# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Department of ties Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2005 calendar year, or tax year beginning July 1 , 2005, and ending June 30 , 20 06 D Employer identification number C Name of organization Please Check if applicable use IRS 54:0536100 Christian Children's Fund, Inc. Address change label or print or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change type 2821 Emerywood Parkway 804)756-2700 See Initial return Specific City or town, state or country, and ZIP + 4 F Accounting method: Cash ✓ Accrual | Final return Instruc-Richmond, VA 23294-3725 tions Other (specify) ► \_\_ Amended return H and I are not applicable to section 527 organizations Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) Is this a group return for affiliates? trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: ► www.christianchildrensfund.org H(c) Are all affiliates included? Yes No Organization type (check only one) ► 🗹 501(c) ( 3 ) ◄ (Insert no ) 🔲 4947(a)(1) or 📗 527 (If "No," attach a list See instructions) **H(d)** Is this a separate return filed by an K Check here ► fthe organization's gross receipts are normally not more than \$25,000. The organization povered by a group ruling? 🔲 Yes 🔽 No organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return. Group Exemption Number ▶ N/A Check ► ☐ If the organization is not required 209,153,416 Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received: 151,644,900 Direct public support . . . . 37,598,262 **b** Indirect public support . . . . . 12,970,500 Total (add lines 1a through 1c) (cash \$ \_\_200,671,141 noncash \$ 1,542,522 202,213,663 1d 1,031,558 Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments . . 155,686 Interest on savings and temporary cash investments 374,410 Dividends and interest from securities 401,184 97,606 6b **b** Less: rental expenses . . . 303,578 6c Net rental income or (loss) (subtract line 6b from line 6a) 27,949 Other investment income (describe G/L on foreign exchange and other (A) Securities (B) Other 8a Gross amount from sales of assets other 3,769,137 83,853 8a than inventory 29,447 2,920,972 8b **b** Less, cost or other basis and sales expenses, 848,165 8c 54,406 c Gain or (loss) (attach schedule) **8d** 902,571 d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule). If any amount is from gaming, check here > ... a Gross revenue (not including \$ contributions reported on line 1a) 9b **b** Less direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances . . 10b Less. cost of goods sold. 10c c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b) from line 10a). Other revenue (from Part VII, line 103) . 11 1,095,976 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9e, 10e, and 11) 12 206,105,391 Program services (from line 44, column (B) 170,227,352 JAN 2 2 2007 Management and general (from line 44, polumn (C)) 17,224,047 14 23,660,885 15 Fundraising (from line 44, column (D)) Total expenses (add lines 16 and 44, dolumn-A) 16 211,112,284 -5,006,893 Excess or (deficit) for the year (subtract line 17 from line 12) 18 47,624,654 Net assets or fund balances at beginning of year (from line 73, column (A)) Other changes in net assets or fund balances (attach explanation) 2,829,170 20

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year (combine lines 18, 19, and 20,

Cat No 11282Y

Form **990** (2005)

45,446,931

Pai		-			are required for sectional for others. (S	• • • • • • • • • • • • • • • • • • • •
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) .  (cash \$38,304,367noncash \$1,542,522 )  If this amount includes foreign grants, check here ▶ ✓	22	38,304,367	38,304,367		
23	Specific assistance to individuals (attach schedule)	23	98,486,630	98,486,630		
24	Benefits paid to or for members (attach schedule)	24	0	0		
25	Compensation of officers, directors, etc	25	1,585,090	171,408	1,175,312	238,370
26	Other salaries and wages	26	23,432,105	15,329,389	4,970,719	3,131,997
27	Pension plan contributions	27	352,155	347,017	0	5,138
28	Other employee benefits	28	2,982,313	736,385	2,245,150	778
29	Payroll taxes	29	2,047,454	1,506,862	333,088	207,504
30	Professional fundraising fees	30	344,513	0	0	344,513
31	Accounting fees	31	667,540	122,895	537,099	7,546
32	Legal fees	32	407,282	135,516	192,984	78,782
33	Supplies	33	1,640,237	895,299	401,854	343,084
34	Telephone	34	1,020,734	738,123	138,280	144,331
35	Postage and shipping	35	1,513,967	396,409	984,548	133,010
36	Occupancy	36	1,904,872	1,485,688	410,781	8,403
37	Equipment rental and maintenance	37	422,283	74,333	347,387	563
38	Printing and publications	38	0	0	0	0
39	Travel	39	3,886,956	2,417,892	494,939	974,125
40	Conferences, conventions, and meetings	40	949,390	825,260	15,228	108,902
41	Interest	41	81,928	11,499	70,429	0
42	Depreciation, depletion, etc. (attach schedule)	42	3,378,648	2,187,261	1,151,759	39,628
43	Other expenses not covered above (itemize).					
а	Contract services	43a	7,237,157	3,495,944	1,833,578	1,907,635
b	Advertising & public education	43b	15,662,980	107,417	64	15,555,499
С	Auto & truck expenses	43c	736,209	733,886	215	2,108
d	Staff training	43d	450,998	361,689	60,841	28,468
e	Miscellaneous	43e	2,679,417	707,348	1,695,655	276,414
f	Equipment purchases	43f	937,059	648,835	164,137	124,087
g		43g				
44	through 43. (Organizations completing columns (B)-(D), carry these totals to lines		244 442 204	470 007 050	47004047	
	<del></del>	44	211,112,284	170,227,352	17,224,047	23,660,885
Are a	t Costs. Check ► ☐ If you are following SOF ny joint costs from a combined educational campaign	n and fun	_	•		
	s," enter (i) the aggregate amount of these joint cos	ts \$	• • •		Program services	\$;
un) th	ne amount allocated to Management and general \$		; and (iv) the	amount allocated to	o Fundraising \$	

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# Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

۸ŀ	at is the organization's primary exempt purpose? ► global, sustainable assistance for children	Program Service
АII	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(Required for 501(c)(3) and
of	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(4) orgs , and 4947(a)(1) trusts, but optional for
orç	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	others )
а	Basic Education: Programs emphasize non-formal and formal learning environments and focus on	
	the skills and knowledge that students should know and be able to perform. Focus is placed on	
	the vital standards needed to improve education and equity in education. Learning programs also	
	target adult literacy and civic responsibility. Training programs related to community project	
	management and community development are also provided.	
	CCF ensures holistic programs in 33 countries assisting 10.5 million children and families.	
	(Grants and allocations \$ 13,346,219) If this amount includes foreign grants, check here ▶ ☑	59,311,549
h	Health & Sanitation: Health programs focus primarily on basic health care, maternal and child	1
	health and survival, prevention and control of infectious ವೆಕ್ಕಾತಿಕ such as HIV/AIDS, and	
	health infrastructure development.	
	(Grants and allocations \$ 9,157,257) If this amount includes foreign grants, check here ▶ ☑	40,695,515
C	Emergencies: Programs of emergency interventions are in response to unexpected situations	
	created as a result of conflict, natural disasters or other unpredictable events. Emergency relief	
	in the form of food, shelter and medical supplies is provided. Hundreds of child centered spaces	
	have provided rapid psychosocial support through activities that help restore children's sense of	
	safety, normalcy, connection to caring adults and hope for the future. The centers also promote	
	children's health through education of local community volunteers in diagnosis and prevention.	
	(Grants and allocations \$ 4,651,063) If this amount includes foreign grants, check here ► ✓	20,669,651
	Micro Enterprise Development: Livelihood programs assist families through training in small-	20,009,001
u	scale income generation activities and methods for increasing agricultural productivity. Activities	
	include vocational and work-related training for adults and youth; micro credit activities and micro-	
	enterprise development; and agricultural and livestock production to enhance livelihood.	
	(Grants and allocations \$ 4,357,998) If this amount includes foreign grants, check here ▶ ☑	19,367,262
е	Other program services (attach schedule)	10,001,202
	(Grants and allocations \$ 6,791,830) If this amount includes foreign grants, check here ▶ ☑	30,183,375
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	170,227,352
_		Form <b>990</b> (2005)
		1 O(1)1 O O O (2000)

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Pa	art IV	Balance Sheets (See the instructions	<u>:.)</u>				
1	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year		
	45	Cash—non-interest-bearing			2,938,674	45	3,050,185
	46	Savings and temporary cash investments .			5,431,220	46	3,007,245
			•				
	47a	Accounts receivable	47a	2,815,180			
		Less. allowance for doubtful accounts .	47b	0	1,979,018	47c	2,815,180
	48a	Pledges receivable	48a	449,466			
	b	Less: allowance for doubtful accounts .	48b	65,875	1,077,612	48c	383,591
	49	Grants receivable			5,938,904	49	2,907,941
	50	Receivables from officers, directors, truste	es, an	d key employees			
		(attach schedule)	•		20,000	50	<u>_</u>
	51a	Other notes and loans receivable (attach					
ets		schedule)	51a				
ssets	b	Less. allowance for doubtful accounts .	51b		0	51c	0
4	52	Inventories for sale or use			0	52	<u></u>
	53	Prepaid expenses and deferred charges	•		2,385,466	53	2,749,080
	54	Investments-securities (attach schedule) .	•	Cost 🗹 FMV	31,783,779	54	36,969,007
	55a	Investments-land, buildings, and					
		equipment: basis	55a	<u></u>			
	b	Less: accumulated depreciation (attach			_		
		schedule)	55b	0	0	55c	0
	56	Investments—other (attach schedule)			0	56	<u> </u>
	57a	Land, buildings, and equipment: basis .	57a	31,076,461			
	b	Less: accumulated depreciation (attach		40.004.070	47.000.04.4		4-04-40-
		schedule)	57b	13,831,276	17,099,014		17,245,185
	58	Other assets (describe > Intangible pension	on ass	<u>et</u>	2,218,348	58	<u>U</u>
	59	Total assets (must equal line 74) Add lines	45 thre	Nugh 58	70,872,057	59	69,127,414
	1				15,857,351		15,886,181
		Accounts payable and accrued expenses .			3,277,555		3,078,748
		Grants payable			0,277,000	62	
Ś		Deferred revenue				02	<del></del>
itie		Loans from officers, directors, trustees, and schedule)	з кеу є	employees (attach	0	63	0
iabilities		Tax-exempt bond liabilities (attach schedule)			0	64a	<u></u>
Ë		Mortgages and other notes payable (attach s		10)	320,456	1	1,460,000
		Other liabilities (describe  Accrued pens		•	3,792,041		3,255,554
				_			<u></u>
	66	Total liabilities. Add lines 60 through 65 .			23,247,403	66	23,680,483
		nizations that follow SFAS 117, check here ▶					
S	-	67 through 69 and lines 73 and 74.	ب ب	na complete intes			
Ç		Unrestricted			7,571,883	67	6,366,044
lan	68	Temporarily restricted			34,436,508	68	31,950,348
Bal		Permanently restricted			5,616,263	69	7,130,539
pu		nizations that do not follow SFAS 117, check	here I	► □ and			
Ŧ	•	complete lines 70 through 74.					
9	70	Capital stock, trust principal, or current fund	s		N/A	70	N/A
<b>sts</b>	i	Paid-in or capital surplus, or land, building, a			N/A	71	N/A
<b>SS</b> (	72	Retained earnings, endowment, accumulated	•	•	N/A	72	N/A
Net Assets	73	Total net assets or fund balances (add line		1			
Se		70 through 72;					
		column (A) must equal line 19; column (B) m			47,624,654		45,446,931
_	74	Total liabilities and net assets/fund balance	s. Add	lines 66 and 73.	70,872,057	74	69,127,414
							Form <b>990</b> (2005)

Par	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents	With Reve	enue pei	Retur	n (See the
<u> </u>	Total revenue, gains, and other support per audit	ed financial statements				а	208,642,735
	Amounts included on line a but not on Part I, line		• •	• • •	`		
	Net unrealized gains on investments		b1	2,	350,458		
	Donated services and use of facilities		b2		89,279		
	Recoveries of prior year grants		b3		-		
	Other (specify):						
•	Othor (opcony).		b4				
	Add lines <b>b1</b> through <b>b4</b>					b	2,439,737
С	Subtract line <b>b</b> from line <b>a</b>					С	206,202,998
d	Amounts included on Part I, line 12, but not on li			• • •	'		
	Investment expenses not included on Part I, line		d1				
	Other (specify): Rental expenses reported on L		_ = -				
_	and \$1 rounding adjustment		d2		-97,607		
	Add lines <b>d1</b> and <b>d2</b>		<b></b>		01,001	d	-97,607
е	Total revenue (Part I, line 12). Add lines c and d		•	• • •	` ▶	e	206,105,391
	Reconciliation of Expenses per Au				enses p	er Ret	urn
а	Total expenses and losses per audited financial s	statements			,	а	210,820,458
b	Amounts included on line a but not on Part I, lime	17.				ļ	
1	Donated services and use of facilities		b1		89,279		
2	Prior year adjustments reported on Part I, line 20		b2	<del> </del>	0		
3	Losses reported on Part I, line 20		b3	<u> </u>	478,712		
4	Other (specify): -478,712						
	Rental exp. reported Line 6b and \$1 rounding a	adjustment	b4		97,607		
	Add lines b1 through b4				.	b	-291,826
С						С	211,112,284
d	Amounts included on Part I, line 17, but not on li	ne <b>a:</b>					
1	Investment expenses not included on Part I, line	6b	d1				
2	Other (specify):						
	••••••••••••••••••••••••••••••••••••••		d2				
	Add lines <b>d1</b> and <b>d2</b>		_			d	0
е	Total expenses (Part I, line 17). Add lines c and	<u>d </u>			<b>•</b>	е	211,112,284
Pa	Current Officers, Directors, Trustees or key employee at any time during the year	ar even if they were not o	(List e	each persor	n who was	an offic	cer, director, trustee,
		(B)	<del> </del>	<del></del>			yee (E) Expense account
	(A) Name and address	Title and average hours per week devoted to position		paid, enter -0)	benefit plan	is & deferre ation plans	
see	attachment	THE CONTROL OF PROMICING		<del> </del>		ation plans	
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	990 (2005)		<i>1</i> 11				Page 6
	Current Officers, Directors, Trustees	<del></del>	<u> </u>		<del> </del>	Yes	No
75a	Enter the total number of officers, directors, and tremetings	•	•				
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business							
	relationships? If "Yes," attach a statement that ide		•	• • •	75b		_
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?							
	Note Related organizations include section 509(a	_	•				
	If "Yes," attach a statement that identifies the organization and the other organization(s), including amounts paid to each individual by	and describes t	the compensati	•			
d	Does the organization have a written conflict of in	nterest policy? .	<u>.                                    </u>		75d	<b>✓</b>	
Pa	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comparison.	ceived compensation o	r other benefits (de	escribed below) during	the ye	ear, lis	
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee basefit plans & deferred compensation plans	accon	Expendent and lowance	other
N/A		-					
		-					
		-					
		-					
		-		_			
		-					
		-					
		-					
		-					
Pa	Other Information (See the instruction	1S.)			1	Yes	No
76	Did the organization engage in any activity not produced description of each activity	reviously reported to	the IRS? If "Yes	", attach a detailed	76		<b>√</b>
77	Were any changes made in the organizing or govern of the changes of the changes are sometimes of the changes are sometimes.	•	t not reported to	the IRS?	77		<b>✓</b>
78a	Did the organization have unrelated business grothis return?	oss income of \$1,000	-		78a		<b>✓</b>
þ	If "Yes," has it filed a tax return on Form 990-T f				78b		<u> </u>
79	Was there a liquidation, dissolution, termination, of a statement	or substantial contract	•		79		<b>/</b>
80a	Is the organization related (other than by associa	ation with a statewide	or nationwide or	raanization) through			

common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt

and check whether it is  $\square$  exempt or  $\square$  nonexempt

81a

organization?

b If "Yes," enter the name of the organization ▶

81a Enter direct and indirect political expenditures (See line 81 instructions.)

80a

Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here . . . . . . . .

and enter the amount of tax-exempt interest received or accrued during the tax year . . . > | 92 |

N/A

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Part \	VII	Analysis of Income-Producing	Activities (See	the instruc	tions.)			
Note: E	Ente	er gross amounts unless otherwise	Unrelated I	ousiness inco	me E	Excluded by s	ection 512, 513, or 514	, , ,
ındıcate	ed.	gram service revenue:	(A) Business code	(B) Amour	nt Ex	(C) xclusion cod	de ( <b>D</b> )	Related or exempt function income
		rvice fees						1,031,558
b								
С						· <u>-</u>		
d								
е		··						
f	Me	dicare/Medicaid payments						0
								0
94	Ме	mbership dues and assessments				<u> </u>		0
95	Interest on savings and temporary cash investmen		nts			14	155,686	<u></u>
96	Div	idends and interest from securities .				14	374,410	<u> </u>
97	Net	rental income or (loss) from real estate.	,					<b>[</b>
а	deb	ot-financed property						
b	not	debt-financed property				<u> 16</u>	303,578	<u> </u>
98	Net	rental income or (loss) from personal proper	ty					<u></u>
99	Oth	ner investment income	<u></u>			14	27,949	<del>-                                    </del>
100	Gair	or (loss) from sales of assets other than invent	ory	<del> </del>		18	902,571	 <del> </del>
101	Net	income or (loss) from special events .			<u> </u>	<del></del>		0
		ess profit or (loss) from sales of inventory	/ <del></del>					0
	_	ner revenue: a Miscellaneous						494,911
b	Stu	udy Tours						601,065
C								
d						<del>.</del> .	<del>- </del>	<u> </u>
е	<u></u>			_		<del></del>	4 704 404	0.407.504
		ototal (add columns (B), (D), and (E))					1,764,194	· · · · · · · · · · · · · · · · · · ·
105		al (add line 104, columns (B), (D), and (E	**	. 10 . David I	•	• •	· · •	3,891,728
		2 105 plus line 1d, Part I, should equal th			D	(0	Ala a la adamination a N	
Part \			····	•		<del>'</del>	·····	
Line N	۱o.	Explain how each activity for which inco of the organization's exempt purposes (	•	, ,			l importantly to the	accomplishment
<u>▼</u>		<u> </u>		····				4 - 6
93a	·	Fees charged to autonomous internation	<u> </u>					
<u>103</u>	<u> </u>	Includes income not yet assigned at o	<u> </u>	on loan to c	micer,	employe	e careteria vendi	ng macnine
1031		income and other activity from global	<u> </u>		<del>_</del>			
Part	_	Contributions from donors visiting pr		icrogordod	Entitio	e /See the	o instructions )	
			(B)	isregarded		s joee in		(F)
	Nan	ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature	(C) e of activ	vities	(D) Total income	End-of-year assets
N/A			%					
			%	· - <u>-</u> .				
		<del></del>	<u>%</u>					
		la farma a Aire a Danas a Aire a Tara a farma Aire	%			- 10		
Part	X	Information Regarding Transfers As	sociated with Per	sonal Bener	it Conti	racts (See	tne instructions.)	
(b)	Did	the organization, during the year, receive any funds the organization, during the year, pay per "Yes" to (b), file Forth 8870 and Form	remiums, directly	or indirectly	•			☐ Yes ☑ No☐ Yes ☑ No
Please		Under penalties of perjury, I deplare that I have examined belief, it is true, correct and complete Declaration						
Here		Signature of officer					Date	
		Christopher M. Markwith, CPA, Co	ntroller					
		Type or print name and title						
Paid		Preparer's signature		Date	s	Check if self- employed >	Preparer's SSN o	r PTIN (See Gen Inst W)
Preparei		Firm's name (or yours	<u>-</u>	<del></del>		EIN	<b>•</b>	
Use Only		if self-employed), address, and ZIP + 4					ne no ▶ (	<u> </u>

#### SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

80,056

Department of the Treasury Internal Revenue Service

Supplementary Information—(See separate instructions.) ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number Christian Children's Fund, Inc. **54** : 0536100 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation aliowances John Watts Director, 40 127,332 11,050 2821 Emerywood Parkway Richmond VA Benjamin Woodson Director, 40 122,998 12,169 same Laura Henderson Director, 40 119,710 12,038 same Mary Arnold Director, 40 119,408 14,426 same Shep Harder 117,863 14,358 same Total number of other employees paid over \$50,000. 55 Part IFA Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Protiviti Inc. **Auditors** 340,723 12269 Collections Center Drive, Chicago IL 60693 **Hunton & Williams** Legal services 247,772 951 E. Byrd St., Accounting Dept., Richmond VA 23219 Ernst & Young Llp **Auditors** 152,010 PO Box 828135 Philadelphia PA 19182 KPMG Kenya **Auditors** 

Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Corinthian Media Media/advertising 5,638,841 214 West 29th St., New York NY 10001 Broadcast Buying Services Inc. Media/advertising 4,870,288 901 Manchester St., Toms River NJ 08757 Cglic-Bloomfield Easc Health insurance 1,173,699 5082 Collections Center Dr., Chicago IL 60693 Standard Register Printing 1,120,640 PO Box 91047, Chicago IL 60693 Carat Fusion c/o Wachovia National Bank Media/advertising 932,091 PO Box 18754, Newark NJ 07191 Total number of other contractors receiving over 100 \$50,000 for other services . . . .

PO Box 40612 00100 GPO, Nairobi, Kenya

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Page 3 Part V-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2003 (c) 2002 (d) 2001 (e) Total Gifts, grants, and contributions received (Do not include unusual grants. See line 28.). 141,072,410 189,105,435 158,002,945 130,128,777 618,309,566 Membership fees received . . Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . 2,333,677 1,418,447 1,234,759 965,563 5,952,445 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . 659,603 473,144 283,350 1,796,338 380,240 Net income from unrelated 19 business activities not included in line 18. 373631 272,344 264,989 910,964 Tax revenues levied for the organization's benefit and either paid to it or expended on ıts behalf..... The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . Other income. Attach a schedule. Do not 22 include gain or (loss) from sale of capital assets 33,013 30,142| 5,300 60,940 129,394 Total of lines 15 through 22 . . . . . 142,895,876 192,502,487 159,899,836 131,800,509 627,098,708 Line 23 minus line 17. 158,481,389 130,834,946 190,168,810 141,661,117 621,146,262 . . . . Enter 1% of line 23 1,925,025 1,598,998 1,428,959 1,318,005 N/A Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a 26 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the 26b amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts > 26c d Add Amounts from column (e) for lines. 18 \_\_\_\_\_ 19 \_\_\_\_\_ 26d 22 \_\_\_\_\_ 26b \_\_\_\_\_ 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶ Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2004) <u>0</u> (2003) <u>0</u> (2002) <u>0</u> (2001) 15 **618,309,567** c Add Amounts from column (e) for lines. 624,262,013 17 **5,952,446** 27c and line 27b total . \_\_\_\_\_\_0 . . . d Add: Line 27a total. 624,262,013 27e Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . ▶ 27f | 627,098,708 100 Public support percentage (line 27e (numerator) divided by line 27f (denominator)). 27g

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

27h

%

Part V Private School Questionnaire (See page 7 of the instructions.)  (To be completed ONLY by schools that checked the box on line 6 in Part IV)							
<del></del>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No			
	other governing instrument, or in a resolution of its governing body?	29					
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,						
	programs, and scholarships?						
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during						
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31					
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)						
				•			
32	Does the organization maintain the following:						
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a					
D	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b					
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing						
А	with student admissions, programs, and scholarships?	32c 32d					
ū	Copies of all material used by the organization of on its behalf to solicit contributions	<u> </u>					
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)						
33	Does the organization discriminate by race in any way with respect to						
_		33a		<del></del>			
а	Students' rights or privileges?	SSa					
þ	Admissions policies?	33b					
•	Employment of faculty or administrative staff?	33c					
C	Employment of faculty or administrative staff?	000					
d	Scholarships or other financial assistance?	33d					
•	Educational policies?	33e					
C	Educational policies?						
f	Use of facilities?	33f					
a	Athletic programs?.	33a					
9				_			
h	Other extracurricular activities?	33h					
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)						
	· · · · · · · · · · · · · · · · · · ·						
		ļ		· <del></del>			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		_			
h	Has the organization's right to such aid over been revolved or eveneded?	34b					
b	Has the organization's right to such aid ever been revoked or suspended?						
<b>^</b> -							
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		·			

Pa	Lobbying Expenditures by Ele (To be completed ONLY by an	_	•	. •		nstruction	าร.)	
Che	ck ▶ a ☐ if the organization belongs to an affilia	_ <del></del>			<del></del>	"limited cor	ntrol"	provisions apply.
	Limits on Lobbying (The term "expenditures" mean	•				(a) Affiliated gro totals	up	(b) To be completed for ALL electing
26			<del></del>	<del></del>	36			organizations
36 37	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legis	37			<u> </u>			
38	Total lobbying expenditures (add lines 36 and 3	• '	or lobbyling) .	• • •	38			
39	Other exempt purpose expenditures .	•	39					
40	Total exempt purpose expenditures (add lines			• • •	40			
41	Lobbying nontaxable amount Enter the amoun	•		• • •		· · · · · · · · · · · · · · · · · · ·		
	•	bbying nontaxa	•	_				
	Not over \$500,000	of the amount on	line 40	]				
	Over \$500,000 but not over \$1,000,000 . \$100,0	000 plus 15% of tl	he excess over \$5	500,000			[	
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	000 plus 10% of th	e excess over \$1,0	000,000	41			
	Over \$1,500,000 but not over \$17,000,000. \$225,0	000 plus 5% of the	e excess over \$1,	500,000			l	
		0,000		)				j
42	Grassroots nontaxable amount (enter 25% of li	•		• •	42		ļ	
43	Subtract line 42 from line 36. Enter -0- if line 4.				43			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lir	ne 38		44			
	Caution: If there is an amount on either line 43	or line 44, you n	nust file Form 47	'20.				
	4-Year Ave (Some organizations that made a section See the instructions for	or lines 45 throug	do not have to d	complete ali	of the f	.)		
	Calendar year (or	(a)	(b)	(c)		(d)	Ī	
	fiscal year beginning in) ►	2005	2004	(c) 2003		2002		( <b>e</b> ) Total
<u>45</u>	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))		_			· <b></b>		
<u>47</u>	Total lobbying expenditures		<u> </u>					<u> </u>
48	Grassroots nontaxable amount	·						
49	Grassroots ceiling amount (150% of line 48(e))					<u>-</u>		
50 Pa	Grassroots lobbying expenditures	tina Bublic Cl	a orition					
	(For reporting only by organiza	_		Part VI-A)	(See p	age 11 o	f the	instructions.)
	ng the year, did the organization attempt to influ		_		iding an	y Yes	No	Amount
atte	mpt to influence public opinion on a legislative m	natter or referend	um, through the	use of				1
<b>a</b>	Volunteers						<b>✓</b>	
	Paid staff or management (Include compensation	•	-	_	•	.	<b>V</b>	
C			• • • •			•	<b>V</b>	
	Mailings to members, legislators, or the public		• • • •	• • • •		-	<u>v</u>	
e	Publications, or published or broadcast statemed		• • • •			•	<u>/</u>	
1	Grants to other organizations for lobbying purp  Direct contact with legislators, their staffs, gove		or a local state b			•	<b>▼</b>	
g h	Direct contact with legislators, their staffs, government, demonstrations, seminars, conventions,		_	-	•	•	1	
i	Total lobbying expenditures (Add lines c through	•	•		• •		<u> </u>	0
	If "Yes" to any of the above, also attach a state				bving a	- <u> </u>		<u> </u>

	<u> </u>		•	e page 12 of the instruction	ons.)	ui Nonc	marii	abie
51		. – –	_		e following with any other organization tion 527, relating to political organization		d in se	ection
а	Trar	nsfers from the rep	orting organization	to a noncharitable exempt org	ganization of.		Yes	No
	(i)	Cash				51a(i)	_	<b>✓</b>
						a(ii)		✓_
b		er transactions.						
_			es of assets with a	noncharitable exempt organiz	ation	b(i)		✓
		_			· · · · · · · · · · · · · · · · · · ·	b(ii)		<b>√</b>
						b(iii)		1
						b(iv)	<del></del>	1
						b(v)		
						4.4.3		
				•				<b>V</b>
		_		sts, other assets, or paid emp	-	<u> </u>	<u>.                                    </u>	•
	goo	ds, other assets, o	r services given by	the reporting organization. If	le. Column (b) should always show the factor organization received less than fair ods, other assets, or services received.			
	a)	(b)	1	(c)	(d)			
Line	no	Amount involved	Name of none	chantable exempt organization	Description of transfers, transactions, and	sharing arr	angeme	ents
					<u> </u>			
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<del></del>		- <u> </u>						
				<u> </u>				
	des	cribed in section 50 es," complete the	01(c) of the Code (	other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527?	☐ Yes		No
		(a) Name of organiz	zation	(b) Type of organization	(c) Description of relations	ship		
		<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	<u> </u>	-		
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# Part 1, Line 8 Gain/loss from sales of assets other than inventory

Noninventory items		Asset Description	Acq Date	<u>Date Sold</u>	<u>Recipient</u>
Disposal @ cost - FA000560 Accum Deprec. On Disposals NBV Sales Price Gain (loss) on sale	5,494.47 3,649.01 1,845.46 0.00 (1,845.46)	Brazıl Xerox Machine	2/3/2003	11/2/2005	unknown
Disposal @ cost - FA000318 Accum Deprec. On Disposals NBV Sales Price Gain (loss) on sale	28,941.36 28,941.36 0.00 7,092.20 7,092.20	•	1/31/2000	11/15/2005	unknown
Disposal @ cost - FA000217 Accum Deprec. On Disposals NBV Sales Price Gain (loss) on sale	5,263.16 5,263.16 0.00	Gambia Photocopier	11/20/1992	11/15/2005	unknown
Disposal @ cost - FA00334 Accum Deprec. On Disposals NBV Sales Price Gain (loss) on sale	18,000.00 18,000.00 0.00	Ecuador Jeep Vitara	9/30/1999	11/30/2005	unknown
Disposal @ cost - FA000620 Accum Deprec. On Disposals NBV Sales Price Gain (loss) on sale	2,484.01 1,878.43 605.58 932.45 <b>326.87</b>	Kenya Corel Software	6/30/2003	11/5/2005	unknown
Disposal @ costFA001031 Accum Deprec. On Disposals NBV Sales Price AR from Insurance Company Gain (loss) on sale	1,701.28 1,086.97 614.31 0.00 0.00	South Africa Laptop	11/30/2003	12/5/2005	stolen

# Part 1, Line 8 Gain/loss from sales of assets other than inventory - continued

		<u>Asset Description</u>	Acq Date	Date Sold Recipient
Disposal @ cost - FA000282	•	Guatemala Switchboard	3/30/1996	1/19/2006 unknown
Accum Deprec. On Disposals NBV	5,618.73 0.00	_		
Sales Price	0.00			
Gaın (loss) on sale	0.00			
Disposal @ sost EA000277	71 000 00	Honduros Dodio	40/22/4002	4/4E/2006 unlangua
Disposal @ cost - FA000277  Accum Deprec. On Disposals	•	CommunicationSystem	10/22/1993	1/15/2006 unknown
NBV	0.00			
Sales Price				
Gain (loss) on sale	0.00			
Disposal @ cost - FA000373	6.067.17	Philippines LCD Projecto	10/31/2000	6/24/2005 Thrown out
Accum Deprec. On Disposals	6,067.17			
NBV	0.00			
Sales Price		_		
Gain (loss) on sale	0.00	-		
Disposal @ cost - FA001259	47,772.95	Honduras Isuzu Trooper	12/8/1998	2/15/2006 unknown
Accum Deprec On Disposals	47,772.95	_		
NBV	0.00	-		
Sales Price	4,222.75	-		
Gain (loss) on sale	4,222.75			
Disposal @ cost - FA000284	10,178.55	IO Building System	12/23/1992	2/15/2006 Thrown out
Accum Deprec. On Disposals	10,178.55	battery		
NBV	0.00	_		
Proceeds Gain (loss) on sale	0.00	<b>-</b>		
Calli (1033) Oli Sale		<b>-</b>		
Disposal @ cost - FA000518	21,828.91	Geneva Toyota Rava	3/31/2002	2/13/2006 *
Accum Deprec. On Disposals	21,828.91			
NBV Salas Drias	0.00	_	*Jaussi Auto	omobiles SA in Geneva
Sales Price Gain (loss) on sale	12,487.04 12,487.04	<del>-</del>		
Cairi (1033) Ori Sale	12,407.04	<b>-</b>		
Disposal @ cost - FA000354	37,559.02	Guatemala Chevrolet	11/30/2000	4/1/0006 unknown
Accum Deprec. On Disposals	37,559.02	Suburban		
NBV Salos Dries	7.964.33	_		
Sales Price Gain (loss) on sale	7,864.33 7,864.33			
Carr (1033) Ori Sale	1,004.33	_		

# Part 1, Line 8 Gain/loss from sales of assets other than inventory - continued

Disposal @ cost - FA000358 Accum Deprec. On Disposals NBV Sales Price Gain (loss) on sale	27,950.36 27,950.36 0.00 10,869.57 10,869.57	Asset Description  Mexico Van G-Express	Acq Date 5/31/2000	Date Sold Recipient 4/1/2006 unknown
Disposal @ cost - FA000810	3,965.27	Angola Radio	1/1/2004	6/15/2006 unknown
Accum Deprec. On Disposals	3,194.26			
NBV	771.01			
Sales Price	1,622.52			
Gain (loss) on salo	65 i .51			
Disposal @ cost - FA000836	10 201 21	Angolo Toyoto Hiliy	1/31/2004	6/15/2006 upknown
Accum Deprec. On Disposals	•	Angola Toyota Hılux	1/31/2004	6/15/2006 unknown
NBV	16,023.57 3,867.74	<b>—</b>		
Sales Price		<b>-</b>		
	13,537,70	<b></b>		
Gain (loss) on sale	12,537.70	<del>-</del>		
Disposal @ cost - FA000831	2,524.58	Angola Motorcycle	11/30/2003	6/15/2006 unknown
Accum Deprec. On Disposals	2,524.58			
NBV	0.00			
Sales Price	0.00			
Gain (loss) on sale	0.00			
Total Fixed Assets Gain	\$ 54,406			
	-			
Publicly traded securities				
Poolized coin on investments	040 465			

Realized gain on investments 848,165

Part 1, Line 20 Other changes in net assets or	fund balances
Unrealized gaın on investments	2,350,458
Minimum pension liability adjustment	478,712
	2,829,170

## Part II, Line 22 Grants and allocations

### BY ACTIVITY CLASS

## To CCF's global projects:

Basic Education	13,346,219
Health and Sanitation	9,157,257
Nutrition	2,790,143
Early Childhood Development	4,001,687
Micro Enterprise	4,357,998
Emergencies	4,651,063

Total Grants & Allocations 29,304,367

cash \$38,304,367 noncash \$0

#### BY RECIPIENT AND COUNTRY

## To CCF's various programs in:

Afghanistan	5,626,981
Albania	359,393
Angola	937,868
Belarus	234,301
Bolivia	76,031
Brazil	158,029
Chad	966,409
Dominica	238,485
Ecuador	299,648
Ethiopia	844,819
The Gambia	483,032
Guatemala	2,695,291
Guinea	93,662
Honduras	500,509
India	608,557
Indonesia	1,914,324
Kenya	2,439,816
Liberia	3,405,234
Mexico	194,482
Philippines	834,748
Senegal	1,173,315
Serbia	109,159
Sierra Leone	1,408,080
Sri Lanka	3,337,104
Thailand	359,025
Timor-Leste	180,814
Uganda	2,834,985
Ukraine	1,356,986
Zambia	1,030,311

Part II, Line 22 Grants and allocations - contin	ued
To CCF's various programs - continued:	
USA	486,306
Multi-country	1,571,604
Total CCF programs	36,759,310

#### To Sub-grantees on CCF projects:

To Sub-grantees on CCF projects:		
Recipient  Hawaii Pediatric Resource and	<u>Amount</u>	<u>Purpose</u>
Education Foundation 1319 Punaker St. #742 Honoiulu, Hawaii 86826	100,000.00	Early childhood devt.
Arab Resources Collective PO Box 27380 Nicosia, Cyprus 1644	170,000.00	Early childhood devt.
CINDE CRA 33 No 91-50 Bario la Castellano Bogota, Colombia	31,725.00	Early childhood devt.
UNESCO Quadra 5 Bloco H Lote 6 70.070.914 Brazilia DF Brazil	60,000.00	Early childhood devt.
Save the Children 54 Wilton Road, PO Box 900 Westport, CT 06880	624,349.00	Emergencies
International Rescue Committee 122 East 42nd St New York, NY 10168	503,487.52	Emergencies
K-Rep Development Agency PO Box 10528-00100 Naırobi, Kenya	26,565.60	Health & microcredit
Pathfinder International 9 Galen St , Ste. 217 Watertown, MA 02472	28,930.00	Health & microcredit
	1,545,057 12	
Total CCF programs	36,759,310	
Total Sub-grantees	1,545,057	
Total Grants & Allocations	38,304,367	

# Part II, Line 23 Specific assistance to individuals

# SPECIFIC ASSISTANCE TO INDIVIDUALS

Basic Education	34,315,250
Health and Sanitation	23,544,774
Nutrition	7,173,892
Early Childhood Development	10,288,983
Micro Enterprise	11,205,113
Emergencies	11,958,618
Specific Assistance to Individuals	98,486,630

Part II, Line 42 Depreciation, depletion, etc.			
	<u>Total</u>	Rental Units*	<u>Net</u>
Depreciation expense - buildings	458,532	(429 00)	458,103
Depr. exp furniture, equipment and vehicles	2,922,166	(1,621.00)	2,920,545
	3,380,698	(2,050)	3,378,648
	<del></del>		

<sup>\*</sup> Included in line 6b, Part I

Depreciation is recorded on a straight-line basis over the estimated useful lives of the assets. Buildings

# Part III, Line e Other program services

	Program Service Expense	Grants and Allocations
Nutrition	12,399,581	2,790,143
Early Childhood Development	17,783,794	4,001,687
	30,183,375	6,791,830

# Part IV, Line 50 Receivables from officers, directors, trustees, and key employees

Borrower	Original Amount	Balance Due End of Year	Date of Note	Maturity Date
John F. Schultz President	\$20,000	\$0 (fully repaid)	4-May-05	4-Nov-05
Repayment Terms	Interest Rate	Security Provided	Purpose of Loan	Description and FMV
Lump-sum	3.51%	None	Major Medical	Cash - \$20,000

# Part IV, Line 54 Investments--securities

# Market values at year end:

	2006	2005
Cash and cash equivalents	941,477	1,799,177
Real estate investment trust	799,408	473,941
Bonds-other	10,388	10,226
Common stock	9,361,719	8,827,947
U.S. Government obligations	7,547,458	5,746,716
Mutual funds	18,308,557	14,925,772
Total	36,969,007	31,783,779

# Part IV, Line 57 Land, buildings, and equipment

	Cost	Accum. Depr.	Book Value
Land	1,180,378		1,180,378
Buildings	14,564,057	(4,921,453)	9,642,604
Furniture, Fixtures and Equipment	15,074,382	(8,909,823)	6,164,559
Construction in Progress	257,644		257,644
Total	31,076,461	(13,831,276)	17,245,185

# Part IV, Line 64 b Mortgages and other notes payable

Lender	Original Amount	Balance Due End of Year	Date of Note	Maturity Date
Wachovia Bank NA	\$6M	\$1,460,000	1/13/2004	28-Feb-07
Repayment Terms	Interest Rate	Security Provided	Purpose of Loan	Description and FMV

Form 990 (2005)
FYE 6-30-06
Christian Children's Fund
54 0536100
Attachments

Part V-A Current Officers, Directors, Trustees and Key Employees

(A)	(B)	(C)	(D)	(E)
Name and address	Title, hours	Compensation	<u>Benefits</u>	Exp. account
all can be reached at: P.O Bo	ox 26484 Richmond,	, VA 23261-6484		
John Schultz	President, 40+	274,276	16,523	^
Daniel Wordsworth	VP, 40+	107,994	10,323	0
Dula James	VP, 40+	27,455	2,525	0
Betty Forbes	VP, 40+	164,602	21,294	0
Cheri Dahl	VP, 40+	156,069	15,935	O
Michelle Poulton	VP, 40+	157,793	13,615	0
William Corcoran	VP, 40+	126,100	19,248	0
William Hopkins	Director, 40+	iû7,994	20,046	n
Cnarles Tysinger	VP, 40+	216,880	10,113	n
Arthur Abercrombie	Interim CFO, 40	115,364	10,110	n
		110,004		
Board members participate in	four two-day meeting	ngs per year:		
Ann C. Crouter	Board Chair	0	0	0
William E. Leahey, Jr.	1st Vice-Chair,			
	Acting CEO	0	0	0
Steven A. Markel	2nd Vice-Chair	0	0	0
Charles M. Caravati, Jr.	Board Secretary	0	0	0
Lewis T. Booker	Board Treasurer	0	0	0
Jesús M. Amadeo	Board Member	0	Ō	0
A. Scott Andrews	Board Member	0	0	0
Jenny Taylor Bond	*	0	0	0
Lisa Blunt-Bradley	Board Member	0	0	0
Austin Brockenbrough, III	*	0	0	0
Lisa Collis	Board Member	0	0	0
Glenn Davidson	<b>Board Member</b>	0	0	0
Edmund T. DeJarnette, Jr.	<b>Board Member</b>	0	0	0
Maureen Denlea	<b>Board Member</b>	0	0	0
Lynne Vernon-Feagans	<b>Board Member</b>	0	0	0
Roger L. Gregory	<b>Board Member</b>	0	0	0
Karen Hein	<b>Board Member</b>	0	0	0
Stephen F. Keller	<b>Board Member</b>	0	0	0
Andrew A. Lasser	<b>Board Member</b>	0	0	0
Patrick R. Liverpool	<b>Board Member</b>	0	0	0
Velma McBride Murry	<b>Board Member</b>	0	0	0
Robert Fillmore Norfleet, Jr.	<b>Board Member</b>	0	0	0
John C. Purnell, Jr.	<b>Board Member</b>	0	0	0
Masood Z. Rehmani	<b>Board Member</b>	0	0	0
Thomas A. Siegfried	<b>Board Member</b>	0	0	0
Peter J. Tanous	<b>Board Member</b>	0	0	0
Louis B. Weeks	<b>Board Member</b>	0	0	0
*Member-at-Large, Exec. Cor	nmittee			

#### Part VI, Line 90a States with which 990 is filed

Alabama Alaska Arizona Arkansas California Colorado Connecticut Florida Georgia Hawaii Illinois Indiana Kansas Kentucky Louisiana Maine Maryland Massachusetts

Michigan

Minnesota

Mississippi

Nebraska New Hampshire New Jersey **New Mecico** New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Virginia Washington West Virginia

Wisconsin

## Part VI, Line 91 b Foreign countries in which organization had a financial account

Afghanistan Kenya Albania Liberia Angola Mexico Belarus Moldova Bolivia Mozambique Brazıl **Philippines** Chad Senegal Dominica Serbia

Ecuador Sierra Leone England South Africa Ethiopia Sri Lanka The Gambia St. Vincent Gualemaia Thailand Guinea Timor-Leste Honduras Uganda Ukraine India Indonesia Zambia Bolivia Mozambique Brazil Philippines

Chad Senegal Dominica/St. Vincent Sierra Leone Ecuador South Africa Ethiopia Srı Lanka The Gambia Thailand Guatemala Timor-Leste Guinea Uganda Honduras Ukraine India Zambia

# Schedule A, Part III, Line 2b

See Part IV, Line 50, of Form 990

# Schedule A, Part III, Line 2d

See Part V-A of Form 990

# (Rev. December 2004)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

INTERNATION TRACTION	CONTROL	
•	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (not automatic) 3-Month Extension, complete only Part II (	
•	plete Part II unless you have already been granted an automatic 3-month extension on a	, •
Part I	Automatic 3-Month Extension of Time—Only submit original (no copies ne	
Form 990-	corporations requesting an automatic 6-month extension—check this box and comp	olete Part I only ▶ □
	rporations (including Form 990-C filers) must use Form 7004 to request an extension of specifical restancies, REMICs, and trusts must use Form 8736 to request an extension of time to file Form	
returns note (not automa	Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic exect below (6 months for corporate Form 990-T filers). However, you cannot file it electroatic) 3-month extension, instead you must submit the fully completed signed page 2 he electronic filing of this form, visit www.irs.gov/efile.	nically if you want the additional
Type or	Name of Exempt Organization	Employer identification number
print	Christian Children's Fund, Inc	54:0536100
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.  P.O. Box 26484	
าซเน้ากั. Saa Instructions.	City, town or posi office, state, and ZIP code. For a foreign address, see instructions.         Richmond, VA, 23261-6484	
Check type	of return to be filed (file a separate application for each return):	
✓ Form 9:	Form 990-T (corporation)	☐ Form 4720
Form 9	90-BL Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
Form 9	90-EZ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 9	90-PF	☐ Form 8870
Telephon  If the org	ts are in the care of ► Christopher M. Markwith  e No. ► ( 804 ) 756-2755  FAX No. ► ( 804 ) 756-2774  canization does not have an office or place of business in the United States, check the for a Group Return, enter the organization's four digit Group Exemption Number (GE)  whole group, check this box ►	s box
	EINs of all members the extension will cover.	
to file	est an automatic 3-month (6-months for a <b>Form 990-T corporation</b> ) extension of time uses the exempt organization return for the organization named above. The extension is for the calendar year 20 or tax year beginning	ne organization's return for:
2 If this	tax year is for less than 12 months, check reason:   Initial return  Final return	☐ Change in accounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative of fundable credits. See instructions	tax, less any \$ 0
<b>b</b> If this	application is for Form 990-PF or 990-T, enter any refundable credits and estimated to localize any prior year overpayment allowed as a credit	
with	rce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if requeSTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Stons	system). See
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8 instructions.	453-EO and Form 8879-EO

Form 8868 (Rev.	12-2004)		~~~			Page 2	
Note. Only co	iling for an Additional (no mplete Part II if you have a	lready been granted an	automatic 3-month exter	nsion on a prev			
	iling for an Automatic 3-N			<del></del>	11		
Type or	e or Name of Exempt Organization				iginal and One Copy.  Employer Identification number		
print	Alumban sheat sand up a s	It - O O Is a sec		は一個なることなるとは、	;		
File by the Number, street, and room or extended due date for		· · · ·	suite no. If a P.O. box, see instructions.			or IRS use only	
filing the return. See instructions.	City, town or post office, state, and ZiP code. For a foreign address, see instructions.						
Check type	of return to be filed (File	a separate application	for each return):				
☐ Form 990	)	☐ Form 990-T (sec	2. 401(a) or 408(a) trust)		☐ <b>f</b>	Form 5227	
Form 990		☐ Form 990-T (tru:	st other than above)		<u> </u>	Form 6069	
Form 990		Form 1041-A			[] F	Form 8870	
Form 990		Form 4720		<u> </u>			
	t complete Part II if you w	ere not already grant	ed an automatic 3-mont	n extension o	n a previous	y filed Form 8868.	
			•				
•	No. ► ()		FAX No. ► ()			. —	
•	nization does not have an	-					
	r a <b>Group Return,</b> enter the e group, check this box	<del>-</del>	_ ,	,			
	EINs of all members the ex		t of the group, check this	S DOX -	j and allach	a ust with the	
	st an additional 3-month e	· · · · · · · · · · · · · · · · · · ·			20	<del></del>	
	endar year, or other					20	
	ax year is for less than 12				_		
	detail why you need the				_	₩,	
	application is for Form 99 Indable credits. See Instru				<b>-</b>	\$	
tax pa	application is for Form 990 yments made. Include an	y prior year overpayr	nent allowed as a cred	lit and any a	mount paid	<b>•</b>	
c Balanc	e Due. Subtract line 8b fr	om line 8a. Include yo	· · · · · · · · · · · · · · · · · · ·	m, or, if requi	red, deposit		
with F1	D coupon or, If required, by			System). See i	nstructions.	<u> </u>	
Linder penalties	of perking I declare that have a	Signature Signature	e and Verification	statements and	to the best of m	v knowledge and bellef	
it is true, correc	of perkiny) I declare that thave at the complete, and that are at	therized to prepare this form	n	statements, and	to the dest of th	y knowledge and beller,	
Signature >	1 11/1/2/1/2018	Gentl	Title ▶ Contoller		Date ►	10/25/06	
	NI	tico to Applicant	-To Be Completed by	the IDS			
[] 1//o box	e approved this application. I	, ,	•	/ lile ins			
☐ We have date of	e not approved this application the organization's return (incli	on. However, we have granding any prior extension	anted a 10-day grace period s). This grace period is con	sidered to be a	of the date sh vaild extensio	own below or the due n of time for elections	
☐ We hav	se required to be made on a to e not approved this application We are not granting a 10-day of	on. After considering the i	_		our request fo	r an extension of time	
☐ We car	not consider this application	•	er the extended due date o	f the return for	which an exte	nsion was requested.	
					• • • • • • • • • • • • • • • • • • •		
		<b></b>					
Director		By:			Date	<del></del>	
Alternate N	lailing Address — Enter tan address different than	•	, -	ation for an a		nonth extension	
	Name			· · ·	· · · · · · · · · · · · · · · · · · ·	<u></u>	
Type or print	Number and street (inclu	de suite, room, or apt.	no.) or a P.O. box number	•			
<b></b>	City or town, province or	state, and country (inc	luding postal or ZIP code	)	<u> </u>	,	