SUPPORT IN JORDAN	122,500.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	SUPPORT SCI CENTRE	79,992.	WIRE			
(12)			EAST ASIA/PACIFIC	SUPPORT IN FIJI	79,647.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	SUPPORT SCI ADVOCACY	57,046.	WIRE			
(14)			EAST ASIA/PACIFIC	SUPPORT SCI SOUTH EAST	48,680.	WIRE			
(15)			CENT. AMERICA/CARIBBEAN	SUPPORT IN EL SALVADOR	40,000.	WIRE			
(16)			SUB-SAHARAN AFRICA	SUPPORT IN SOUTH AFRICA	25,398.	WIRE			

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**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.

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(1)			EUROPE/ ICELAND/ GREENLAND	SUPPORT IN DENMARK	19,497.	WIRE			
(2)			SUB-SAHARAN AFRICA	SUPPORT SCI EAST AFRICA	18,462.	WIRE			
(3)			CENT. AMERICA/ CARIBBEAN	SUPPORT SCI LATIN	12,219.	WIRE			
(4)			MIDDLE EAST/ NORTH AFRICA	SUPPORT IN ISRAEL	10,300.	WIRE			
(5)			SUB-SAHARAN AFRICA	SUPPORT ETHIOPIA			32,491,973.	VARIOUS GIK	FMV
(6)			SOUTH ASIA	SUPPORT NEPAL &			9,289,246.	VARIOUS GIK	FMV
(7)			SUB-SAHARAN AFRICA	SUPPORT MALAWI			8,766,048.	VARIOUS GIK	FMV
(8)			MIDDLE EAST/ NORTH AFRICA	SUPPORT JORDAN			5,007,512.	VARIOUS GIK	FMV
(9)			EAST ASIA/ PACIFIC	SUPPORT MYANMAR			4,512,304.	VARIOUS GIK	FMV
(10)			SUB-SAHARAN AFRICA	SUPPORT SOUTH SUDAN			3,954,280.	VARIOUS GIK	FMV
(11)			SUB-SAHARAN AFRICA	SUPPORT NIGER			3,347,417.	VARIOUS GIK	FMV
(12)			CENT. AMERICA/ CARIBBEAN	SUPPORT EL SALVADOR			2,872,194.	VARIOUS GIK	FMV
(13)			SUB-SAHARAN AFRICA	SUPPORT UKRAINE			2,183,180.	VARIOUS GIK	FMV
(14)			SUB-SAHARAN AFRICA	SUPPORT SOMALIA			2,053,601.	VARIOUS GIK	FMV
(15)			SOUTH ASIA	SUPPORT BURKINA			1,779,874.	VARIOUS GIK	FMV
(16)			SOUTH ASIA	SUPPORT AFGHANISTAN			1,116,619.	VARIOUS GIK	FMV

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(1)			SUB-SAHARAN AFRICA	SUPPORT MALI			1,016,498.	VARIOUS GIK	FMV
(2)			CENT. AMERICA/CARIBBEAN	SUPPORT GUATEMALA			738,622.	VARIOUS GIK	FMV
(3)			MIDDLE EAST/NORTH AFRICA	SUPPORT YEMEN			635,016.	VARIOUS GIK	FMV
(4)			MIDDLE EAST/NORTH AFRICA	SUPPORT IRAQ			581,339.	VARIOUS GIK	FMV
(5)			SOUTH ASIA	SUPPORT VIETNAM			550,500.	VARIOUS GIK	FMV
(6)			SOUTH ASIA	SUPPORT CENTRAL			479,463.	VARIOUS GIK	FMV
(7)			EAST ASIA/PACIFIC	SUPPORT IN SOUTH KOREA			334,958.	VARIOUS GIK	FMV
(8)			EAST ASIA/PACIFIC	SUPPORT PHILIPPINES			273,889.	VARIOUS GIK	FMV
(9)			SUB-SAHARAN AFRICA	SUPPORT ZIMBAWE			205,075.	VARIOUS GIK	FMV
(10)			SUB-SAHARAN AFRICA	SUPPORT NIGERIA			153,456.	VARIOUS GIK	FMV
(11)			EUROPE/ICELAND/GREENLAND	SUPPORT IN LITHUANIA			137,045.	VARIOUS GIK	FMV
(12)			MIDDLE EAST/NORTH AFRICA	SUPPORT LEBANON			126,475.	VARIOUS GIK	FMV
(13)			MIDDLE EAST/NORTH AFRICA	SUPPORT NORTHWEST			118,863.	VARIOUS GIK	FMV
(14)			SUB-SAHARAN AFRICA	SUPPORT KENYA			80,953.	VARIOUS GIK	FMV
(15)			SOUTH AMERICA	SUPPORT NICARAGUA			62,253.	VARIOUS GIK	FMV
(16)			SUB-SAHARAN AFRICA	SUPPORT MOZAMBIQUE			54,980.	VARIOUS GIK	FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SUPPORT			43,683.	VARIOUS GIK	FMV
(2)			NORTH AMERICA	SUPPORT IN CANADA			25,377.	VARIOUS GIK	FMV
(3)			SUB-SAHARAN AFRICA	SUPPORT ZAMBIA			21,130.	VARIOUS GIK	FMV
(4)			CENT. AMERICA/CARIBBEAN	SUPPORT HAITI			19,000.	VARIOUS GIK	FMV
(5)			SUB-SAHARAN AFRICA	SUPPORT EUROPEAN			10,400.	VARIOUS GIK	FMV
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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3 Enter total number of other organizations or entities. . . . . 1.

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
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(15)							
(16)							
(17)							
(18)							

**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**

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 CHAIR 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.

--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 2016, THREE JOINT BOARD MEMBERS (PERRIN, PALMER AND SPIERS-LOPEZ). THE CHAIR OF THE SCI BOARD, CHARLES PERRIN, SERVES ON THE SCUS BOARD AND

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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 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 FY2016 SCI FINANCIAL STATEMENTS INCLUDING AUDIT WORK PERFORMED AT THE HEAD OFFICE IN LONDON PLUS VARIOUS COUNTRY OFFICES (ETHIOPIA, MYANMAR, NEPAL, NIGER, NIGERIA, YEMEN AND INVENTORY ONLY PROCEDURES IN AFGHANISTAN, GUATEMALA, SOUTH SUDAN AND DEMOCRATIC REPUBLIC OF THE CONGO). APPROXIMATELY 38% OF SCI'S INCOME DERIVES FROM SCUS. KPMG DISCUSSES THE RESULTS OF THE STATUTORY AUDIT AND

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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 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 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

**2016**

**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 10 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>				14,512,940.	8,932,475.	5,580,463.

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, 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	
		GALA (event type)	GOLF CLASSIC (event type)	9. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,805,711.	142,566.	581,603.	2,529,880.
	2	Less: Contributions	1,746,911.	113,466.	576,588.	2,436,965.
	3	Gross income (line 1 minus line 2)	58,800.	29,100.	5,015.	92,915.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	340,062.			340,062.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	51,504.	73,082.	10,728.	135,314.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-382,461.

**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 2016, \$4,607,220.75 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	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).

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 2016 CAMPAIGNS.

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

AS A RESULT OF 2016 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	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).

EACH SUBSEQUENT YEAR FROM THESE CANVASSING RECURRING MONTHLY CONTRIBUTORS. REVENUE FOR FIVE YEARS FOR THE CANVASSING RECURRING MONTHLY CONTRIBUTORS ACQUIRED IN 2016 THROUGH DONORWORX INC., APPCO GROUP SUPPORT, DIALOGUE DIRECT AND DEVELOPING AWARENESS, INC. IS PROJECTED TO BE \$14,659,096.00 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 \$1,783 FOR PRODUCTION MATERIAL.
2. CHARITY DYNAMICS, LLC - CONTRACT OUTLINES FEES. CHARITY DYNAMICS WAS REIMBURSED \$4,947 FOR TRAVEL EXPENSES AND EMAIL COMMUNICATIONS.
3. DIRECT POINT GROUP, INC. - CONTRACT CONTAINS COMPENSATION TERMS FOR MONTHLY AND HOURLY RATES, PLUS MISCELLANEOUS SERVICES AND TRAVEL.

- 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).

DIRECT POINT WAS REIMBURSED \$4,580 FOR TRAVEL EXPENSES AND OTHER SUPPLIES.

4. DONOR CARE CENTER, INC. - CONTRACT ITEMIZES FEES FOR SERVICES BASED UPON SIMILAR FUNDRAISING PROJECTS FOR OTHER CHARITIES, AND SPECIFIES THAT EXPENSE REIMBURSEMENT IS AT COST. DONOR CARE WAS REIMBURSED \$6,053 FOR SHIPPING AND POSTAGE SERVICES.

5. 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 NOT REIMBURSED FOR ANY EXPENSES.

6. DONORWORX, INC. - CONTRACT SETS FEES PER CAMPAIGN PLUS RELATED COSTS AND TRAVEL EXPENSES. DONORWORX WAS REIMBURSED \$348 FOR POSTAGE.

7. DEVELOPING AWARENESS, INC. - CONTRACT SETS FEES FOR PER DONOR CONTRIBUTION PROCESSED PLUS REIMBURSEMENT FOR PRINTING COSTS AND AN ADMINISTRATIVE CHARGE PER PLEDGE FORM. DEVELOPING AWARENESS WAS NOT

- 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).

REIMBURSED FOR ANY EXPENSES.

8. TRUESENSE INC. - CONTRACT SETS FEES FOR PER DONOR CONTRIBUTION PROCESSED PLUS REIMBURSEMENT FOR PRINTING COSTS AND AN ADMINISTRATIVE CHARGE PER PLEDGE FORM. TRUESENSE WAS NOT REIMBURSED FOR ANY EXPENSES.

9. MDS COMMUNICATION CORP, - CONTRACT SETS FEES FOR PER DONOR CONTRIBUTION PROCESSED PLUS REIMBURSEMENT FOR PRINTING COSTS AND AN ADMINISTRATIVE CHARGE PER PLEDGE FORM. MDS WAS NOT REIMBURSED FOR ANY

- 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).

EXPENSES.

10. DIALOGUE DIRECT. - CONTRACT CONTAINS COMPENSATION TERMS FOR MONTHLY AND HOURLY RATES, PLUS MISCELLANEOUS SERVICES AND TRAVEL.

DIALOGUE DIRECT 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).

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? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
DEVELOPING AWARENESS, INC 2502 WEBBEVILLE ROAD AUSTIN TX 78702	PROF'L SOLICITOR	X	1,576,548.	3,022,304.	-1,445,756.
DIALOGUE DIRECT 589 8TH AVENUE, 21ST FLOOR NEW YORK NY 10018	PROF'L SOLICITOR	X	1,651,744.	2,825,487.	-1,173,743.
APPCO GROUP US INC. D/B/A APPCO GROUP SUPPORT 40 RECTOR STREET, SUITE 1504 NEW YORK NY 10006	PROF'L SOLICITOR	X	530,364.	1,161,717.	-631,354.
DIRECT POINT GROUP, INC. 251 NORTH SERVICE ROAD W., SUITE 300 OAKVILLE ONTARIO CA L6M 3E7	FUNDRAISING COUNCIL	X	4,304,619.	425,972.	3,878,646.
DONORWORX, INC. 4520 EAST WEST HIGHWAY, SUITE 700 BETHESDA MD 20814	PROF'L SOLICITOR	X	245,644.	419,313.	-173,669.

SAVE THE CHILDREN FEDERATION, INC.

DONOR CARE CENTER, INC.

480 W. TUSCARAWAS AVE., SUITE 307  
 BARBERTON  
 OH 44203

MDS COMMUNICATIONS  
 CORPORATION  
 545 WEST JUANITA AVENUE  
 MESA  
 AZ 85210

DONOR SERVICES GROUP, LLC

6715 SUNSET BLVD.  
 LOS ANGELES  
 CA 90028

TRUESENSE MARKETING

155 COMMERCE DRIVE  
 FREEDOM  
 PA 15042

CHARITY DYNAMICS, LLC

3420 EXECUTIVE CENTER DRIVE, SUITE G-100  
 AUSTIN  
 TX 78731

PROF'L  
 SOLICITOR

PROF'L  
 SOLICITOR

PROF'L  
 SOLICITOR

FUNDRAISING  
 COUNCIL

FUNDRAISING  
 COUNCIL

X

X

X

X

X

488,315.

284,892.

2,410,632.

2,408,679.

611,503.

300,005.

274,417.

177,716.

172,035.

153,509.

188,311.

10,475.

2,232,915.

2,236,644.

457,994.

06-0726487

ATTACHMENT 1 (CONT'D)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SAVE THE CHILDREN ACTION NETWORK 899 NORTH CAPITAL NE, SUITE 900	46-5465189	501(C)(4)	5,731,158.				SUPPORT ADVOCACY WORK
(2) CLAY COUNTY BOARD OF EDUCATION 128 RICHMOND ROAD MANCHESTER, KY 40962	61-6001320		879,384.				TO PROVIDE EDUCATION AND RESILIENCE AND CAPACITY BUILDING
(3) TANGO INTERNATIONAL, INC. 406 S. 4TH AVENUE TUSCON, AZ 85701	86-0945589		764,229.				(POTENTIAL) FOR YOUTH PROGRAM
(4) EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVE WALTHAM, MA 02453	04-2241718		684,830.				SUPPORT FOR THE DEVELOPMENT OF TECHNICAL & OPERATIONAL INNOVATIVE APPROACHES TO
(5) MERCY CORPS 45 SW ANKENY ST PORTLAND, OR 97204	91-1148123	501(C)(3)	664,843.				NEWBORN INTERVENTION
(6) CORE, INC. 919 18TH ST. NW SUITE 350	31-1749950	501(C)(3)	656,942.				TO PROVIDE EDUCATION PROGRAMS
(7) REACH OUT AND READ 89 SOUTH STREET, SUITE 201 BOSTON, MA 02111	04-3481253		612,000.				TO PROVIDE EDUCATION AND TECHNICAL & OPERATIONAL
(8) COLUMBIA UNIVERSITY SPONSORED PROJECTS FINANCE (SPF), P.O. BOX	13-5598093	501(C)(3)	533,807.				TO PROVIDE EDUCATION PROGRAMS
(9) COCKE CO BOARD OF EDUCATION 305 HEDRICK DRIVE NEWPORT, TN 37821	62-6000539		464,000.				TO PROVIDE EDUCATION AND TECHNICAL & OPERATIONAL
(10) MORGAN CO BOARD OF EDUCATION 136 FLAT FORK RD WARTEBURG, TN 37887	62-6000772		463,913.				TO PROVIDE EDUCATION PROGRAMS
(11) FOOD FOR THE HUNGRY 1224 E WASHINGTON ST PHOENIX, AZ 85034	95-2680390	501(C)(3)	461,526.				TO PROVIDE EDUCATION PROGRAMS
(12) WHITLEY CO BOARD OF ED 300 MAIN STREET WILLIAMSBURG, KY 40769	61-6001378		461,265.				EDUCATION PROGRAMS

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

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Schedule I (Form 990) (2016)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

2016

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Employer identification number  
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(1) PERRY CO. BOARD OF EDUCATION 315 PARK AVE. HAZARD, KY 41701	61-6001294		439,895.				TO PROVIDE EDUCATION PROGRAMS
(2) KNOTT CO BOARD OF EDUCATION 1156 HINDMAN BY PASS P.O. BOX 869	61-6001297		383,918.				TO PROVIDE EDUCATION PROGRAMS
(3) AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD	36-2275597	501(C)(3)	361,453.				MATERNAL AND CHILD SURVIVAL PROGRAM
(4) JACKSON COUNTY BOARD OF EDUCATION PO BOX 217, HWY 421 S MCKEE, KY 40447	61-6001324		344,250.				TO PROVIDE EDUCATION AND STRENGTHEN THE CAPACITY OF
(5) PALLADIUM INTERNATIONAL, LLC 1331 PENNSYLVANIA AVENUE NC, SUITE 600	26-1509671		246,923.				TO PROVIDE EDUCATION AND
(6) KINGS CANYON UNIFIED SCHOOL DIST. 675 WEST MANNING REEDLEY, CA 93654	58-2103066		234,744.				TO PROVIDE EDUCATION AND
(7) LAKE QUINVAULT SCHOOL DISTRICT PO BOX 38, 6130 STATE HWY 101	91-0997236		231,232.				TO PROVIDE EDUCATION PROGRAMS
(8) ORANGEBURG COUNTY SCHOOL DISTRICT 3 1654 CAMDEN RD., PO BOX 98	58-2316338		225,855.				IMPLEMENTING LITERACY AND EARLY
(9) PERRY COUNTY BOARD OF ED. 333 S MILL ST LINDEN, TN 37096	62-6000787		199,629.				TO PROVIDE EDUCATION AND
(10) ORANGEBURG CONSOLIDATE SD FIVE 578 ELLIS AVE ORANGEBURG, SC 29115	57-6000772		196,377.				TO PROVIDE EDUCATION AND
(11) MARION COUNTY BOARD OF EDUCATION 1010 HWY 13 NORTH, STE 2 COLUMBIA, MS 39429	64-6000671		194,098.				TO PROVIDE EDUCATION PROGRAMS
(12) CLARENDON COUNTY SCHOOL DISTRICT 1 P.O. BOX 38 SUMMERTON, SC 29148	57-0481945		192,478.				TO PROVIDE EDUCATION PROGRAMS

- 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) (2016)

**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue Service  
Name of the organization

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(1) OWSLEY COUNTY BOARD OF EDUCATION ROUTE 3, P.O. BOX 3 BOONEVILLE, KY 41314	61-6001246		179,124.				TO PROVIDE EDUCATION AND
(2) INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD, SUITE 1500	95-3949646	501(C)(3)	175,247.				ANALYSIS OF BREASTFEEDING, GROWTH THROUGH NUTRITION PROJECT
(3) THE MANOFF GROUP, INC 4301 CONNECTICUT AVE, NW SUITE 454	04-3030192		162,582.				TO PROVIDE EDUCATION PROGRAMS
(4) BARNWELL SCHOOL DISTRICT #45 770 HAGOOD AVENUE BARNWELL, SC 29812	57-6000126		154,068.				IMPLEMENTING LITERACY AND EARLY
(5) CALHOUN COUNTY BOARD OF EDUCATION 540 ALAN MOLLOHAN DRIVE MT. ZION, WV 26151	55-6000309		152,661.				TO PROVIDE EDUCATION PROGRAMS
(6) TAHOLAH SCHOOL DISTRICT PO BOX 249, 600 CHITWH TAHOLAH, WA 98587	91-6215570		147,819.				ETHIOPIA HOUSEHOLD ECONOMY APPROACH
(7) FEG CONSULTING, LLC 2013 NEW HAMPSHIRE AVENUE, NW, SUITE 606	80-0497670		147,144.				TO PROVIDE EDUCATION AND
(8) WILLISTON SCHOOL DISTRICT 29 OFFICE OF FINANCE, 12255 MAIN	57-6001201		139,141.				TO PROVIDE EDUCATION PROGRAMS
(9) HOPE PUBLIC SCHOOL DISTRICT 117 EAST SECOND STREET HOPE, AR 71801	71-6021044		130,957.				TO PROVIDE EDUCATION PROGRAMS
(10) MOUND BAYOU SCHOOL DISTRICT 201 GREEN STREET MOUND BAYOU, MS 38762	64-0802373		124,713.				TO PROVIDE EDUCATION PROGRAMS
(11) BARNWELL COUNTY SCHOOL DISTRICT # 19 297 PASCALLAS STREET BLACKVILLE, SC 29817	57-6000126		120,836.				TO PROVIDE EDUCATION PROGRAMS
(12) MCCREARY CO. BOARD OF EDUCATION 120 RAIDER WAY STEARNS, KY 42647	61-6001376		116,245.				TO PROVIDE EDUCATION PROGRAMS

- 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) (2016)

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

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(1) UNION COUNTY SCHOOL DISTRICT 130 WEST MAIN ST UNION, SC 29739	57-6004861		111,982.				TO PROVIDE EDUCATION PROGRAMS
(2) ALAMOSA SCHOOL DISTRICT 209 VICTORIA AVE. ALAMOSA, CO 81101	84-6011793		109,841.				TO PROVIDE EDUCATION PROGRAMS
(3) BELLS CITY SCHOOL 4532 HWY 88 SOUTH BELLS, TN 38006	62-6000245		109,349.				TO PROVIDE EDUCATION AND
(4) ROANE CO BOARD OF EDUCATION 813 CAPITOL STREET SPENCER, WV 25276	55-6000396		104,213.				TO PROVIDE EDUCATION PROGRAMS
(5) AMITE COUNTY SCHOOL DISTRICT 333 MAGGIE STREET LIBERTY, MS 39645	64-6000075		101,258.				TO PROVIDE EDUCATION PROGRAMS
(6) KANAWHA COUNTY BOARD OF EDUCATION 200 ELIZABETH STREET CHARLESTON, WV 25311	55-6000337		100,000.				FLOOD RECOVERY EDUCATION PROGRAMS
(7) BONANZA BUYING CENTER 629 HUMMINGBIRD ROAD, PO BOX 26	64-09223097	501(C)(3)	90,611.				TO PROVIDE EDUCATION PROGRAMS
(8) CHINLE UNIFIED SCHOOL DISTRICT PO BOX 587 CHINLE, AZ 86503	86-6006232		84,220.				TO PROVIDE EDUCATION AND
(9) BOARD OF EDUCATION OF JEFFERSON COUNTY, KEN PO BOX 35340 LOUISVILLE, KY 40232-5340	61-6001316		83,724.				TO PROVIDE EDUCATION PROGRAMS
(10) CENTER CONSOLIDATED SCHOOL DISTRICT 26JT 550 S. SYLVESTER AVENUE CENTER, CO 81125	84-6001943		82,099.				TO PROVIDE EDUCATION PROGRAMS
(11) FORREST CITY PUBLIC SCHOOLS 625 IRVING STREET FORREST CITY, AR 72335	71-6020499		81,057.				TO PROVIDE EDUCATION PROGRAMS
(12) CROCKETT COUNTY SCHOOLS 102 N CAVALIER DR ALAMO, TN 38001	62-6000547		79,970.				TO PROVIDE EDUCATION PROGRAMS

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Schedule I (Form 990) (2016)

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

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Department of the Treasury  
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(1) WILSONA SCHOOL DISTRICT 18050 EAST AVENUE O PALMDALE, CA 93591	95-6003534		71,379.				TO PROVIDE EDUCATION PROGRAMS
(2) TIPTON SCHOOL DISTRICT PO BOX 787, 370 N EVAN TIPTON, CA 93272	91-1883652		67,259.				TO PROVIDE EDUCATION PROGRAMS
(3) MASON CO BOARD OF EDUCATION 1200 MAIN STREET POINT PLEASANT, WV 25550	55-6000353		66,514.				TO PROVIDE EDUCATION PROGRAMS
(4) HARDEMAN COUNTY BOE PO BOX 112, 10815 OLD BOLIVAR, TN 38008	62-6000649		63,866.				TO PROVIDE EDUCATION PROGRAMS
(5) SOUTH CONEJOS SCHOOL DISTRICT PO BOX 398 ANTONITO, CO 81120	84-6001045		63,281.				TO PROVIDE EDUCATION AND
(6) HAYWOOD COUNTY SCHOOL DISTRICT 900 E. MAIN STREET BROWNSVILLE, TN 38012	62-6000659		63,130.				TO PROVIDE EDUCATION AND
(7) SUNNYSIDE UNION SCHOOL DISTRICT 21644 AVENUE 196 STRATHMORE, CA 93267	77-0565330		62,639.				TO PROVIDE EDUCATION PROGRAMS
(8) QUITMAN COUNTY DEV'T ORG, INC PO BOX 386 MARKS, MS 38646	64-0629668	501(C)(3)	62,042.				TO PROVIDE EDUCATION PROGRAMS
(9) FARMERSVILLE USD 571 E CITRUS AVENUE FARMERSVILLE, CA 93223	77-0565331		61,898.				TO PROVIDE EDUCATION PROGRAMS
(10) SHELTERING ARMS CHILDREN AND FAMILY SERVICE 305 SEVENTH AVENUE NEW YORK, NY 10001	13-3709095		61,371.				TO PROVIDE EMERGENCY RECOVERY AND PREPARE
(11) RAYMOND SCHOOL DISTRICT 116 1016 COMMERCIAL ST. RAYMOND, WA 98577	91-0971941		61,190.				TO PROVIDE EDUCATION PROGRAMS
(12) ALFAUGH UNIFIED SCHOOL DIST 5313 ROAD 39 (WILBUR PO BOX 9	77-0031861		60,872.				TO PROVIDE EDUCATION PROGRAMS

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(1) WEST VIRGINIA UNIVERSITY RESEARCH CORPORATI ONE WATERFRONT PLACE, P.O. BOX 6005	55-0665758	501(C)(3)	60,855.				FLOOD RECOVERY EDUCATION PROGRAMS
(2) PCI - PROJECT CONCERN INTERNATIONAL 5151 MURPHY CANYON ROAD, SUITE 320	95-2248462	501(C)(3)	60,000.				TRAINING AFFECTED CHILD CARE
(3) LEE COUNTY SCHOOL DISTRICT-SC 521 PARK STREET, PO BOX 50	57-6000377		59,823.				TO PROVIDE EDUCATION PROGRAMS
(4) OCEAN BEACH UNIFIED SCHOOL DIST 500 WASHINGTON AVE, PO BOX 778	91-0972358		58,248.				TO PROVIDE EDUCATION PROGRAMS
(5) FREMONT PUBLIC SCHOOLS 130 E. 9TH STREET FREMONT, NE 68025	47-6002550		57,728.				TO PROVIDE EDUCATION PROGRAMS
(6) JEFFERSON DAVIS SCHOOL DISTRICT 1025 3RD STREET PRENTISS, MS 39474	64-6009027		56,980.				TO PROVIDE EDUCATION PROGRAMS
(7) KEARNEY PUBLIC SCHOOLS 310 WEST 24TH ST KEARNEY, NE 68845	47-6001393		55,804.				TO PROVIDE EDUCATION PROGRAMS
(8) WEST TALLAHATCHIE SCHOOL DISTRICT 1096 FRIENDSHIP RD W. SUMNER, MS 38966	64-0798045		55,470.				TO PROVIDE EDUCATION PROGRAMS
(9) KINGS RIVER UNION SCHOOL DISTRICT 3961 AVE 400 KINGSBURG, CA 93631	77-05663524		54,648.				TO PROVIDE EDUCATION PROGRAMS
(10) PLEASANT VIEW SCHOOL DISTRICT 14004 ROAD 184 PORTERVILLE, CA 93257	77-05663833		54,300.				TO PROVIDE EDUCATION PROGRAMS
(11) DEFELCHIN CHILDREN'S CENTER 4950 MEMORIAL DRIVE HOUSTON, TX 77007	76-0318867		53,421.				JOH PROGRAMMING NUTRITION LEARNING S
(12) TIPTON COUNTY BOARD OF EDUCATION 1580 HWY 51S COVINGTON, TN 38019	62-6000870		49,950.				TO PROVIDE EDUCATION PROGRAMS

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(1) EDUCARE OF OMAHA 2123 PAUL ST OMAHA, NE 68102	80-0015385	501(C)(3)	49,111.				TO PROVIDE EDUCATION PROGRAMS
(2) KEPPEL UNION SCHOOL DISTRICT PO BOX 186 PEARBLOSSOM, CA 93553	95-6001756		47,065.				IMPLEMENTING EARLY CHILDHOOD PROGRAMS
(3) COAHOMA COUNTY SCHOOL DISTRICT 1555 LEE DRIVE, PO BOX 820	64-6000266		45,053.				TO PROVIDE EDUCATION PROGRAMS
(4) PITTSBURG SCHOOL DISTRICT USD 250 510 DEILL ST PITTSBURG, KS 66762	48-6041349		44,863.				TO PROVIDE EDUCATION PROGRAMS
(5) WASHINGTON UNIVERSITY IN ST. LOUIS, ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611		41,886.				YOUTH SAVE PROGRAM
(6) HELEN KELLER INTERNATIONAL 352 PARK AVENUE SOUTH, STE. 1200	13-5562162	501(C)(3)	40,000.				TO ORGANIZE DBC AND BARRIER ANALYSIS
(7) WINNEBAGO TRIBE OF NEBRASKA P.O. BOX 687 WINNEBAGO, NE 68071	47-0489118		39,975.				TO PROVIDE EDUCATION PROGRAMS
(8) WASHINGTON PARISH SCHOOL DISTRICT 800 MAIN STREET FRANKLINTON, LA 70438	72-6001459		39,804.				TO PROVIDE EDUCATION PROGRAMS
(9) GANADO SCHOOL DISTRICT HIGHWAY 264, PO BOX 175 GANADO, AZ 86505	86-0394254		39,791.				TO PROVIDE EDUCATION PROGRAMS
(10) GEORGETOWN UNIVERSITY, STUDENT ACCOUNTS OFF 37 TH & O STREETS NW, BOX 571159	53-0196603		39,405.				EVALUATION OF MULTI-LEVEL
(11) MENDOTA UNIFIED SCHOOL DISTRICT 115 MCCABE AVENUE MENDOTA, CA 93640	77-0406030		38,442.				TO PROVIDE EDUCATION PROGRAMS
(12) COUNTY OF RIO CONSOLIDATED SCHOOL DISTRICT 345 E PROSPECT AVE MONTE VISTA, CO 81144	84-6001901		37,837.				IMPLEMENT EARLY STEPS TO SCHOOL

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Schedule I (Form 990) (2016)

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

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

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

OMB No. 1545-0047

2016

Open to Public  
Inspection

Employer identification number

06-0726487

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

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

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

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

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Employer identification number

06-0726487

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

**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) PARSONS USD #503 PO BOX 1056 PARSONS, KS 67357	48-6040371		35,690.				TO PROVIDE EDUCATION PROGRAMS
(2) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER, 3003 S. STATE ST.	38-6006309		35,000.				ASSIST FLINT AFFECTED CHILD CARE
(3) LAUDERDALE COUNTY SCHOOL DISTRICT 402 S. WASHINGTON STREET RIPLEY, TN 38063	62-6000707		33,184.				TO PROVIDE EDUCATION AND
(4) YMCA OF KANAWHA VALLEY 100 YMCA DRIVE CHARLESTON, WV 25311	55-0357058		32,833.				YMCA OF KANAWHA VALLEY FLOOD
(5) GREENE COUNTY BOARD OF EDUCATION 220 MAIN ST. EUTAW, AL 35462	63-6000909		32,015.				TO PROVIDE EDUCATION PROGRAMS
(6) LEE COUNTY OFFICE OF FIRST STEPS P.O. BOX 344 BISHOPVILLE, SC 29010	57-1097820	501(C)(3)	28,684.				TO PROVIDE EDUCATION PROGRAMS
(7) NORTH CONEJOS SCHOOL DISTRICT R-1 PO BOX 72 LA JARA, CO 81140	84-6001052		20,227.				DESIGNATED FUNDING FOR LA JARA ELEMENTA
(8) GRANDMOTHER PROJECT INC 126 SAINT ANDREW CIRCLE	65-8818625		20,000.				COMMUNITY NUTRITION PROGRAMS
(9) NATIONAL ASSOCIATION OF CHILD CARE RESOURCE 1515 NORTH COURTHOUSE ROAD, FLOOR 3	94-3060756		20,000.				CHILD CARE EMERGENCY TRAINING
(10) FAMILY HEALTH INTERNATIONAL 359 BLACKWELL STREET SUITE 200	23-7413005	501(C)(3)	20,000.				ESSENTIAL HYGIENE ACTIONS
(11) LAND O' LAKES INC 4001 LEXINGTON AVE NORTH	41-0365145		20,000.				LIVESTOCK-HOUSEHOLD NUTRITION LEARNING S
(12) MEDICAL TEAMS INTERNATIONAL PO BOX 10 PORTLAND, OR 97207-0010	93-0878944		20,000.				DEVELOP INSTRUCTION VIDEO ON PDQ METHODS

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

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

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Schedule I (Form 990) (2016)

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Department of the Treasury  
Internal Revenue Service  
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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
(1) GREATER FLINT AEYC P.O. BOX 13071 FLINT, MI 48501	38-2702522		19,793.				TRAINING EVENT - CHILDCARE PROVIDERS
(2) NICHOLAS BOARD OF EDUCATION 400 OLD MAIN DRIVE SUMMERSVILLE, WV 26651	55-6000372		17,632.				TO PROVIDE EDUCATION AND EMERGENCY
(3) MISSOURI CHILD CARE RESOURCE & REFERRAL NET 1000 EXECUTIVE PARKWAY DR STE 103	43-1821038	501(C)(3)	16,556.				PREPAREDNESS-CHILDCARE CHILD CARE EMERGENCY
(4) ARKANSAS STATE UNIVERSITY PO BOX 2640 STATE UNIVERSITY, AR 72467	71-6000556		15,405.				SAVING NEWBORN LIVES EDUCATION AND SMOOTHIE PROGRAM
(5) PATH RESUSCITATION OUTCOMES - HO 2201 WESTLAKE AVE, SUITE 200	91-1157127		13,975.				EDUCATION AND EDUCATION PROGRAMS CHILD CARE
(6) ALPHA KIDS LLC 310 E. THIRD ST. FLINT, MI 48502	47-0984619		10,494.				EMERGENCY CHILD CARE EMERGENCY
(7) NATIONAL PARK COMMUNITY COLLEGE 101 COLLEGE DRIVE HOT SPRINGS, AR 71913	71-0445211		10,327.				CHILD CARE EMERGENCY CHILD CARE EMERGENCY
(8) COUNCIL OF CHURCH OF THE OZARKS 627 N GLENSTONE AVENUE	43-0903657		10,313.				EMERGENCY SAVING NEWBORN LIVES PROJECT
(9) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE., 2ND FLOOR	04-2103580		10,150.				CHILD CARE EMERGENCY CHILD CARE EMERGENCY
(10) UNIVERSITY CITY CHILDREN'S CENTER-LUME INST 6646 VERNON AVENUE ST. LOUIS, MO 63130	43-0858608	501(C)(3)	9,825.				CHILD CARE EMERGENCY CHILD CARE EMERGENCY
(11) CHILD CARE CONNECTIONS, INC 3805 MCCAIN PARK DRIVE, SUITE 120	73-1666180		9,577.				CHILD CARE EMERGENCY CHILD CARE EMERGENCY
(12) THE FAMILY CONSERVANCY 444 MINNESOTA AVE SUITE 200	44-0454800		9,375.				EMERGENCY

- 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) (2016)

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Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
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Name of the organization

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Employer identification number

06-0726487

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- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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(1) WHITE RIVER PLANNING & DEVELOPMENT DISTRICT 1652 WHITE DRIVE BATESVILLE, AR 72501	71-0398870		8,577.				CHILD CARE EMERGENCY
(2) NORTHWEST ARKANSAS CHILD CARE RESOURCE & RE 614 E EMMA AVE SPRINGDALE, AR 72764	71-0780981		8,577.				CHILD CARE EMERGENCY
(3) FRANKLIN COUNTY BOARD OF EDUCATION 215 S COLLEGE ST WINCHESTER, TN 37398	62-6000593		5,648.				DESIGNATED FUNDING TO PROVIDE EDUCATION PROGRAMS
(4) ROCKY MOUNTAIN SER JOBS FOR PROGRESS 3555 PECOS STREET DENVER, CO 80211	84-0826906		5,498.				TO PROVIDE EDUCATION AND
(5) THE CITY OF OKLAHOMA CITY 100 N. WALKER, SUITE 200	73-6005359		5,200.				TO PROVIDE EDUCATION PROGRAMS
(6) WHITLEY CO BOARD OF ED 300 MAIN STREET WILLIAMSBURG, KY 40769	61-6001378			378,310.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(7) PERRY CO. BOARD OF EDUCATION 315 PARK AVE. HAZARD, KY 41701	61-6001294			312,116.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(8) CLAY COUNTY BOARD OF EDUCATION 128 RICHMOND ROAD MANCHESTER, KY 40962	61-6001320			281,299.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(9) COCKE CO BOARD OF EDUCATION 305 HEDRICK DRIVE NEWPORT, TN 37821	62-6000539			198,449.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(10) JACKSON COUNTY BOARD OF EDUCATION PO BOX 217, HWY 421 S MCKEE, KY 40447	61-6001324			193,136.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(11) KNOTT CO BOARD OF EDUCATION 1156 HINDMAN BY PASS P.O. BOX 869	61-6001297			187,549.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(12) KINGS CANYON UNIFIED SCHOOL DIST. 675 WEST MANNING REEDLEY, CA 93654	58-2103066			150,742.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND

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Schedule I (Form 990) (2016)

**SCHEDULE I  
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Department of the Treasury  
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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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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
(1) MORONGO UNIFIED SCHOOL DISTRICT	95-6002122			149,462.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(2) MORGAN CO BOARD OF EDUCATION 136 FLAT FORK RD WARTEBURG, TN 37887	62-6000772			132,988.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(3) OCEAN BEACH UNIFIED SCHOOL DIST 500 WASHINGTON AVE, PO BOX 778	91-0972358			128,725.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(4) MCREARY CO. BOARD OF EDUCATION 120 RAIDER WAY STEARNS, KY 42647	61-6001376			124,682.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(5) MARION COUNTY BOARD OF EDUCATION 1010 HWY 13 NORTH, STE 2 COLUMBIA, MS 39429	64-6000671			119,451.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(6) CABELL COUNTY BOARD OF EDUCATION 2850 5TH AVENUE HUNTINGTON, WV 25702	55-6000306			96,519.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(7) AMITE COUNTY SCHOOL DISTRICT 333 MAGGIE STREET LIBERTY, MS 39645	64-6000075			85,497.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(8) TIPTON COUNTY BOARD OF EDUCATION 1580 HWY 51S COVINGTON, TN 38019	62-6000870			75,115.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(9) BARSTOW UNIFIED SCHOOL DISTRICT 551 SOUTH AVENUE H BARSTOW, CA 92311	95-2407952			70,385.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(10) CALHOUN COUNTY BOARD OF EDUCATION 540 ALAN MOLLOHAN DRIVE MT. ZION, WV 26151	55-6000309			66,362.	FMV	VARIOUS GIK	IMPLEMENTING LITERACY AND EARLY
(11) ORANGEBURG COUNTY SCHOOL DISTRICT 3 1654 CAMDEN RD., PO BOX 98	58-2316338			64,340.	FMV	VARIOUS GIK	IMPLEMENTING LITERACY AND EARLY
(12) OWSLEY COUNTY BOARD OF EDUCATION ROUTE 3, P.O. BOX 3 BOONEVILLE, KY 41314	61-6001246			61,000.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND

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(1) UNION COUNTY SCHOOL DISTRICT 130 WEST MAIN ST UNION, SC 29739	57-6004861			51,956.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(2) JEFFERSON DAVIS SCHOOL DISTRICT 1025 3RD STREET PRENTISS, MS 39474	64-6009027			51,033.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(3) ORANGEBURG CONSOLIDATE SD FIVE 578 ELLIS AVE ORANGEBURG, SC 29115	57-6000772			47,202.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(4) PERRY COUNTY BOARD OF ED. 333 S MILL ST LINDEN, TN 37096	62-6000787			46,367.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(5) MOUNTAIN HEART COMMUNITY SERVICES, INC. PO BOX 1509 OCEANA, WV 24870	55-0481419			41,753.	FMV	VARIOUS GIK	TO PROVIDE EMERGENCY SUPPORT
(6) BARNWELL SCHOOL DISTRICT #45 770 HAGOOD AVENUE BARNWELL, SC 29812	57-6000126			40,396.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(7) MCDOWELL COUNTY BOE 30 CENTRAL AVE WELCH, WV 24801	55-6000356			36,257.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(8) LAUDERDALE COUNTY SCHOOL DISTRICT 402 S. WASHINGTON STREET RIPLEY, TN 38063	62-6000707			31,678.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(9) HAYWOOD COUNTY SCHOOL DISTRICT 900 E. MAIN STREET BROWNSVILLE, TN 38012	62-6000659			29,758.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(10) WEST TALLAHATCHIE SCHOOL DISTRICT 1096 FRIENDSHIP RD W. SUMNER, MS 38966	64-0798045			29,404.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(11) QUITMAN COUNTY DEV'T ORG, INC PO BOX 386 MARKS, MS 38646	64-0629668	501(C)(3)		25,703.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(12) WILLISTON SCHOOL DISTRICT 29 OFFICE OF FINANCE, 12255 MAIN	57-6001201			25,244.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND

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(1) TAHOLAH SCHOOL DISTRICT PO BOX 249, 600 CHITWH TAHOLAH, WA 98587	91-6215570			24,976.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(2) LEE COUNTY SCHOOL DISTRICT-SC 521 PARK STREET, PO BOX 50	57-6000377			24,648.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(3) CLARENDON COUNTY SCHOOL DISTRICT 1 P.O. BOX 38 SUMMERTON, SC 29148	57-0481945			24,300.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(4) ROANE CO BOARD OF EDUCATION 813 CAPITOL STREET SPENCER, WV 25276	55-6000396			23,881.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(5) BARNWELL COUNTY SCHOOL DISTRICT # 19 297 PASCALLAS STREET BLACKVILLE, SC 29817	57-6000126			23,655.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(6) MASON CO BOARD OF EDUCATION 1200 MAIN STREET POINT PLEASANT, WV 25550	55-6000353			23,291.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(7) SCHUYLER COMMUNITY SCHOOL 2404 DENVER STREET PO BOX 431	47-0535355			21,335.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(8) FREMONT PUBLIC SCHOOLS 130 E. 9TH STREET FREMONT, NE 68025	47-6002550			21,327.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(9) BELLS CITY SCHOOL 4532 HWY 88 SOUTH BELLS, TN 38006	62-6000245			19,721.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(10) RAYMOND SCHOOL DISTRICT 116 1016 COMMERCIAL ST. RAYMOND, WA 98577	91-0971941			19,305.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(11) MOUND BAYOU SCHOOL DISTRICT 201 GREEN STREET MOUND BAYOU, MS 38762	64-0802373			18,262.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(12) LEXINGTON PUBLIC SCHOOLS 300 S. WASHINGTON ST. LEXINGTON, NE 68850	47-6002382			17,632.	FMV	VARIOUS GIK	LEXINGTON, NE GIK

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(1) BONANZA BUYING CENTER 629 HUMMINGBIRD ROAD, PO BOX 26	64-09223097	501(C)(3)		17,543.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(2) CROCKETT COUNTY SCHOOLS 102 N CAVALIER DR ALAMO, TN 38001	62-6000547			17,289.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(3) KINGS RIVER UNION SCHOOL DISTRICT 3961 AVE 400 KINGSBURG, CA 93631	77-05663524			15,798.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(4) EDUCARE OF OMAHA 2123 PAUL ST OMAHA, NE 68102	80-0015385	501(C)(3)		15,665.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(5) KEARNEY PUBLIC SCHOOLS 310 WEST 24TH ST KEARNEY, NE 68845	47-6001393			14,280.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(6) SUNNYSIDE UNION SCHOOL DISTRICT 21644 AVENUE 196 STRATHMORE, CA 93267	77-05665330			14,051.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(7) FOUNDATION FOR EAST BATON ROUGE SCHOOL SYST 12000 GOODWOOD BLVD, ROOM 111	46-1149306			11,775.	FMV	VARIOUS GIK	TO PROVIDE EMERGENCY SUPPORT
(8) CHINLE UNIFIED SCHOOL DISTRICT PO BOX 587 CHINLE, AZ 86503	86-6006232			10,726.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(9) HARDEMAN COUNTY BOE PO BOX 112, 10815 OLD BOLLIVAR, TN 38008	62-6000649			10,627.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(10) YMCA OF KANAWHA VALLEY 100 YMCA DRIVE CHARLESTON, WV 25311	55-0357058			10,097.	FMV	VARIOUS GIK	YMCA OF KANAWHA VALLEY FLOOD
(11) LIVINGSTON PARISH SCHOOL BOARD PO BOX 1130 LIVINGSTON, LA 70754	72-0882480			10,003.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(12) TIPTON SCHOOL DISTRICT PO BOX 787, 370 N EVAN TIPTON, CA 93272	91-1883652			9,921.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS

- 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) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GANADO SCHOOL DISTRICT HIGHWAY 264, PO BOX 175 GANADO, AZ 86505	86-0394254			9,909.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(2) BOARD OF EDUCATION OF JEFFERSON COUNTY, KEN PO BOX 35340 LOUISVILLE, KY 40232-5340	61-6001316			9,239.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(3) LAKE QUINAULT SCHOOL DISTRICT PO BOX 38, 6130 STATE HWY 101	91-0997236			8,659.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(4) PLEASANT VIEW SCHOOL DISTRICT 14004 ROAD 184 PORTERVILLE, CA 93257	77-0563833			7,461.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(5) WINNEBAGO TRIBE OF NEBRASKA P.O. BOX 687 WINNEBAGO, NE 68071	47-0489118			6,974.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(6) ALAMOSA SCHOOL DISTRICT 209 VICTORIA AVE. ALAMOSA, CO 81101	84-6011793			6,756.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(7) ALFAUGH UNIFIED SCHOOL DIST 5313 ROAD 39 (WILBUR PO BOX 9	77-0031861			6,280.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(8) COME GROW WITH ME CHILDCARE, INC. 4928 ELK RIVER RD. S. ELKVIEW, WV 25071	94-3484443			5,613.	FMV	VARIOUS GIK	TO PROVIDE EMERGENCY SUPPORT
(9) PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUN 351 WAGONER DRIVE, SUITE 200	56-1845926	501(C)(3)		5,348.	FMV	VARIOUS GIK	TO PROVIDE EMERGENCY SUPPORT
(10) CENTER CONSOLIDATED SCHOOL DISTRICT 26JT 550 S. SYLVESTER AVENUE CENTER, CO 81125	84-6001943			5,226.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION PROGRAMS
(11) SOUTH CONEJOS SCHOOL DISTRICT PO BOX 398 ANTONITO, CO 81120	84-6001045			5,226.	FMV	VARIOUS GIK	TO PROVIDE EDUCATION AND
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 17.

3 Enter total number of other organizations listed in the line 1 table 109.

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

Schedule I (Form 990) (2016)

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

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

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

OMB No. 1545-0047

2016

Open to Public  
Inspection

Employer identification number

06-0726487

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV Supplemental Information.** 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 CONTROLLER, AND TESTED ON A

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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.

2016

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 (such as, maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-9.

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CAROLYN S. MILES PRESIDENT & CEO	(i)	432,373.	25,790.	1,806.	41,408.	8,608.	509,985.
	(ii)	0.	0.	0.	0.	0.	0.
2 STACY BRANDOM VP, TREASURER & CFO	(i)	281,361.	9,794.	1,129.	28,003.	1,402.	321,689.
	(ii)	0.	0.	0.	0.	0.	0.
3 CARLOS CARRAZANA EXECUTIVE VP & COO	(i)	316,863.	18,974.	966.	58,083.	10,370.	405,256.
	(ii)	0.	0.	0.	0.	0.	0.
4 MICHAEL KLOSSON VP, POLICY & HUMANITARIAN RESP	(i)	247,090.	15,582.	5,334.	43,038.	1,762.	312,806.
	(ii)	0.	0.	0.	0.	0.	0.
5 SHAWN A. MOOD VP & CHIEF OF HUMAN RESOURC.	(i)	238,905.	13,915.	966.	21,173.	27,142.	302,101.
	(ii)	0.	0.	0.	0.	0.	0.
6 KENNETH G. MURDOCH VP, IT & BUILDING OPERATIONS	(i)	242,628.	15,353.	1,806.	42,483.	15,647.	317,917.
	(ii)	0.	0.	0.	0.	0.	0.
7 DIANA K. MYERS VP, INTERNATIONAL PROGRAMS	(i)	258,800.	15,000.	2,772.	28,164.	2,625.	307,361.
	(ii)	0.	0.	0.	0.	0.	0.
8 SUSAN E. RIDGE VP, MARKETING & COMMUNICATIONS	(i)	244,640.	14,920.	1,806.	21,252.	27,142.	309,760.
	(ii)	0.	0.	0.	0.	0.	0.
9 SUNEET SEAM VP & GENERAL COUNSEL	(i)	260,378.	10,605.	420.	12,408.	27,142.	310,953.
	(ii)	0.	0.	0.	0.	0.	0.
10 NANCY A. TAUSSIG VP, RESOURCE DEVELOPMENT	(i)	262,167.	15,600.	2,772.	22,222.	1,425.	304,186.
	(ii)	0.	0.	0.	0.	0.	0.
11 NATALIE VEGA O'NEIL ACTING VP, US PROGRAMS	(i)	180,850.	13,873.	389.	16,065.	26,358.	237,535.
	(ii)	0.	0.	0.	0.	0.	0.
12 ANDREA WILLIAMSON CORPORATE SECRETARY	(i)	134,952.	0.	1,733.	11,959.	11,465.	160,109.
	(ii)	0.	0.	0.	0.	0.	0.
13 ROBERT J. CARDINALI CHIEF OF PARTY, SABAL	(i)	220,131.	0.	4,328.	16,161.	7,415.	248,035.
	(ii)	0.	0.	0.	0.	0.	0.
14 THOMAS R. KRIFT REGIONAL DIRECTOR	(i)	189,690.	12,789.	18,535.	18,487.	13,322.	252,823.
	(ii)	0.	0.	0.	0.	0.	0.
15 DANA L. LANGHAM ASSOCIATE VP, CHIEF CORP DEV	(i)	215,279.	18,148.	1,806.	20,098.	1,402.	256,733.
	(ii)	0.	0.	0.	0.	0.	0.
16 GREGORY A. RAMM VP, HUMANITARIAN RESPONSE	(i)	193,410.	12,120.	1,806.	17,264.	31,320.	255,920.
	(ii)	0.	0.	0.	0.	0.	0.

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	JANINE L. SCOLPINO	200,266.	17,420.	966.	17,925.	26,924.	263,501.	0.
	<sup>1</sup> ASSOCIATE VP, MASS MARKET FUND	0.	0.	0.	0.	0.	0.	0.
	DANIEL STONER	177,415.	10,908.	876.	15,538.	26,880.	231,617.	0.
	<sup>2</sup> AVP, EDUCATION & CHILD DEV.	0.	0.	0.	0.	0.	0.	0.
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

SAVE THE CHILDREN FEDERATION, INC.

06-0726487

Schedule J (Form 990) 2016

Page 3

**Part III Supplemental Information**

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

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, BRANDOM, CARRAZANA, KLOSSON, MOOD, MURDOCH, MYERS, RIDGE, SEAM, TAUSSIG, VEGA O'NEIL, KRIFT, LANGHAM, RAMM, AND SCOLPINO.



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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2016**

**Open To Public Inspection**

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).**

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) 2016

**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) ROSEMARY TRENT	FAMILY MEMBER - D STONER	99,078.	COMPENSATION		X
(2)					
(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

**2016**

**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		3,834,928.	FMV
5 Clothing and household goods . . . . .	X		6,220,708.	FMV
6 Cars and other vehicles . . . . .	X	2.	66,832.	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		68,399,150.	FMV
20 Drugs and medical supplies . . . . .	X	8.	10,719,398.	FMV
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1) . . . . .		16.	138,149.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

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

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

Schedule M (Form 990) (2016)

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

SCHEDULE M, PART I

NONCASH CONTRIBUTIONS

VARIOUS AGRICULTURAL COMMODITIES AND OTHER MISCELLANEOUS SUPPLIES

RECEIVED FOR THE PURPOSE OF FAMINE, MEDICAL AND EDUCATIONAL RELIEF

EFFORTS.

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

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>
CUBICALS	X	1.	48,675.	FMV
SUPPLIES FOR GOLF EVENT	X	1.	34,584.	FMV
TOYS	X	2.	22,735.	FMV
OFFICE SUPPLIES	X		14,404.	FMV
OTHER	X	9.	13,002.	FMV
GIFT CARDS	X	1.	2,500.	FMV
CAMERAS & MONITORS	X	2.	2,249.	FMV
TOTALS		<u>16.</u>	<u>138,149.</u>	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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 2016, SAVE THE CHILDREN WORKED IN 120 COUNTRIES, INCLUDING THE UNITED STATES, AND REACHED MORE THAN 157 MILLION CHILDREN - INCLUDING MORE THAN 56 MILLION CHILDREN DIRECTLY. OUR FULL REPORT ON 2016 ACCOMPLISHMENTS CAN BE FOUND IN OUR ANNUAL REPORT, RESULTS FOR CHILDREN, AVAILABLE ON OUR WEBSITE. BELOW YOU WILL FIND HIGHLIGHTED EXCERPTS FROM THE REPORT.

FORM 990, PART III, LINE 4A

GLOBAL HEALTH

SAVE THE CHILDREN WORKS EVERY DAY TO GIVE CHILDREN IN THE U.S. AND AROUND THE WORLD A HEALTHY START IN LIFE. WE CONTINUE TO BE AT THE FOREFRONT OF GLOBAL EFFORTS TO END PREVENTABLE CHILD DEATHS, WITH A FOCUS ON MATERNAL, NEWBORN AND CHILD HEALTH AND NUTRITION, ALLEVIATING HUNGER, AND PREVENTING AND TREATING HIV/AIDS. THANKS TO YOU, IN 2016, SAVE THE

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CHILDREN HELPED GIVE 36.2 MILLION CHILDREN AROUND THE WORLD A HEALTHY START.

IN BANGLADESH, WHERE ALMOST ONE-QUARTER OF NEWBORN DEATHS ARE CAUSED BY INFECTION, SAVE THE CHILDREN HAS SIGNIFICANTLY SCALED UP AN EFFICIENT, LOW-COST SOLUTION PROVEN TO PREVENT OVER 20 PERCENT OF NEWBORN DEATHS - THE APPLICATION OF A SAFE AND COMMONLY-USED UMBILICAL CORD ANTISEPTIC KNOWN AS CHLOREXIDINE. WITH SAVE THE CHILDREN'S SUPPORT, BANGLADESH ADOPTED THE USE OF THE ANTISEPTIC FOR NEWBORN CORD CARE NATIONWIDE IN 2013. SINCE THEN, WE'VE HELPED ROLL OUT THIS LIFESAVING PROGRAM ACROSS THE ENTIRE COUNTRY - TRAINING MORE THAN 85,800 HEALTH WORKERS, WHO'VE TREATED MORE THAN 345,200 NEWBORN BABIES.

IN ETHIOPIA, SAVE THE CHILDREN IS LEADING USAID'S FIVE-YEAR FLAGSHIP, MULTI-SECTOR NUTRITION PROJECT CALLED EMPOWERING THE NEW GENERATION TO IMPROVE NUTRITION AND ECONOMIC OPPORTUNITIES (ENGINE), FOCUSED ON ENSURING MOTHERS AND BABIES ARE WELL-NOURISHED DURING THE FIRST 1,000 DAYS. THROUGH ENGINE, WE REACHED 5.7 MILLION CHILDREN UNDER AGE 5, 790,000 MOTHERS AND CAREGIVERS AND 15,070 OF THE MOST VULNERABLE HOUSEHOLDS.

IN THE UNITED STATES, WE REACHED MORE THAN 14,000 CHILDREN IN 10 STATES THROUGH OUR HEALTHY CHOICES PROGRAM IN 2016.

TOTAL GLOBAL HEALTH PROGRAM EXPENSES: \$166,625,633



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INCLUDING GRANTS TO OTHER AGENCIES: \$145,253,655

RELATED PROGRAM REVENUE: \$292,317

FORM 990, PART III, LINE 4B

EDUCATION & PROTECTION

IN THE U.S. AND AROUND THE WORLD, SAVE THE CHILDREN WORKS EVERY DAY TO GIVE CHILDREN WHAT EVERY CHILD DESERVES - THE OPPORTUNITY TO LEARN, AND LEARN EARLY, SO THEY DEVELOP THE CRITICAL SKILLS THEY NEED TO SUCCEED IN SCHOOL AND LIFE. IN ADDITION, WE EQUIP YOUTH WITH JOB TRAINING AND LIFE SKILLS TO SET THEM UP FOR SUCCESS AS THEY TRANSITION TO ADULTHOOD. THANKS TO YOU, IN 2016, SAVE THE CHILDREN HELPED GIVE 13.8 MILLION CHILDREN AROUND THE WORLD THE OPPORTUNITY TO LEARN.

LITERACY BOOST IS SAVE THE CHILDREN'S ANSWER TO A GLOBAL LEARNING CRISIS. THROUGH LITERACY BOOST, WE HAVE HELPED NEARLY 4 MILLION CHILDREN IN MORE THAN 30 COUNTRIES, IMPROVING THEIR READING. OUR NEW SCHOOL ME PROGRAM SEEKS TO HELP GIRLS MAKE A SUCCESSFUL TRANSITION FROM ELEMENTARY TO HIGH SCHOOL EDUCATION. IN 2016, WE REACHED AN ESTIMATED 1,000 CHILDREN IN SIERRA LEONE AND 3,000 CHILDREN IN CÔTE D'IVOIRE. SAVE THE CHILDREN LAUNCHED THE "NO LOST GENERATION PROGRAM" IN TURKEY LAST YEAR TO PROVIDE QUALITY LEARNING OPPORTUNITIES FOR SYRIA'S REFUGEE CHILDREN, AS WELL AS CHILDREN IN TURKEY'S HOST COMMUNITIES. IN 2016, WE REACHED 5,617 CHILDREN THROUGH THIS PROGRAM.

IN THE UNITED STATES, WE REACHED MORE THAN 124,000 CHILDREN IN 16 STATES THROUGH OUR EARLY EDUCATION AND LITERACY PROGRAMS IN 2016 - AND WE

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DISTRIBUTED NEARLY 400,000 BOOKS.

TOTAL EDUCATION & PROTECTION PROGRAM EXPENSES: \$113,546,204

INCLUDING GRANTS TO OTHER AGENCIES: \$92,678,387

RELATED PROGRAM REVENUE: \$1,528,242

FORM 990, PART III, LINE 4C

EMERGENCIES

WHEN CRISIS STRIKES, AND CHILDREN ARE MOST VULNERABLE, SAVE THE CHILDREN IS THERE - AS WE HAVE BEEN FOR EVERY MAJOR HUMANITARIAN CRISIS SINCE WORLD WAR I. WE ARE ALWAYS AT THE READY - AMONG THE FIRST TO RESPOND AND THE LAST TO LEAVE. WE DELIVER LIFESAVING EMERGENCY RELIEF AND STAY AS LONG AS IT TAKES TO ENSURE CHILDREN AND FAMILIES CAN RECOVER AND REBUILD THEIR LIVES. IN 2016, SAVE THE CHILDREN RESPONDED TO 131 HUMANITARIAN CRISES IN 59 COUNTRIES, REACHING 11.7 MILLION PEOPLE, INCLUDING 6.6 MILLION VULNERABLE CHILDREN AROUND THE WORLD.

IN RESPONSE TO THE CHILD REFUGEE CRISIS, SAVE THE CHILDREN SPENT MUCH OF 2016 IN SYRIA AND SURROUNDING COUNTRIES, WORKING ALONG WITH PARTNER AGENCIES, TO PROVIDE PRIMARY HEALTH CARE, NUTRITION, EDUCATION AND PSYCHOSOCIAL SERVICES TO CHILD REFUGEES AND THEIR FAMILIES. SAVE THE CHILDREN WAS ALSO THERE WHEN THOUSANDS OF DESPERATE CHILDREN AND ADULTS FLED FROM EAST ALEPPO AFTER MONTHS OF RELENTLESS BOMBING.

WHEN THE WORST EL NIÑO ON RECORD CAUSED ETHIOPIA TO EXPERIENCE ITS MOST DEVASTATING DROUGHT IN 50 YEARS, SAVE THE CHILDREN PROVIDED FOOD, WATER,

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HEALTH CARE AND OTHER ESSENTIAL SUPPORT TO MORE THAN ONE-THIRD OF THE 9.7 MILLION PEOPLE SUFFERING FROM MALNUTRITION. ALMOST 2 MILLION OF THOSE WE CARED FOR WERE CHILDREN WHO, WITH THEIR FAMILIES, WATCHED THEIR RIVERS DRY UP, HARVESTS FAIL AND LIVESTOCK PERISH.

SINCE HURRICANE KATRINA, WE'VE EMERGED AS A NATIONAL LEADER IN EMERGENCY RESPONSE, HELPING MORE THAN 1 MILLION U.S. CHILDREN AFFECTED BY DISASTERS. IN 2016, WE RESPONDED TO THE UNIQUE NEEDS OF CHILDREN AND THEIR CAREGIVERS DURING THE DEVASTATING FLOODS IN WEST VIRGINIA AND ALONG THE GULF COAST, WILDFIRES IN TENNESSEE AND THE WATER CRISIS IN FLINT, MICHIGAN. IN ADDITION TO OUR U.S. RELIEF AND RECOVERY WORK, SAVE THE CHILDREN HAS ALSO BEEN AT THE FOREFRONT OF OUR COUNTRY'S EMERGENCY PREPAREDNESS EFFORTS. THROUGH GET READY, GET SAFE - OUR PIONEERING INITIATIVE THAT HELPS U.S. FAMILIES AND COMMUNITIES PREPARE AND CARE FOR CHILDREN IN CRISIS - WE REACHED MORE THAN 70,300 CHILDREN AND ADULTS ACROSS THE NATION.

TOTAL EMERGENCY PROGRAM EXPENSES: 119,792,309  
INCLUDING GRANTS TO OTHER AGENCIES: \$114,481,151  
RELATED PROGRAM REVENUE: \$5,687,608

FORM 990, PART III, LINE 4D

HIV/AIDS

SAVE THE CHILDREN IS GLOBALLY RECOGNIZED FOR OUR LEADERSHIP IN IMPROVING THE LIVES AND FUTURES OF CHILDREN AND FAMILIES LIVING WITH HIV AND AIDS. IN NEPAL, SAVE THE CHILDREN IS WORKING TO ELIMINATE MOTHER-TO-CHILD

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TRANSMISSION OF HIV. LAST YEAR, WE HELPED INCREASE THE PERCENTAGE OF PREGNANT WOMEN BEING TESTED FOR HIV - FROM 35 PERCENT TO 50 PERCENT. WE'RE NOW ACCELERATING OUR EFFORTS TO ACHIEVE 100 PERCENT TESTING COVERAGE BY THE END OF 2017.

SAVE THE CHILDREN ALSO CO-AUTHORED THE POLITICAL DECLARATION ON HIV AND AIDS, WHICH INCLUDES A SET OF TIME-BOUND TARGETS TO FAST-TRACK THE PACE OF PROGRESS TOWARD COMBATING THE WORLDWIDE SCOURGE OF HIV AND AIDS OVER THE NEXT FIVE YEARS AND END THE EPIDEMIC AS A PUBLIC HEALTH THREAT BY 2030. THIS POLITICAL DECLARATION WAS ADOPTED BY MEMBER STATES AT THE UNITED NATIONS GENERAL ASSEMBLY HIGH-LEVEL MEETING ON ENDING AIDS, WHICH FOCUSED THE WORLD'S ATTENTION ON THE IMPORTANCE OF THE FAST-TRACK APPROACH TO ACHIEVING THESE AMBITIOUS TARGETS. THIS STRATEGY INCLUDES RAPID SCALE UP OF ESSENTIAL HIV PREVENTION AND TREATMENT APPROACHES TO ENABLE OUR RESPONSE TO OUTPACE THE EPIDEMIC.

TOTAL HIV/AIDS PROGRAM EXPENSES: \$61,919,770

INCLUDING GRANTS TO OTHER AGENCIES: \$60,464,067

RELATED PROGRAM REVENUE: \$881,292

FORM 990, PART III, LINE 4E

HUNGER AND LIVELIHOODS

WITH PROGRAMS IN 26 COUNTRIES, SAVE THE CHILDREN WORKS EVERY DAY TO ENSURE CHILDREN DON'T GO HUNGRY BY HELPING FAMILIES ACQUIRE SKILLS, OBTAIN PRODUCTIVE ASSETS AND ENGAGE IN SUSTAINABLE INCOME GENERATING ACTIVITIES, SO THEY CAN EARN A STEADY INCOME AND PROVIDE FOR THEIR

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CHILDREN. IN TOTAL, WE HELPED 6.8 MILLION PEOPLE, INCLUDING 3 MILLION CHILDREN, THROUGH OUR HUNGER AND LIVELIHOODS WORK.

IN NIGER, WE HELPED FORM 296 MATA MASU DUBARA (WOMEN ON THE MOVE) SAVINGS AND LENDING GROUPS, IN WHICH MORE THAN 8,500 VULNERABLE WOMEN TOOK PART IN INCOME GENERATING ACTIVITIES, USING 30 PERCENT OF THEIR INCOMES TO PURCHASE FOOD AND INVEST IN THEIR FAMILIES' HEALTH. WE ALSO WORKED TO ADDRESS THE IMMEDIATE NEEDS OF MORE THAN 143,000 CHILDREN AFFECTED BY CRISES IN ETHIOPIA, LIBERIA, NIGER, NIGERIA, SIERRA LEONE, SOMALIA, SOUTH SUDAN AND YEMEN.

Globally, there are 71 million unemployed youth and 156 million young workers living in poverty. In 2016, Save the Children helped vulnerable youth in Bangladesh, China, Egypt, Ethiopia, India, Indonesia, Malawi, Nicaragua, the Philippines, South Africa and Vietnam. Through our Skills to Succeed program, we equip deprived and at-risk youth with the skills and job linkages they need to get decent jobs or build their own businesses, so they can make successful transitions to adulthood and break the intergenerational cycle of poverty. Since 2012, Save the Children has helped empower more than 65,000 youth. To reach even more youth, we're using web-based and mobile platforms that connect youth to e-learning modules that build on classroom training, job matching platforms that link youth to employers and available jobs, and beneficiary tracking systems to monitor employment and retention.

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TOTAL HUNGER AND LIVELIHOODS EXPENSES: \$56,022,186

INCLUDING GRANTS TO OTHER AGENCIES: \$47,645,915

RELATED PROGRAM REVENUE: \$17,654

FORM 990, PART III, LINE 4F

PROGRAM DEVELOPMENT AND PUBLIC POLICY SUPPORT

SAVE THE CHILDREN IS AN OUTSPOKEN CHAMPION FOR CHILDREN. DRAWING ON A CENTURY OF EXPERTISE, WE WORK DIRECTLY WITH LOCAL, STATE AND GLOBAL LEADERS TO ENSURE CHILDREN'S VOICES ARE HEARD AND THEIR ISSUES ARE GIVEN TOP PRIORITY. WE DO WHATEVER IT TAKES TO CHANGE CHILDREN'S LIVES, SECURING A BETTER FUTURE FOR US ALL.

IN 2016, SAVE THE CHILDREN LAUNCHED OUR EVERY LAST CHILD GLOBAL CAMPAIGN AND CO-HOSTED OUR ANNUAL ADVOCACY SUMMIT. WE SUCCESSFULLY ADVOCATED FOR LEGISLATION ADVANCING FOREIGN ASSISTANCE AND PROTECTING U.S. CHILDREN IN CRISIS. WE SERVED AS GLOBAL THOUGHT LEADERS ON CHILD REFUGEES AND GIRLS. SINCE 2010, OUR U.S. PUBLIC POLICY AND ADVOCACY WORK HAS BENEFITED 57 MILLION CHILDREN.

TOTAL PROGRAM DEVELOPMENT AND PUBLIC POLICY EXPENSES: \$34,952,563

INCLUDING GRANTS TO OTHER AGENCIES: \$6,662,169

RELATED PROGRAM REVENUE: \$-0-

FORM 990, PART III, LINE 4G

CHILD PROTECTION

SAVE THE CHILDREN IS ON THE GROUND EVERY DAY ENSURING CHILDREN ARE

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PROTECTED FROM HARM, INCLUDING ABUSE, NEGLECT, EXPLOITATION AND VIOLENCE, AND WE PROMOTE A SAFE FAMILY ENVIRONMENT FOR EVERY CHILD. SAVE THE CHILDREN IS ON THE GROUND EVERY DAY ENSURING CHILDREN ARE PROTECTED FROM HARM, INCLUDING ABUSE, NEGLECT, EXPLOITATION AND VIOLENCE, AND WE PROMOTE A SAFE FAMILY ENVIRONMENT FOR EVERY CHILD.

TO ACHIEVE OUR 2030 AMBITION THAT VIOLENCE AGAINST CHILDREN IS NO LONGER TOLERATED, SAVE THE CHILDREN IS CONTINUING TO WORK TO PROTECT CHILDREN, ESPECIALLY IN HUMANITARIAN CONTEXTS, STRENGTHEN CHILD PROTECTION SYSTEMS, HELP PARENTS AND PRIMARY CAREGIVERS BETTER PROTECT CHILDREN, AND PREVENT GENDER-BASED VIOLENCE AND EXPLOITATION. WORKING ACROSS PROGRAMS TO PREVENT AND RESPOND TO VIOLENCE AGAINST CHILDREN, WE'RE ALSO INCREASING OUR FOCUS ON THE HOME, STRENGTHENING FAMILIES AND PROMOTING FAMILY-BASED CARE - PROVEN EFFECTIVE TO PREVENT INSTITUTIONALIZATION AND VIOLENCE AGAINST CHILDREN.

THROUGH OUR NEW EDUCATION SAFE FROM DISASTERS INITIATIVE, WE'RE ADDRESSING THE SHORT- AND LONG-TERM CONSEQUENCES OF A DISRUPTED EDUCATION. OUR AMBITION IS THAT CHILDREN WILL LOSE NO SCHOOL DAYS BECAUSE OF A DISASTER, AND THAT NO CHILD WILL BE KILLED OR INJURED SHOULD A DISASTER STRIKE WHILE THEY ARE IN SCHOOL.

JOURNEY OF HOPE IS SAVE THE CHILDREN'S SIGNATURE PSYCHOSOCIAL SUPPORT PROGRAM FOR CHILDREN, PARENTS AND CAREGIVERS AFFECTED BY EMERGENCY OR OTHER DISTRESSING ISSUES, SO CHILDREN CAN STAY HEALTHY, SAFE AND



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LEARNING. DEVELOPED AFTER HURRICANE KATRINA, THIS INNOVATIVE PROGRAM HAS BEEN PART OF OUR RESPONSE AFTER EVERY MAJOR U.S. DISASTER SINCE 2007 AND WAS RECENTLY INTRODUCED IN INTERNATIONAL CRISES, AS WELL. THROUGH JOURNEY OF HOPE, CHILDREN LEARN TO COPE WITH DISTRESSING EVENTS, DEVELOP THEIR NATURAL RESILIENCY AND STRENGTHEN THEIR SOCIAL SUPPORT NETWORKS. THE PROGRAM HAS SINCE BEEN DELIVERED TO MORE THAN 85,000 PEOPLE IN 17 U.S. STATES, AS WELL AS IN FIVE OTHER COUNTRIES.

TOTAL CHILD PROTECTION PROGRAM EXPENSES: \$20,964,296

INCLUDING GRANTS TO OTHER AGENCIES: \$17,640,153

RELATED PROGRAM REVENUE: \$19,428

FORM 990, PART III, LINE 4H

CHILD RIGHTS GOVERNANCE

NEARLY ALL COUNTRIES HAVE MADE COMMITMENTS TO ADVANCING CHILDREN'S RIGHTS, BUT SOMETIMES ACTION LAGS BEHIND COMMITMENTS. SAVE THE CHILDREN'S GLOBAL STRATEGY AIMS TO ENSURE COUNTRIES INVEST EFFECTIVELY TO FULFILL CHILDREN'S RIGHTS. WE DO THIS BY CAMPAIGNING WITH CHILDREN AND OTHER ORGANIZATIONS, WORKING WITH GOVERNMENTS AT THE FEDERAL, STATE AND LOCAL LEVELS, AND ELEVATING THE VOICES OF CHILDREN THEMSELVES.

SPECIFICALLY, SAVE THE CHILDREN ENSURES EQUITABLE INVESTMENT IN CHILDREN THROUGH CHILD-SENSITIVE BUDGET ANALYSIS AND ADVOCACY AND ASSESSMENTS OF THE FINANCIAL BARRIERS TO ESSENTIAL SERVICES FOR CHILDREN LIVING IN POVERTY. MAKING SURE ALL GOVERNMENTS ARE SPENDING MONEY ON CHILD HEALTH, EDUCATION AND PROTECTION IS CRITICAL TO CHILDREN'S LIVES AND FUTURES. IN

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2016, THIS HAS RESULTED IN THE UN COMMITTEE ON THE RIGHTS OF THE CHILD ADOPTING A GENERAL COMMENT ON PUBLIC BUDGETING FOR THE REALIZATION OF CHILDREN'S RIGHTS. IT'S THE FIRST UN DOCUMENT PROVIDING GUIDANCE ON COUNTRIES' LEGAL OBLIGATIONS TO INVEST IN CHILDREN. IT WILL ALSO HELP GOVERNMENTS DELIVER ON SUSTAINABLE DEVELOPMENT GOALS COMMITMENTS MADE TO BENEFIT CHILDREN.

TOTAL CHILD RIGHTS GOVERNANCE PROGRAM EXPENSES: \$1,238,062

INCLUDING GRANTS TO OTHER AGENCIES: \$1,153,477

RELATED PROGRAM REVENUE: \$-0-

FORM 990, PART V, LINE 3B

SAVE THE CHILDREN FILED AN EXTENSION FOR FORM 990-T BY MAY 15, 2017 AND WILL FILE THE 990-T BY THE EXTENDED DEADLINE.

FORM 990, PART VI, LINE 11B

THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD ON JULY 26, 2017 AND THEN SENT TO THE ENTIRE BOARD FOR REVIEW PRIOR TO THE NOVEMBER 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

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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 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

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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. REVIEW BY AN EXTERNAL ADVISOR WAS LAST USED IN FEBRUARY 2015. THE OVERALL PROCESS IS FOLLOWED ANNUALLY.

FORM 990, PART VI, LINE 19

SAVE THE CHILDREN MAKES ITS GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE ON ITS PUBLIC WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

CURRENCY GAIN/LOSS	\$ (673,256)
FOREIGN EXCHANGE GAIN	135,622
	-----
CURRENCY EXCHANGE	\$ (537,634)

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
HIV/AIDS	60,464,067.	61,919,770.	881,292.
HUNGER AND LIVELIHOODS	47,645,915.	56,022,186.	53,301.
PROGRAM DEVELOPMENT AND PUBLIC POLICY	6,662,169.	34,952,563.	0.

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ATTACHMENT 1 (CONT'D)

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
CHILD PROTECTION	17,640,153.	20,964,296.	19,428.
CHILD RIGHTS GOVERNANCE	1,153,476.	1,238,061.	0.
<b>TOTALS</b>	<u>133,565,780.</u>	<u>175,096,876.</u>	<u>954,021.</u>

ATTACHMENT 2

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

- BANGLADESH
- BOLIVIA
- BURMA
- GUATEMALA
- MALAWI
- PAKISTAN
- THAILAND
- UNITED KINGDOM

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

- AL, AK, AZ, AR, CA, CO, CT,
- DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,
- MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
- RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 4

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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>
DEVELOPING AWARENESS, INC. 2502 WEBBERVILLE ROAD AUSTIN, TX 78702	FUNDRAISING SERVICES	3,022,304.
DIALOGUE DIRECT, INC. 589 8TH AVE., 21ST FLOOR NEW YORK, NY 10018	FUNDRAISING SERVICES	2,985,062.
APPCO GROUP US INC. DBA APPCO GROUP SUPP 40 RECTOR STREET, SUITE 1504 NEW YORK, NY 10006	FUNDRAISING SERVICES	1,163,500.
DIRECT POINT GROUP, INC. 251 NORTH SERVICE ROAD W, SUITE 300 OAKVILLE ONTARIO CANADA L6M 3E7	FUNDRAISING SERVICES	431,502.
DONORWORX, INC. 4520 EAST WEST HIGHWAY, SUITE 700 BETHESDA, MD 20814	FUNDRAISING SERVICES	419,661.

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SAVE THE CHILDREN FEDERATION, INC.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SAVE THE CHILDREN FEDERATION, INC.

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

► **Attach to Form 990.**

**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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 501 KINGS HIGHWAY EAST, SUITE FAIRFIELD, CT 06825 45-3672468	PRE-SCHOOL	CT	501(C)(3)	7	SCUS	X	
(2)	SAVE THE CHILDREN ACTION NETWORK, INC. 899 NORTH CAPITOL STREET NE WASHINGTON, DC 20002 46-5465189	SOCIAL WELFARE	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) 2016

**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)									
(2)									
(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.

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
- b** Gift, grant, or capital contribution to related organization(s).
- c** Gift, grant, or capital contribution from related organization(s).
- d** Loans or loan guarantees to or for related organization(s).
- e** Loans or loan guarantees by related organization(s).
- f** Dividends from related organization(s).
- g** Sale of assets to related organization(s).
- h** Purchase of assets from related organization(s).
- i** Exchange of assets with related organization(s).
- j** Lease of facilities, equipment, or other assets to related organization(s).
- k** Lease of facilities, equipment, or other assets from related organization(s).
- l** Performance of services or membership or fundraising solicitations for related organization(s).
- m** Performance of services or membership or fundraising solicitations by related organization(s).
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
- o** Sharing of paid employees with related organization(s).
- p** Reimbursement paid to related organization(s) for expenses.
- q** Reimbursement paid by related organization(s) for expenses.
- r** Other transfer of cash or property to related organization(s).
- s** Other transfer of cash or property from related organization(s).

**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	Yes	No
(1)	SAVE THE CHILDREN ACTION NETWORK, INC.	B	5,731,158.	COST		X
(2)	SAVE THE CHILDREN ACTION NETWORK, INC.	N	99,256.	COST		X
(3)	SAVE THE CHILDREN ACTION NETWORK, INC.	O	308,438.	COST		X
(4)	SAVE THE CHILDREN ACTION NETWORK, INC.	P	318,359.	COST		X
(5)	SAVE THE CHILDREN ACTION NETWORK, INC.	Q	57,851.	COST		X
(6)	SCUS HEAD START PROGRAMS, INC.	L	64,732.	ALLOCATED COST		X

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity.
- b** Gift, grant, or capital contribution to related organization(s).
- c** Gift, grant, or capital contribution from related organization(s).
- d** Loans or loan guarantees to or for related organization(s).
- e** Loans or loan guarantees by related organization(s).
- f** Dividends from related organization(s).
- g** Sale of assets to related organization(s).
- h** Purchase of assets from related organization(s).
- i** Exchange of assets with related organization(s).
- j** Lease of facilities, equipment, or other assets to related organization(s).
- k** Lease of facilities, equipment, or other assets from related organization(s).
- l** Performance of services or membership or fundraising solicitations for related organization(s).
- m** Performance of services or membership or fundraising solicitations by related organization(s).
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
- o** Sharing of paid employees with related organization(s).
- p** Reimbursement paid to related organization(s) for expenses.
- q** Reimbursement paid by related organization(s) for expenses.
- r** Other transfer of cash or property to related organization(s).
- s** Other transfer of cash or property from related organization(s).

**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.	N	1,049,402.	ALLOCATED COST
<b>(2)</b>	SCUS HEAD START PROGRAMS, INC.	O	16,717,739.	COST
<b>(3)</b>	SCUS HEAD START PROGRAMS, INC.	Q	2,067,508.	COST
<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)													

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

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

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