

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Christian Children's Fund, Inc 2821 Emerywood Pkwy Richmond, VA 23294-3726

D Employer Identification Number 54-0536100 E Telephone number 804 756 2700 F Accounting method: Cash [X] Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H (a) Is this a group return for affiliates? No [X] Yes
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included? No [X] Yes
H (d) Is this a separate return filed by an organization covered by a group ruling? No [X] Yes

G Web site: www.christianchildrensfund.org

J Organization type (check only one) [X] 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12... 239,984,853.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program revenue, rental income, and special events.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) See Stmt (cash \$ 353,641.73 non-cash \$ 80,022.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22b	35,444,195.	35,444,195.		
23 Specific assistance to individuals (attach schedule) St. 4	23	115,649,848.	115,649,848.		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	1,826,132.	772,319.	855,633.	198,180.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	24,286,972.	16,237,285.	5,450,923.	2,598,764.
27 Pension plan contributions not included on lines 25a, b, and c	27	228,923.	245,413.	-59,752.	43,262.
28 Employee benefits not included on lines 25a - 27	28	3,777,822.	2,206,798.	1,183,626.	387,398.
29 Payroll taxes	29	2,017,699.	1,369,115.	453,530.	195,054.
30 Professional fundraising fees	30	479,279.			479,279.
31 Accounting fees	31	590,865.	104,130.	481,980.	4,755.
32 Legal fees	32	449,326.	271,234.	23,427.	154,665.
33 Supplies	33	1,443,725.	811,993.	567,448.	64,284.
34 Telephone	34	1,045,243.	819,222.	128,713.	97,308.
35 Postage and shipping	35	1,713,945.	371,632.	1,179,689.	162,624.
36 Occupancy	36	1,820,643.	1,570,475.	235,361.	14,807.
37 Equipment rental and maintenance	37	466,744.	73,460.	392,707.	577.
38 Printing and publications	38	750,366.		236,204.	514,162.
39 Travel	39	3,005,434.	2,126,676.	376,085.	502,673.
40 Conferences, conventions, and meetings	40	806,818.	587,765.	129,818.	89,235.
41 Interest	41	91,078.	27.	91,051.	
42 Depreciation, depletion, etc (attach schedule)	42	2,723,908.	2,041,891.	542,818.	139,199.
43 Other expenses not covered above (itemize):					
a See Statement 5	43a	24,328,189.	4,687,139.	3,307,592.	16,333,458.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	222,947,154.	185,390,617.	15,576,853.	21,979,684.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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.

What is the organization's primary exempt purpose? ▶ <u>See Statement 6</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>See Statement 7</u> ----- ----- ----- ----- ----- (Grants and allocations \$ 35,444,196.) If this amount includes foreign grants, check here .. ▶ <input type="checkbox"/>	185,390,617.
b ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here .. ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here .. ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here .. ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here .. ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	185,390,617.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
ASSETS	45 Cash – non-interest-bearing	5,638,112.	45	7,326,799.
	46 Savings and temporary cash investments	2,037,157.	46	3,907,599.
	47a Accounts receivable	3,538,752.		
	b Less: allowance for doubtful accounts			
		3,516,033.	47c	3,538,752.
	48a Pledges receivable	355,663.		
	b Less: allowance for doubtful accounts			
		47,446.	48c	355,663.
	49 Grants receivable	1,899,928.	49	3,292,063.
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b		
51 a Other notes and loans receivable (attach schedule)				
b Less: allowance for doubtful accounts				
		51 c		
52 Inventories for sale or use		52		
53 Prepaid expenses and deferred charges	2,546,129.	53	2,097,541.	
54a Investments – publicly-traded securities	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	31,190,190.	54a	26,238,442.
b Investments – other securities (attach sch.)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	7,768,828.	54b	8,807,889.
55a Investments – land, buildings, & equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b			
			55c	
56 Investments – other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 33,574,467.			
b Less: accumulated depreciation (attach schedule)	57b 18,965,009.			
	Statement 8	15,347,532.	57c	14,609,458.
58 Other assets, including program-related investments (describe			58	
59 Total assets (must equal line 74). Add lines 45 through 58		69,991,355.	59	70,174,206.
LIABILITIES	60 Accounts payable and accrued expenses	14,969,606.	60	13,684,087.
	61 Grants payable	2,643,279.	61	3,936,088.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	5,506,000.	64b	
	65 Other liabilities (describe	1,163,668.	65	3,364,980.
	66 Total liabilities. Add lines 60 through 65	24,282,553.	66	20,985,155.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67 Unrestricted	14,031,196.	67	14,218,514.	
68 Temporarily restricted	23,876,677.	68	27,028,138.	
69 Permanently restricted	7,800,929.	69	7,942,399.	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70 Capital stock, trust principal, or current funds		70		
71 Paid-in or capital surplus, or land, building, and equipment fund		71		
72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	45,708,802.	73	49,189,051.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	69,991,355.	74	70,174,206.	

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements.....		a	229,712,702.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments.....	b1	-1,364,082.	
	2 Donated services and use of facilities.....	b2	53,271.	
	3 Recoveries of prior year grants.....	b3		
	4 Other (specify): _____	b4		
	Add lines b1 through b4		b	-1,310,811.
c	Subtract line b from line a		c	231,023,513.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b.....	d1		
	2 Other (specify): _____ See Stmt 10	d2	-311,744.	
	Add lines d1 and d2		d	-311,744.
e	Total revenue (Part I, line 12). Add lines c and d		e	230,711,769.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements.....		a	223,312,169.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities.....	b1	53,271.	
	2 Prior year adjustments reported on Part I, line 20.....	b2		
	3 Losses reported on Part I, line 20.....	b3		
	4 Other (specify): _____	b4		
	Add lines b1 through b4		b	53,271.
c	Subtract line b from line a		c	223,258,898.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b.....	d1		
	2 Other (specify): _____ See Stmt 11	d2	-311,744.	
	Add lines d1 and d2		d	-311,744.
e	Total expenses (Part I, line 17). Add lines c and d		e	222,947,154.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 12		1,475,521.	188,088.	162,523.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. ▶ <u>23</u>			
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 identifies the individuals and explains the relationship(s).....	75b		X
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 the organization? See the instructions for the definition of 'related organization'..... If 'Yes,' attach a statement that includes the information described in the instructions.	75c		X
d Does the organization have a written conflict of interest policy?.....	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information (See the instructions.)		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change.....	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?..... If 'Yes,' attach a conformed copy of the changes.	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?...	78a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?.....	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.....	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?.....	80a		X
b If 'Yes,' enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions.)..... <u>81a</u> 0.	81a		
b Did the organization file Form 1120-POL for this year?.....	81b		X

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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....	X	
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....		
	82b 53,271.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?.....	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?.....		N/A
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 c	Dues, assessments, and similar amounts from members.....		N/A
85 d	Section 162(e) lobbying and political expenditures.....		N/A
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....		N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....		N/A
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		N/A
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....		
	86a N/A		
	b Gross receipts, included on line 12, for public use of club facilities.....		N/A
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....		
	87a N/A		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....		N/A
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.....		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.....		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0.		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.....		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ 0.		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?.....		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?.....		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....		X
90 a	List the states with which a copy of this return is filed ▶ <u>See Statement 13</u>		
	b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.).....		190
91 a	The books are in care of ▶ <u>James M. Tuite, VP and CFO</u> Telephone number ▶ <u>804 756 2700</u> Located at ▶ <u>2821 Emerywood Pkwy Richmond VA</u> ZIP + 4 ▶ <u>23294-3725</u>		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?..... If 'Yes,' enter the name of the foreign country... ▶ <u>England</u>	X	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

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Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If 'Yes,' enter the name of the foreign country... ▶ See attachment

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Service fees					1,289,997.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	163,657.	
96 Dividends & interest from securities			14	327,774.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	117,816.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,374,158.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Miscellaneous					631,426.
c Study tours					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,983,405.	1,921,423.
105 Total (add line 104, columns (B), (D), and (E))					3,904,828.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

See Statement 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

Please Sign Here

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

▶ _____
Signature of officer Date

▶ James M. Tuite, VP, CFO
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ <u>Self-Prepared</u>	Date <u>12/01/08</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) _____
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____	EIN ▶ _____	Phone no. ▶ _____	

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

► **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 instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 15		643,516.	128,949.	120,045.
Total number of other employees paid over \$50,000	0			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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
See Statement 16		1,002,307.
Total number of others receiving over \$50,000 for professional services	0	

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 instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Corinthian Media Inc 214 West 29th St. New York, NY 10001	Media/advertising	6,705,587.
Broadcast Buying Services Inc. 901 Manchester St. Toms River, NJ 08757	Media/advertising	3,900,711.
United Healthcare 22561 Network Place Chicago, IL 60673-1225	Health insurance	1,392,636.
Dataprose, Inc. 1451 N. Rice Ave, Ste A Oxnard, CA 93030-7991	Printing and postage	1,372,168.
Carat Fusion 200 Clarendon St. Boston, MA 02116	Media/Advertising	992,936.
Total number of other contractors receiving over \$50,000 for other services	84	

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities... ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Part IV-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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	206,415,933.	205,866,986.	189,105,435.	158,002,945.	759,391,299.
16 Membership fees received					0.
17 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	1,247,093.	1,514,875.	2,333,677.	1,418,447.	6,514,092.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975 ..	621,784.	724,070.	659,603.	473,144.	2,478,601.
19 Net income from unrelated business activities not included in line 18	181,110.	303,578.	373,631.		858,319.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See Stmt. 17	-6,046.	-5,135.	30,142.	5,300.	24,261.
23 Total of lines 15 through 22	208,459,874.	208,404,374.	192,502,488.	159,899,836.	769,266,572.
24 Line 23 minus line 17	207,212,781.	206,889,499.	190,168,811.	158,481,389.	762,752,480.
25 Enter 1% of line 23	2,084,599.	2,084,044.	1,925,025.	1,598,998.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				N/A
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					
d Add: Amounts from column (e) for lines:	18	19			
	22	26b			
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
27 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:					
(2006) _____ 869,393. (2005) _____ 991,828. (2004) _____ 1,314,282. (2003) _____ 765,404.					
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:					
(2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.					
c Add: Amounts from column (e) for lines:	15	16			
	17	21			
d Add: Line 27a total	3,940,907.	and line 27b total			0.
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f 769,266,572.				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.05 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.32 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?				
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?				
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----				
32	Does the organization maintain the following:				
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a			
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b			
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c			
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d			
	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:				
	a Students' rights or privileges?	33a			
	b Admissions policies?	33b			
	c Employment of faculty or administrative staff?	33c			
	d Scholarships or other financial assistance?	33d			
	e Educational policies?	33e			
	f Use of facilities?	33f			
	g Athletic programs?	33g			
	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.) ----- -----				
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a			
	b Has the organization's right to such aid ever been revoked or suspended?	34b			
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.				
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			

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying).....	37	
38	Total lobbying expenditures (add lines 36 and 37).....	0.	0.
39	Other exempt purpose expenditures.....	39	
40	Total exempt purpose expenditures (add lines 38 and 39).....	0.	0.
41	Lobbying nontaxable amount. Enter the amount from the following table – If the amount on line 40 is – The lobbying nontaxable amount is – Not over \$500,000..... 20% of the amount on line 40..... 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.	41	
42	Grassroots nontaxable amount (enter 25% of line 41).....	42	0.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	44	0.
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount.....				0.
46	Lobbying ceiling amount (150% of line 45(e)).....				0.
47	Total lobbying expenditures.....				0.
48	Grassroots non-taxable amount.....				0.
49	Grassroots ceiling amount (150% of line 48(e)).....				0.
50	Grassroots lobbying expenditures.....				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Yes	No	Amount

- a Volunteers.....
 - b Paid staff or management (Include compensation in expenses reported on lines c through h.).....
 - c Media advertisements.....
 - d Mailings to members, legislators, or the public.....
 - e Publications, or published or broadcast statements.....
 - f Grants to other organizations for lobbying purposes.....
 - g Direct contact with legislators, their staffs, government officials, or a legislative body.....
 - h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....
 - i Total lobbying expenditures (add lines c through h.).....
- If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Description, Yes, No. Rows include (i) Cash, (ii) Other assets, b Other transactions (i-vi), and c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Schedule table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains N/A.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains N/A.

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

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

Christian Children's Fund, Inc

54-0536100

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

Christian Children's Fund, Inc

54-0536100

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 18,340,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 8,384,741.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 7,375,242.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 8,338,776.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 7,682,457.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 5,602,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Christian Children's Fund, Inc

Employer identification number

54-0536100

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- ----- -----	\$ 4,791,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Christian Children's Fund, Inc

54-0536100

Part II Noncash Property (See Specific Instructions.)

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

BAA

Name of organization

Christian Children's Fund, Inc

Employer identification number

54-0536100

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) \$ N/A

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

(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

Client 1

Christian Children's Fund, Inc

54-0536100

12/05/08

02:29PM

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 10,166,091.
Cost or Other Basis: 8,898,597.

Total Gain (Loss) Publicly Traded Securities \$ 1,267,494.

Other Assets

Description: 1 Vehicle
Date Acquired: 1/31/2004
How Acquired: Purchase
Date Sold: 7/01/2007
To Whom Sold:
Gross Sales Price: 13,803.
Cost or Other Basis: 0.
Basis Method: Cost

Gain (Loss) 13,803.

Description: 1 Vehicle
Date Acquired: 6/15/2005
How Acquired: Purchase
Date Sold: 7/01/2007
To Whom Sold:
Gross Sales Price: 30,544.
Cost or Other Basis: 15,571.
Basis Method: Cost

Gain (Loss) 14,973.

Description: 1 Vehicle
Date Acquired: 5/20/2005
How Acquired: Purchase
Date Sold: 8/01/2007
To Whom Sold:
Gross Sales Price: 18,472.
Cost or Other Basis: 8,833.
Basis Method: Cost

Gain (Loss) 9,639.

Description: 1 Vehicle
Date Acquired: 10/27/2004
How Acquired: Purchase
Date Sold: 10/01/2007
To Whom Sold:
Gross Sales Price: 150.
Cost or Other Basis: 75.
Basis Method: Cost

Gain (Loss) 75.

Description: 1 Vehicle
Date Acquired: 11/01/2003
How Acquired: Purchase
Date Sold: 10/01/2007
To Whom Sold:
Gross Sales Price: 3,617.
Cost or Other Basis: 0.

Client 1

Christian Children's Fund, Inc

54-0536100

12/05/08

02:29PM

Statement 1 (continued)
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Basis Method:	Cost	Gain (Loss)	3,617.
---------------	------	-------------	--------

Description:	1 Vehicle
Date Acquired:	8/31/1999
How Acquired:	Purchase
Date Sold:	11/01/2007
To Whom Sold:	
Gross Sales Price:	10,402.
Cost or Other Basis:	0.
Basis Method:	Cost

Gain (Loss)	10,402.
-------------	---------

Description:	1 Vehicle
Date Acquired:	2/15/2006
How Acquired:	Purchase
Date Sold:	11/01/2007
To Whom Sold:	
Gross Sales Price:	10,055.
Cost or Other Basis:	10,496.
Basis Method:	Cost

Gain (Loss)	-441.
-------------	-------

Description:	1 Electronics
Date Acquired:	4/30/1996
How Acquired:	Purchase
Date Sold:	12/01/2007
To Whom Sold:	
Gross Sales Price:	0.
Cost or Other Basis:	0.
Basis Method:	Cost

Gain (Loss)	0.
-------------	----

Description:	1 Vehicle
Date Acquired:	5/31/1999
How Acquired:	Purchase
Date Sold:	12/01/2007
To Whom Sold:	
Gross Sales Price:	225.
Cost or Other Basis:	0.
Basis Method:	Cost

Gain (Loss)	225.
-------------	------

Description:	1 Vehicle
Date Acquired:	9/30/2002
How Acquired:	Purchase
Date Sold:	12/01/2007
To Whom Sold:	
Gross Sales Price:	7,000.
Cost or Other Basis:	0.
Basis Method:	Cost

Gain (Loss)	7,000.
-------------	--------

Description:	1 Vehicle
Date Acquired:	5/31/2003
How Acquired:	Purchase
Date Sold:	12/01/2007

Client 1

Christian Children's Fund, Inc

54-0536100

12/05/08

02:29PM

Statement 1 (continued)
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

To Whom Sold:				
Gross Sales Price:		2,500.		
Cost or Other Basis:		0.		
Basis Method:	Cost		Gain (Loss)	2,500.
Description:	1 Vehicle			
Date Acquired:	5/30/2004			
How Acquired:	Purchase			
Date Sold:	2/01/2008			
To Whom Sold:				
Gross Sales Price:		3,875.		
Cost or Other Basis:		0.		
Basis Method:	Cost		Gain (Loss)	3,875.
Description:	1 Vehicle			
Date Acquired:	6/01/2004			
How Acquired:	Purchase			
Date Sold:	2/01/2008			
To Whom Sold:				
Gross Sales Price:		3,024.		
Cost or Other Basis:		0.		
Basis Method:	Cost		Gain (Loss)	3,024.
Description:	1 Vehicle			
Date Acquired:	6/01/2004			
How Acquired:	Purchase			
Date Sold:	2/01/2008			
To Whom Sold:				
Gross Sales Price:		2,466.		
Cost or Other Basis:		0.		
Basis Method:	Cost		Gain (Loss)	2,466.
Description:	1 Laptop			
Date Acquired:	2/01/2003			
How Acquired:	Purchase			
Date Sold:	2/01/2008			
To Whom Sold:				
Gross Sales Price:		719.		
Cost or Other Basis:		0.		
Basis Method:	Cost		Gain (Loss)	719.
Description:	1 Vehicle			
Date Acquired:	2/01/2003			
How Acquired:	Purchase			
Date Sold:	3/01/2008			
To Whom Sold:				
Gross Sales Price:		19,718.		
Cost or Other Basis:		0.		
Basis Method:	Cost		Gain (Loss)	19,718.
Description:	1 Vehicle			
Date Acquired:	8/31/2000			

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Statement 1 (continued)
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

How Acquired:	Purchase		
Date Sold:	3/01/2008		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		0.	
Basis Method:	Cost		
			Gain (Loss) 0.
Description:	1 Vehicle		
Date Acquired:	8/31/2000		
How Acquired:	Purchase		
Date Sold:	3/01/2008		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		0.	
Basis Method:	Cost		
			Gain (Loss) 0.
Description:	1 Vehicle		
Date Acquired:	4/01/2007		
How Acquired:	Purchase		
Date Sold:	3/01/2008		
To Whom Sold:			
Gross Sales Price:		28,167.	
Cost or Other Basis:		19,471.	
Basis Method:	Cost		
			Gain (Loss) 8,696.
Description:	1 Paper cutting machine		
Date Acquired:	5/26/2004		
How Acquired:	Purchase		
Date Sold:	5/01/2008		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		3,109.	
Basis Method:	Cost		
			Gain (Loss) -3,109.
Description:	1 Vehicle		
Date Acquired:	6/16/2006		
How Acquired:	Purchase		
Date Sold:	5/01/2008		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		5,184.	
Basis Method:	Cost		
			Gain (Loss) -5,184.
Description:	1 Vehicle		
Date Acquired:	6/30/2002		
How Acquired:	Purchase		
Date Sold:	6/01/2008		
To Whom Sold:			
Gross Sales Price:		4,615.	
Cost or Other Basis:		0.	
Basis Method:	Cost		
			Gain (Loss) 4,615.

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Statement 1 (continued)
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Description:	1 Vehicle		
Date Acquired:	2/15/2006		
How Acquired:	Purchase		
Date Sold:	11/01/2007		
To Whom Sold:			
Gross Sales Price:		10,055.	
Cost or Other Basis:		10,773.	
Basis Method:	Cost		
			Gain (Loss) -718.

Description:	4 FX gain from vehicle disposals		
Date Acquired:	6/29/2005		
How Acquired:	Purchase		
Date Sold:	10/01/2007		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		0.	
Basis Method:	Cost		
Expenses of Sale:		-10,769.	
			Gain (Loss) 10,769.

Total Gain (Loss) Other Assets \$ 106,664.

Total Net Gain (Loss) From Noninventory Sales \$ 1,374,158.

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Minimum pension liability adjustment.....	\$ -2,920,284.
Unrealized gain on investments.....	-1,364,082.
Total	<u>\$ -4,284,366.</u>

Statement 3
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Class of Activity:	Emergency	
Donee's Name:	ChildFund Afghanistan	
Donee's Address:	PO Box 5264	
	Kabul, Afghanistan	
Amount Given:		\$ 2,735,028.

Class of Activity:	Empowerment children	
Donee's Name:	Christian Children's Fund	
Donee's Address:	Rr. Murat Toptani, Nr. 25, Tir	
	Tirana, Albania	
Amount Given:		41,135.

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Statement 3 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Class of Activity:	Health/child labor	
Donee's Name:	Christian Children's Fund	
Donee's Address:	60, Rua Custodio Bento Azevedo Luanda, Angola	
Amount Given:		\$ 913,124.
Class of Activity:	Health/education	
Donee's Name:	Christian Children's Fund	
Donee's Address:	Prospect Pushkina 39, Hotel Or Minsk, 220092 Belarus	
Amount Given:		1,025,449.
Class of Activity:	Micro enterprise developm	
Donee's Name:	Christian Children's Fund	
Donee's Address:	Castilla Postal 8735 La Paz, Bolivia	
Amount Given:		66,618.
Class of Activity:	Education	
Donee's Name:	Fundo Cristao para Crianças	
Donee's Address:	Caixa Postal 602 Belo Horizonte, MG, 30.123-970 Brazil	
Amount Given:		189,345.
Class of Activity:	Emergency services	
Donee's Name:	Christian Children's Fund	
Donee's Address:	BP 6479 N'djamena, Chad	
Amount Given:		2,089,614.
Class of Activity:	Health/education	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PO Box 977 Roseau, Dominica	
Amount Given:		190,729.
Class of Activity:	Early child/child or	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PO Box 17-08-8567 Quito, Ecuador	
Amount Given:		456,991.
Class of Activity:	Educ/vulnerable chil/emerg	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PO Box 5545 Addis Ababa, Ethiopia	
Amount Given:		586,166.
Class of Activity:	Medrly child,watsan	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PMB 2 Banjul, Kanifing North The Gambia	
Amount Given:		337,134.
Class of Activity:	Health	

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Statement 3 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Donee's Name:	Christian Children's Fund	
Donee's Address:	Apartado Postal 2542 Guatemala, Guatemala	
Amount Given:		\$ 537,802.
Class of Activity:	Early childhood developme	
Donee's Name:	Christian Children's Fund	
Donee's Address:	BP 5810 Conakry, Commune de Ratoma Guinea	
Amount Given:		103,707.
Class of Activity:	ECD, education	
Donee's Name:	Christian Children's Fund	
Donee's Address:	Apartado Postal 3263 Tegucigalpa, D.C., Honduras	
Amount Given:		592,815.
Class of Activity:	Education	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PO Box 5054 Bangalore, Karnataka 560 001 India	
Amount Given:		381,195.
Class of Activity:	Emergency/MED	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PO box 1364 Jakarta, 10013 Indonesia	
Amount Given:		1,429,845.
Class of Activity:	Health/ECD/nutrition	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PO Box 14038 Westlands Nairobi, Kenya	
Amount Given:		2,388,449.
Class of Activity:	Emergita/food dsecurit	
Donee's Name:	Christian Children's Fund	
Donee's Address:	18th St & Warner Ave., Sinkor Monrovia, Liberia	
Amount Given:		1,713,968.
Class of Activity:	ECD/nutrition	
Donee's Name:	Fondo para Ninos de Mexico	
Donee's Address:	Apartado Postal 19-576 Mexico, D.F., Delegacion Benito Ju 03910 Mexico	
Amount Given:		77,042.
Class of Activity:	Health/educ/child labor	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PO Box 13225 Ortigas Center Pasig City, 1605 Philippines	
Amount Given:		878,896.
Class of Activity:	Health/nutrition	

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Statement 3 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Donee's Name:	Christian Children's Fund	
Donee's Address:	BP 1608 Dakar, Senegal	
Amount Given:		\$ 3,103,857.
Class of Activity:	Educ/health/child protect	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PMB 910 Freetown, Sierra Leone	
Amount Given:		877,150.
Class of Activity:	Watsan/ed/health	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PO Box 2125 Colombo, Sri Lanka	
Amount Given:		3,085,309.
Class of Activity:	MEDED	
Donee's Name:	Christian Children's Fund	
Donee's Address:	On-Nut PO Box 126 Bangkok, 10250 Thailand	
Amount Given:		256,793.
Class of Activity:	ED/nutrition	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PO Box 222 Dil, East Timor	
Amount Given:		524,230.
Class of Activity:	CP/MED/health	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PO Box 3341 Kampala, Uganda	
Amount Given:		3,116,929.
Class of Activity:	Health/education	
Donee's Name:	Christian Children's Fund	
Donee's Address:	11 Gorkogo Street, Office 1 Kiev, 01004 Ukraine	
Amount Given:		98,105.
Class of Activity:	health/educatio	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PO Box 32682 Lusaka, Zambia	
Amount Given:		1,445,512.
Class of Activity:	Education	
Donee's Name:	Operation Shoestring Child Care	
Donee's Address:	310 HWY 51 South, Suite Batesville, MS 38606	
Relationship of Donee:	subgrantee	
Amount Given:		3,034.
Class of Activity:	Education	

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Statement 3 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Donee's Name:	North Delta Youth Development Program	
Donee's Address:	310 HWY 51 South, Suite Batesville, MS 38606	
Relationship of Donee:	subgrantee	
Amount Given:		\$ 3,104.
Class of Activity:	ECD	
Donee's Name:	Brickfire Project	
Donee's Address:	310 HWY 51 South, Suite Batesville, MS 38606	
Relationship of Donee:	subgrantee	
Amount Given:		3,034.
Class of Activity:	Health/sanitation	
Donee's Name:	Boys & Girls Club of Delaware County	
Donee's Address:	One Plaza South, PMB304 Tahlequah, OK 74464	
Relationship of Donee:	subgrantee	
Amount Given:		3,290.
Class of Activity:	Health/sanitation/educa	
Donee's Name:	Boys & Girls Club of Sequoya County	
Donee's Address:	One Plaza South, PMB304 Tahlequah, OK 74464	
Relationship of Donee:	subgrantee	
Amount Given:		4,373.
Class of Activity:	Health/sanitation/educa	
Donee's Name:	Boys & Girls Clubs of Green County	
Donee's Address:	One Plaza South, PMB304 Tahlequah, OK 74464	
Relationship of Donee:	subgrantee	
Amount Given:		4,175.
Class of Activity:	Health/nutrition/educatio	
Donee's Name:	Kid Connections	
Donee's Address:	One Plaza South, PMB304 Tahlequah, OK 74464	
Relationship of Donee:	subgrantee	
Amount Given:		2,463.
Class of Activity:	Health/education/sanitati	
Donee's Name:	AVANCE - Rio Grande Valley	
Donee's Address:	500 S. 10th, Suite D McAllen, TX 78501	
Relationship of Donee:	subgrantee	
Amount Given:		11,332.
Class of Activity:	Health	
Donee's Name:	Christian Children's Fund	
Donee's Address:	Apartado 0843-03032 Panama City, Panama	
Amount Given:		231,396.
Class of Activity:	Emerg/CP/capacity	

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Statement 3 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Donee's Name:	Christian Children's Fund	
Donee's Address:	2821 Emerywood Parkway Richmond, VA 23294	
Amount Given:		\$ 1,227,973.
Class of Activity:	Health	
Donee's Name:	Africare	
Donee's Address:	440 R Street NW Washington, DC 20001	
Relationship of Donee:	subgrantee	
Amount Given:		1,038,491.
Class of Activity:	Health	
Donee's Name:	World Vision	
Donee's Address:	PO Box 9716 Federal Way, WA 98063	
Relationship of Donee:	subgrantee	
Amount Given:		456,308.
Class of Activity:	Health	
Donee's Name:	Plan International USA	
Donee's Address:	155 Plan Way Warwick, RI 02886	
Relationship of Donee:	subgrantee	
Amount Given:		1,031,501.
Class of Activity:	Emergency recovery	
Donee's Name:	Save the Children	
Donee's Address:	54 Wilton Road Westport, CT 06880	
Relationship of Donee:	subgrantee	
Amount Given:		372,886.
Class of Activity:	Emergency recovery	
Donee's Name:	International Rescue Committee	
Donee's Address:	122 East 42nd St New York, NY 10168	
Relationship of Donee:	subgrantee	
Amount Given:		449,362.
Class of Activity:	Health	
Donee's Name:	K-Rep Bank	
Donee's Address:	PO Box 25363 Nairobi, Kenya	
Relationship of Donee:	subgrantee	
Amount Given:		113,566.
Class of Activity:	Health	
Donee's Name:	Pathfinder International	
Donee's Address:	9 Galen St, Ste. 217 Watertown, MA 02472	
Relationship of Donee:	subgrantee	
Amount Given:		74,628.
Class of Activity:	Med/vulnerable children	

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Statement 3 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Donee's Name:	Christian Children's Fund	
Donee's Address:	Bairro Sommerschild CP 841 Maputo, Mozambique	
Relationship of Donee:	subsidiary	
Amount Given:		\$ 65,102.
Class of Activity:	Education	
Donee's Name:	We Care Family Enrichment Program	
Donee's Address:	310 HWY 51 South, Suite Batesville, MS 38606	
Relationship of Donee:	subgrantee	
Amount Given:		3,034.
Class of Activity:	Education	
Donee's Name:	Oyate Networking Project	
Donee's Address:	PO Box 2160 Rapid City, SD 57709	
Relationship of Donee:	subgrantee	
Amount Given:		56,203.
Class of Activity:	ECD/Health san/education	
Donee's Name:	Youth Development Program	
Donee's Address:	PO Box 2160 Rapid City, SD 57709	
Relationship of Donee:	subgrantee	
Amount Given:		6,522.
Class of Activity:	Education/health san	
Donee's Name:	Child Health Investment Partners (CHIP)	
Donee's Address:	1201 Third Street SW Roanoke, VA 24016	
Relationship of Donee:	subgrantee	
Amount Given:		8,724.
Class of Activity:	Health	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PO Box 5545 Addis Abbaba, Ethiopia	
Relationship of Donee:	subsidiary	
Amount Given:		223,913.
Donee's Name:	Cooperazione Internazionale (COOPI)	
Donee's Address:	Plot No. 3999, Bukasa Close Kampala, Uganda	
Relationship of Donee:	subgrantee	
Amount Given:		417,294.
Class of Activity:	Health	
Donee's Name:	Catholic Relief Services	
Donee's Address:	209 West Fayette St Baltimore, MD 21201	
Relationship of Donee:	subgrantee	
Amount Given:		53,231.
Class of Activity:	Health	

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Statement 3 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Donee's Name: Counterpart International
Donee's Address: 2345 Crystal Dr., Suite 301
Arlington, VA 22202
Relationship of Donee: subgrantee
Amount Given: \$ 82,819.

Class of Activity: Child labor
Donee's Name: World Learning
Donee's Address: Kipling Road PO 676
Brattleboro, VT 05302
Relationship of Donee: subgrantee
Amount Given: 173,478.

Total Cash Grants and Allocations \$ 35,364,173.

Noncash Grants and Allocations

Class of Activity: Emergency services
Donee's Name: Christian Children's Fund
Donee's Address: BP 6479
N'djamena, Chad
Description of Property: Medicines
Date of Gift: 9/07/2007
Fair Market Value: 5,042.
Method Used to Determine FMV: donor valuation

Class of Activity: ECD/nutrition
Donee's Name: Fondo para Ninos de Mexico
Donee's Address: Apartado Postal 19-576
Mexico, D. F., Delegation Benito Ju
03910 Mexico
Description of Property: food
Date of Gift: 12/31/2007
Fair Market Value: 23,125.
Method Used to Determine FMV: donor valuation

Class of Activity: Health/educ/child labor
Donee's Name: Christian Children's Fund
Donee's Address: PO Box 13225 Ortigas Center
Pasig City, 1605 Philippines
Description of Property: soap, paint constr matls,
Date of Gift: 1/25/2008
Fair Market Value: 22,055.
Method Used to Determine FMV: donor valuation

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Statement 3 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Noncash Grants and Allocations

Class of Activity:	Educ/health/child protect	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PMB 910 Freetown, Sierra Leone	
Description of Property:	sticks bricks sand land	
Date of Gift:	7/31/2007	
Fair Market Value:		\$ 5,697.
Method Used to Determine FMV:	donor valuation	
Class of Activity:	MEDED	
Donee's Name:	Christian Children's Fund	
Donee's Address:	On-Nut PO Box 126 Bangkok, 10250 Thailand	
Description of Property:	soap water clothes bottle	
Date of Gift:	7/05/2007	
Fair Market Value:		20,896.
Method Used to Determine FMV:	donor valuation	
Class of Activity:	Watsan/ed/health	
Donee's Name:	Christian Children's Fund	
Donee's Address:	PO Box 2125 Columbo, Sri Lanka	
Description of Property:	cell phones	
Date of Gift:	1/02/2008	
Fair Market Value:		3,207.
Method Used to Determine FMV:	donor valuation	
	Total Noncash Grants and Allocations	\$ 80,022.
	Total Grants and Allocations	<u>\$ 35,444,195.</u>

Statement 4
Form 990, Part II, Line 23
Specific Assistance to Individuals

Basic Education.....	\$ 38,406,267.
Early Childhood Development.....	20,504,027.
Emergencies.....	2,404,049.
Health & Sanitation.....	27,249,164.
Micro Enterprise.....	14,127,213.
Nutrition.....	12,959,128.
Total	<u>\$ 115,649,848.</u>

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Statement 5
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Advertising & public education	14,751,106.	65,793.	205,957.	14,479,356.
Auto & truck expenses	733,946.	725,972.	145.	7,829.
Contract services	4,226,664.	1,744,649.	1,009,954.	1,472,061.
Equipment purchases	640,010.	559,286.	40,255.	40,469.
Miscellaneous	3,503,642.	1,185,011.	2,007,729.	310,902.
Staff training	472,821.	406,428.	43,552.	22,841.
Total	\$24,328,189.	\$ 4,687,139.	\$ 3,307,592.	\$ 16,333,458.

Statement 6
Form 990, Part III
Organization's Primary Exempt Purpose

Christian Children's Fund currently works in more than 30 countries serving 15.2 million children and family members. CCF exists to help deprived, excluded and vulnerable children have the capacity to become young adults, parents and leaders who bring lasting and positive change in their communities.

Statement 7
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>Basic Education: Programs emphasize non-formal and formal learning environments, focusing on the skills and knowledge a child needs to excel. A priority is given to ensuring quality and equitable education for all children. Learning programs also target adult literacy. Training programs prepare students in vocations vital to the community's development.</p> <p style="text-align: right;">Includes Foreign Grants: Yes</p>	4,836,847.	53,058,795.
<p>Health & Sanitation: Providing basic health care, improving maternal and child health, preventing and controlling infectious diseases such as HIV/AIDS and remaining in the forefront of the fight against malaria are key areas of focus for health programs. Improving not only basic health care, but the health infrastructure of a community is a vital part of CCF health programs. Efforts also include making clean water and sanitary facilities accessible.</p> <p style="text-align: right;">Includes Foreign Grants: Yes</p>	12,413,023.	48,665,036.
<p>Emergencies: Meeting immediate needs as well as providing long-term sustainability is crucial following conflict, natural disasters or other unpredictable events. Communities are stabilized with activities that empower people to achieve lasting solutions to their problems. Child Centered Spaces provide prompt psychosocial support through</p>		

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Statement 7 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
activities that help restore a child's sense of safety, normalcy, and hope for the future. The centers also focus on children's health. Includes Foreign Grants: Yes	11,889,448.	17,537,955.
Early Childhood Development: CCF focuses on fulfilling the needs of the total child during the first eight years of life. This includes nutrition, education, tracking the child's development and at the same time educating parents and caregivers on best practices for raising their children. Includes Foreign Grants: Yes	1,888,110.	27,474,890.
Micro-Enterprise Development: Families are empowered through technical training and the provision of small loans which allow them to improve their lives. Small-scale income generation activities such as weaving, soap making or opening small shops enable families to better provide for their children. Activities include vocational and work-related training, micro-enterprise development and agricultural and livestock production to enhance livelihood. Includes Foreign Grants: Yes	2,674,445.	20,615,434.
Nutrition: CCF provides solutions that will have lasting nutritional impact such as providing what a diet lacks, for example protein or vitamins. CCF also builds food security and improves food availability. Includes Foreign Grants: Yes	1,742,323.	18,038,507.
	<u>\$ 35444196.</u>	<u>\$ 185390617.</u>

Statement 8
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 6,154,306.	\$ 4,737,983.	\$ 1,416,323.
Furniture and Fixtures	213,110.	174,517.	38,593.
Machinery and Equipment	10,618,598.	8,255,492.	2,363,106.
Buildings	14,996,444.	5,797,017.	9,199,427.
Land	1,180,378.		1,180,378.
Miscellaneous	411,631.	0.	411,631.
Total	<u>\$ 33,574,467.</u>	<u>\$ 18,965,009.</u>	<u>\$ 14,609,458.</u>

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Statement 9
Form 990, Part IV, Line 65
Other Liabilities

Accrued benefit liability..... \$ 3,364,980.
 Total \$ 3,364,980.

Statement 10
Form 990, Part IV-A, Line d(2)
Other Amounts

Rental expenses Part I line 6b..... \$ -311,744.
 Total \$ -311,744.

Statement 11
Form 990, Part IV-B, Line d(2)
Other Amounts

Rental expenses Part I line 6b..... \$ -311,744.
 Total \$ -311,744.

Statement 12
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Diane Willis 2821 Emerywood Pkwy Richmond, VA 23294-3725	Vice President 45.00	\$ 128,961.	\$ 16,785.	\$ 0.
Cheri Dahl 2821 Emerywood Pkwy Richmond, VA 23294-3725	Vice President 42.00	168,756.	28,708.	0.
Betty Forbes 2821 Emerywood Pkwy Richmond, VA 23294-3725	Vice President 40.00	177,936.	20,960.	0.
Isam Ghanim 2821 Emerywood Pkwy Richmond, VA 23294-3725	Vice President 49.00	178,567.	23,413.	68,968.
Anne Goddard 2821 Emerywood Pkwy Richmond, VA 23294-3725	President 40.00	249,231.	32,944.	12,000.

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Statement 12 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Dula James 2821 Emerywood Parkway Richmond, VA 23294-3725	Vice President 40.00	\$ 165,431.	\$ 18,346.	\$ 16,734.
Michelle Poulton 2821 Emerywood Pkwy Richmond, VA 23294-3725	Vice President 40.00	114,696.	12,443.	0.
James Tuite 2821 Emerywood Pkwy Richmond, VA 23294-3725	VP, CFO 45.00	190,693.	26,839.	0.
Charles Davy 2821 Emerywood Pkwy Richmond, VA 23294-3725	Vice President 40.00	101,250.	7,650.	64,821.
Jesus Amadeo 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
A. Scott Andrews 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Sarah Hanson 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Lewis Booker 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Barbara Joynes 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Charles Caravati, Jr 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Lisa Collis 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Ann Crouter 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.

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Statement 12 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Robert Norfleet, Jr. 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	\$ 0.	\$ 0.	\$ 0.
A. Hugh Ewing, III 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Roger Gregory 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Karen Hein 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Thomas Weisner 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
William Leahey, Jr. 2821 Emerywood Pkwy Richmond, VA 23294-3725	Chairman 18.00	0.	0.	0.
Patrick Liverpool 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Steven Markel 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Darrell Martin 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Maureen Denlea Massey 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Velma McBride Murry 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
John Purnell, Jr. 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.

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Statement 12 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contribution to EBP & DC</u>	<u>Expense Account/Other</u>
Masood Rehmani 2821 Emerywood Parkway Richmond, VA 23294-3725	Trustee 2.00	\$ 0.	\$ 0.	\$ 0.
Thomas Siegfried 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Peter Tanous 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Lynne Vernon-Feagans 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Louis Weeks 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Brian Wilcox 2821 Emerywood Pkwy Richmond, VA 23294-3725	Trustee 2.00	0.	0.	0.
Total		<u>\$ 1,475,521.</u>	<u>\$ 188,088.</u>	<u>\$ 162,523.</u>

Statement 13
Form 990, Part VI, Line 90a
List of States which this Return is Filed

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

Statement 14
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	<u>Explanation of Activities</u>
93a	Fees charged to autonomous international organizations for processing sponsorships in support of programs.
103b	Includes income not yet assigned at closing, employee cafeteria vending machine income and other activity from global programs.
103c	Contributions from donors visiting project sites.

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Statement 15
Schedule A, Part I
Compensation of Five Highest Paid Employees

<u>Name and Address</u>	<u>Title & Average Hours Worked</u>	<u>Compensation</u>	<u>Contribut. EBP & DC</u>	<u>Expense Account</u>
John Watts 2821 Emerywood Pkwy Richmond, VA 23294	Director 48.00	138,482.	30,764.	0.
Benjamin Woodson 2821 Emerywood Pkwy Richmond, VA 23294	Director 47.00	132,927.	23,246.	0.
Mary Arnold 2821 Emerywood Pkwy Richmond, VA 23294	Director 48.00	128,647.	29,450.	0.
Shirley Dady 2821 Emerywood Pkwy Richmond, VA 23294	Director 40.00	136,124.	23,303.	83,885.
Dola Mohapatra 2821 Emerywood Pkwy Richmond, VA 23294	Director 40.00	107,336.	22,186.	36,160.
		Total \$ 643,516.	\$ 128,949.	\$ 120,045.

Statement 16
Schedule A, Part II-A
Compensation of Five Highest Paid Professional Service Contractors

<u>Name and Address</u>	<u>Type of Service</u>	<u>Compensation</u>
F A Arias & Munoz Guatemala Ave. Reforma 7-62, Zona 9 Edif. Ari Guatemala, Guatemala	Legal	364,193.
RSM McGladrey Inc. 8000 Towers Crescent Dr, Ste 500 Vienna, VA 22182-6205	Auditing	337,795.
Ernst & Young Llp 901 East Cary St., Suite 1000 Richmond, VA 23219	Auditing	111,515.
Hunton & Williams 951 E. Byrd St Richmond, VA 23219	Legal	188,804.
		Total \$ 1,002,307.

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Statement 17
 Schedule A, Part IV-A, Line 22
 Other Income

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
Gain/(loss) foreign exchange - realized	\$ -5,621.	\$ -5,135.	\$ 38,101.	\$ 5,300.	\$ 32,645.
Gain/(loss) on donated stocks	-425.	0.	-7,959.	0.	-8,384.
Total	<u>\$ -6,046.</u>	<u>\$ -5,135.</u>	<u>\$ 30,142.</u>	<u>\$ 5,300.</u>	<u>\$ 24,261.</u>

2007

Federal Supporting Detail

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Officers, Directors, Trustees Compen.
Expense account and other allowances

Resettlement allowance.....		\$	12,000.
	Total	\$	<u>12,000.</u>

**2007
Form 990**

**Federal Attachments
Christian Children's Fund**

54-0536100

Form 990, Part II, Line 42 Depreciation
Depreciation is calculated using the Straight Line Method.

Form 990, Part IV, Line 54b
Investments – Other Securities

	End of Year Market Value	No. of Shares
Gerber Taylor Offshore Fund LTD. Class A	1,733,181	1,733,181
Gerber Taylor Offshore Fund LTD. Class B	1,765,944	1,765,944
Barlow Partners Offshore Limited	3,602,919	3,602,919
Property Holdings III LLC	1,138,395	1,138,395
Property Holdings IV LLC	467,451	467,451
Total	8,707,889	

Form 990, Part VI, Line 91b
List of Foreign Countries Where Financial Accounts Were Held

Afghanistan	Kenya
Albania	Liberia
Angola	Mexico
Belarus	Mozambique
Bolivia	Panama
Brazil	Philippines
Chad	Senegal
Dominica	Sierra Leone
Ecuador	Sri Lanka
England	South Africa
Ethiopia	St. Vincent
The Gambia	Thailand
Guatemala	Timor Leste
Guinea	Uganda
Honduras	Ukraine
India	Zambia
Indonesia	

Form 990, Part VI, Line 91c

List of Foreign Countries Where Offices Were Maintained

Afghanistan
Albania
Angola
Belarus
Bolivia
Chad
Dominica
Ecuador
Ethiopia
The Gambia
Guatemala
Guinea
Honduras
India

Indonesia
Kenya
Liberia
Mexico
Mozambique
Panama
Philippines
Senegal
Sierra Leone
Sri Lanka
Thailand
Timor Leste
Uganda
Zambia