

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493184006912

$\mathsf{Form} 990$

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

Internal Revenu	nue Service	► The organization may have to use a copy	of this return to satisfy :	state reporting	requirements	Inspection		
A For the	e 2011 ca	endar year, or tax year beginning 01-01-2011	and ending 12-31-201	1		· · · · · · · · · · · · · · · · · · ·		
B Check If	f applicable	C Name of organization CHRISTIAN FOUNDATION FOR CHILDREN & AGING			D Employer ide	entification number		
Address	change	Doing Business As		_	43-124399 E Telephone nu			
Name ch	hange	Doing Business As			•			
Initial ret	eturn	Number and street (or P O box if mail is not delivere	d to street address) Room/s	uite	(800) 875- G Gross receipts			
Terminat	ited	ONE ELMWOOD AVENUE		ŀ	G Gloss receipts	\$ 110,712,75 4		
Amended	ed return	City or town, state or country, and ZIP + 4 KANSAS CITY, KS 661032118	•					
Application	ion pending							
		F Name and address of principal officer FRANCIS PACO WERTIN			s a group retur			
		ONE ELMWOOD AVENUE		affiliat	tes?	⊤Yes ▼ No		
		KANSAS CITY, KS 661032118		H(b) Are all	affiliates includ	led?		
	empt status	▼ 501(c)(3)	1047/2\/1\ or	I _		(see instructions)		
			1947(a)(1) OF 527	H(c) Group	p exemption nu	ımber 🟲		
J Websit	ite:► WW\	V HOPEFORAFAMILY ORG		<u> </u>				
K Form of o	organization	Corporation Trust Association Other		L Year of for		1 State of legal domicile		
Part I	Sumi	narv			<u> </u>	10		
		scribe the organization's mission or most sign	uficant activities					
-		EDULE O FOR DESCRIPTION OF ORGANIZ		ROUGH HOPE	FOR A FAMIL	Y SPONSORSHIP,		
	CHRISTI	AN FOUNDATION FOR CHILDREN AND AG	ING HELPS FAMILIES	IN DEVELOPII	NG COUNTRIE	S BUILD A PATH		
უ	<u>OUT OF</u>	POVERTY FOR THEMSELVES AND THEIR C	OMMUNITIES					
≅								
≣								
Governance	Charleth	- h		-f	TO/ -f.hh-			
		s box 🔰 if the organization discontinued its			1	I _		
တ္ကို ၂ ဒီ		f voting members of the governing body (Part			3	7		
Ĕ <u>*</u>		f independent voting members of the governing	- ' '		4	7		
ਬ ।		ber of individuals employed in calendar year			5	144		
·		ber of volunteers (estimate if necessary) .			6	4,348		
		elated business revenue from Part VIII, colun			7a	0		
b	b Net unrei	ated business taxable income from Form 990	-1, line 34		7b	0		
					Year	Current Year		
<u>a</u> 8		utions and grants (Part VIII, line 1h)		1	07,628,340	109,087,491		
e e e	Prograi	n service revenue (Part VIII, line 2g)		·		U		
- I10	Invact	nont income (Part VIII column (A.) lines 2. 4	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
Beyenue 10					673,167			
11	Other	evenue (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)		673,167 420,314			
10 11 12	O ther r Total re		e, 9c, 10c, and 11e) art VIII, column (A), lir	ne		874,613 392,864 110,354,968		
11	Other r Total re 12) .	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal P	ar, 9c, 10c, and 11e) art VIII, column (A), lir	ne 1	420,314	392,864 110,354,968		
11	Other r Total re 12) . Grants	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal P	art VIII, column (A), lir	ne 1	420,314	392,864 110,354,968		
11 12 13 14 15	Other r Total ro 12) . Grants Benefit Salarie	evenue (Part VIII, column (A), lines 5, 6d, 8devenue—add lines 8 through 11 (must equal P	art VIII, column (A), line	ne 1	420,314 08,721,821 93,418,942 0	392,864 110,354,968 94,977,446 0		
11 12 13 14 15	Other r Total re 12) . Grants Benefit Salarie 5–10)	evenue (Part VIII, column (A), lines 5, 6d, 8devenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), so paid to or for members (Part IX, column (A), so, other compensation, employee benefits (Part IX)	art VIII, column (A), line	ne 1	420,314 08,721,821 93,418,942 0 7,390,196	392,864 110,354,968 94,977,446 0 7,772,965		
11 12 13 14 15	Other r Total ro 12) - Grants Benefit Salarie 5-10)	evenue (Part VIII, column (A), lines 5, 6d, 8devenue—add lines 8 through 11 (must equal Part IX, column (A), so paid to or for members (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), lines	art VIII, column (A), line	ne 1	420,314 08,721,821 93,418,942 0	392,864 110,354,968 94,977,446 0 7,772,965		
11 12 13 14 15	Other r Total re 12) . Grants Benefit Salarie 5-10) a Profess	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Pand similar amounts paid (Part IX, column (A), spaid to or for members (Part IX, column (A), other compensation, employee benefits (Pand I), other lines (Part IX, column (A), lines are compensed (Part IX, column (A), lines are compensed (Part IX, column (B), lines 25)	c, 9c, 10c, and 11e) art VIII, column (A), lin), lines 1-3) , line 4) rt IX, column (A), lines ne 11e)	1 1	420,314 08,721,821 93,418,942 0 7,390,196	392,864 110,354,968 94,977,446 0 7,772,965 105,835		
11 12 13 14 15 16a b 17	Other r Total re 12) Grants Benefit Salarie 5-10) Profess Total fun Other e	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Pand similar amounts paid (Part IX, column (A), so paid to or for members (Part IX, column (A), so, other compensation, employee benefits (Pandian fundraising fees (Part IX, column (A), lines 11a–11d expenses (Part IX, column (A), lines 11a–11d	art VIII, column (A), line	1 1	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552	392,864 110,354,968 94,977,446 0 7,772,965 105,835		
11 12 13 14 15 16a b 17 18	Other r Total r 12) Grants Benefit Salarie 5-10) Profess Total fun Other e Total e	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Pand similar amounts paid (Part IX, column (A), so paid to or for members (Part IX, column (A), so, other compensation, employee benefits (Pandaising fees (Part IX, column (A), lines draising expenses (Part IX, column (D), line 25) 3,530 expenses (Part IX, column (A), lines 11a–11c expenses Add lines 13–17 (must equal Part IX)	art VIII, column (A), line	1 1	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454		
11 12 13 14 15 16a \$\frac{1}{2}\f	Other r Total r 12) Grants Benefit Salarie 5-10) Profess Total fun Other e Total e	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Pand similar amounts paid (Part IX, column (A), so paid to or for members (Part IX, column (A), so, other compensation, employee benefits (Pandian fundraising fees (Part IX, column (A), lines 11a–11d expenses (Part IX, column (A), lines 11a–11d	art VIII, column (A), line	1	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454		
11 12 13 14 15 16a b 17 18 19	Other r Total r 12) Grants Benefit Salarie 5-10) Profess Total fun Other e Total e	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Pand similar amounts paid (Part IX, column (A), so paid to or for members (Part IX, column (A), so, other compensation, employee benefits (Pandaising fees (Part IX, column (A), lines draising expenses (Part IX, column (D), line 25) 3,530 expenses (Part IX, column (A), lines 11a–11c expenses Add lines 13–17 (must equal Part IX)	art VIII, column (A), line	. Beginning	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454		
11 12 13 14 15 16a b 17 18 19	Other r Total re 12) Grants Benefit Salarie 5-10) Profess Total fur Other e Revenu	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), s, other compensation, employee benefits (Part IX, column (A), lined lines (Part IX, column (A), lines 11a–11c expenses (Part IX, column (A), lines 11a–11c eless expenses Subtract line 18 from line 1	art VIII, column (A), line	Beginning	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current ear	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454 1,005,514 End of Year		
11 12 13 14 15 16a b 17 18 19	Other r Total re 12). Grants Benefit Salarie 5-10) Profess Total fun Other e Total e Revenu	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), line draising expenses (Part IX, column (D), line 25) 3,538 expenses (Part IX, column (A), lines 11a-11c expenses Add lines 13-17 (must equal Part IX e less expenses Subtract line 18 from line 1	art VIII, column (A), line	Beginning	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current ear 38,568,284	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454 1,005,514 End of Year 39,884,294		
11 12 13 14 15 16a 15 16a 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Other r Total re 12) . Grants Benefit Salarie 5-10) Profess Total fur Other e Revenu	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), lines are greatly and fundraising fees (Part IX, column (A), lines are greatly, column (B), lines 25) 3,538 (expenses (Part IX, column (A), lines 11a-11c) (expenses Add lines 13-17 (must equal Part IX) eless expenses Subtract line 18 from line 1 eless expenses Subtract line 18 from line 1 eless (Part X, line 16)	art VIII, column (A), line	Beginning	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current ear 38,568,284 1,213,714	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454 1,005,514 End of Year 39,884,294 1,732,623		
11 12 13 14 15 16a b 17 18 19	Other r Total r 12) Grants Benefit Salarie 5-10) Profess Total fun Other e Total e	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Pand similar amounts paid (Part IX, column (A), so paid to or for members (Part IX, column (A), so, other compensation, employee benefits (Pandaising fees (Part IX, column (A), lines draising expenses (Part IX, column (D), line 25) 3,530 expenses (Part IX, column (A), lines 11a–11c expenses Add lines 13–17 (must equal Part IX)	art VIII, column (A), line	1	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131	392,8 110,354,9 94,977,4 7,772,9 105,8 6,493,2 109,349,4 1,005,5		
11 12 13 14 15 16a b 17 18 19 20 20 21 22 Part 11	Other r Total ra 12). Grants Benefit Salarie 5-10) Profess Total fun Other e Total e Revenu Total a Total li Net ass	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), line draising expenses (Part IX, column (D), line 25) 3,538 expenses (Part IX, column (A), lines 11a–11c expenses Add lines 13–17 (must equal Part IX e less expenses Subtract line 18 from line 1 eless expenses Subtract line 18 from line 1 eless or fund balances Subtract line 21 from line 1 eless or fund balances Subtract line 21 from line 1 eless or fund balances Subtract line 21 from line 1 eless expenses Subtract line 21 from line 1 eless or fund balances Subtract line 21 from line 1 eless expenses eless expenses Subtract line 21 from line 1 eless expenses eless expenses Subtract line 21 from line 1 eless expenses eless eless expenses eless eless expenses eless eles ele	art VIII, column (A), line	Beginning	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current ear 38,568,284 1,213,714 37,354,570	392,86 110,354,96 94,977,44 7,772,96 105,83 6,493,20 109,349,45 1,005,51 End of Year 39,884,29 1,732,62 38,151,67		
11 12 13 14 15 16a b 17 18 19 20 20 21 22 Part II Under penknowledge	Other r Total ra 12) Grants Benefit Salarie 5-10) Profess Total fun Other e Total e Revenu Total a Total II Net ass I Signa	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), lines are greatly, column (B), lined draising expenses (Part IX, column (B), line 25) 3,53d expenses (Part IX, column (A), lines 11a–11d expenses Add lines 13–17 (must equal Part IX, eless expenses Subtract line 18 from line 1 eless expenses Subtract line 18 from line 1 eless expenses Subtract line 18 from line 1 eless or fund balances Subtract line 21 from lines ets or fund balances Subtract line 21 from lines	art VIII, column (A), line	Beginning You	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current ear 38,568,284 1,213,714 37,354,570 atements, and t	392,864 110,354,968 94,977,446 7,772,965 105,835 6,493,208 109,349,454 1,005,514 End of Year 39,884,294 1,732,623 38,151,671 o the best of my		
11 12 13 14 15 16a b 17 18 19 20 20 21 22 Part II Under penknowledge	Other r Total ra 12) Grants Benefit Salarie 5-10) Profess Total fun Other e Total e Revenu Total a Total II Net ass I Signa	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), lines are greatly as a series (Part IX, column (A), lines are greatly as a series (Part IX, column (B), line 25) (Part IX, column (B), lines 11a–11d expenses (Part IX, column (A), lines 11a–11d expenses Add lines 13–17 (must equal Part IX eless expenses Subtract line 18 from line 1 eless expenses Subtract line 18 from line 1 eless or fund balances Subtract line 21 from line 1 eless or fund balances Subtract line 21 from line 1 eless or fund balances Subtract line 21 from line 1 eless expenses Subtract line 21 from line 1 eless or fund balances Subtract line 21 from line 1 eless expenses eless expenses Subtract line 21 from line 1 eless expenses eless eless expenses eless eless expenses eless eles eless eles eles eles eless eles eless eles	art VIII, column (A), line	Beginning You	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current ear 38,568,284 1,213,714 37,354,570 atements, and t	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454 1,005,514 End of Year 39,884,294 1,732,623 38,151,671 o the best of my		
11 12 13 14 15 16a b 17 18 19 20 20 21 22 Part II Under penknowledge	Other r Total ra 12) Grants Benefit Salarie 5-10) Profess Total fun Other e Total e Revenu Total a Total II Net ass I Signa	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), lines are greatly as a series (Part IX, column (A), lines are greatly as a series (Part IX, column (B), line 25) (Part IX, column (B), lines 11a–11d expenses (Part IX, column (A), lines 11a–11d expenses Add lines 13–17 (must equal Part IX eless expenses Subtract line 18 from line 1 eless expenses Subtract line 18 from line 1 eless or fund balances Subtract line 21 from line 1 eless or fund balances Subtract line 21 from line 1 eless or fund balances Subtract line 21 from line 1 eless expenses Subtract line 21 from line 1 eless or fund balances Subtract line 21 from line 1 eless expenses eless expenses Subtract line 21 from line 1 eless expenses eless eless expenses eless eless expenses eless eles eless eles eles eles eless eles eless eles	art VIII, column (A), line	Beginning Yeschedules and steer) is based on a	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current ear 38,568,284 1,213,714 37,354,570 atements, and tall information of	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454 1,005,514 End of Year 39,884,294 1,732,623 38,151,671 o the best of my		
11 12 13 14 15 16a 17 18 19 20 20 21 22 Part III Under penknowledge knowledge knowledge	Other r Total re 12). Grants Benefit Salarie 5-10) Profess Total fun Other e Total e Revenu Total a Total li Net ass I Signa nalties of pee e and belief, e.	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), line draising expenses (Part IX, column (D), line 25) 3,538 expenses (Part IX, column (A), lines 11a–11c expenses Add lines 13–17 (must equal Part IX e less expenses Subtract line 18 from line 1 eless or fund balances Subtract line 21 from lines or fund balances Subtract line 21 from lines to return, it is true, correct, and complete. Declaration of	art VIII, column (A), line	Beginning Ye schedules and steer) is based on a	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current ear 38,568,284 1,213,714 37,354,570 atements, and tall information of	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454 1,005,514 End of Year 39,884,294 1,732,623 38,151,671 o the best of my		
11 12 13 14 15 16a b 17 18 19 20 20 21 22 Part II Under penknowledge knowledge Sign	Other r Total ra 12). Grants Benefit Salarie 5-10) Profess Total fun Other e Total e Revenu Total a Total li Net ass I Signa nalties of pee e and belief, e.	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), lines are greatly and for the second of the sec	art VIII, column (A), line	Beginning Yeschedules and steer) is based on a	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current ear 38,568,284 1,213,714 37,354,570 atements, and tall information of	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454 1,005,514 End of Year 39,884,294 1,732,623 38,151,671 o the best of my		
13 14 15 16a 17 18 19 Secretary 20 21 22 Part III Under penknowledgeknowledge	Other r Total r 12) . Grants Benefit Salarie 5-10) Profess Total fun Other e Total e Revenu Total a Total II Net ass I Signal alties of pere and belief, e.	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX) and similar amounts paid (Part IX) column (A), is paid to or for members (Part IX) column (A), is, other compensation, employee benefits (Part IX) and fundraising fees (Part IX) column (A), lines are greated as a series (Part IX), column (B), line 25) 3,536 and funds are greated as a series (Part IX), column (A), lines 11a–11c and funds are greated as a series (Part IX), column (A), lines 11a–11c and funds are greated as a series (Part IX), line 16)	art VIII, column (A), line	Beginning Ye schedules and steer) is based on a	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current ear 38,568,284 1,213,714 37,354,570 atements, and tall information of	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454 1,005,514 End of Year 39,884,294 1,732,623 38,151,671 o the best of my		
13 14 15 16a 17 18 19 Secretary 20 21 22 Part III Under penknowledgeknowledge	Other r Total r 12) . Grants Benefit Salarie 5-10) Profess Total fun Other e Total e Revenu Total a Total II Net ass I Signate e and belief e.	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), lines are greatly and for the second of the sec	art VIII, column (A), line	Beginning Ye schedules and st er) is based on a	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current ear 38,568,284 1,213,714 37,354,570 atements, and tall information of	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454 1,005,514 End of Year 39,884,294 1,732,623 38,151,671 o the best of my f which preparer has any		
11 12 13 14 15 16a b 17 18 19 20 21 22 Part III Under penknowledge knowledge knowledge Sign Here	Other r Total ra 12). Grants Benefit Salarie 5-10) Profess Total fun Other e Revenu Total a Total II Net ass Signat Signat FRANC Type Preparer:	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), lines are compensed (Part IX, column (A), lines are compensed (Part IX, column (B), line 25) expenses (Part IX, column (B), lines 11a–11d expenses Add lines 13–17 (must equal Part IX eless expenses Subtract line 18 from line 1 eless expenses Subtract line 18 from line 1 eless or fund balances Subtract line 21 from lines ture Block right of the correct, and complete. Declaration of the corporate and title expenses Add Wertin Chief executive Officer expenses Add Complete Declaration of print name and title	art VIII, column (A), line	Beginning Ye schedules and steer) is based on a	420,314 08,721,821 93,418,942 0 7,390,196 0,417,552 07,226,690 1,495,131 of Current ear 38,568,284 1,213,714 37,354,570 atements, and tall information of the correct of the c	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454 1,005,514 End of Year 39,884,294 1,732,623 38,151,671 o the best of my f which preparer has any		
11 12 13 14 15 16a b 17 18 19 20 21 22 Part III Under penknowledge knowledge knowledge Sign Here	Other r Total re 12). Grants Benefit Salarie 5-10) Profess Total fun Other e Revenu Total a Total II Net ass Signa alties of pee and belief, e. Preparer's signature	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), lines are compensed (Part IX, column (A), lines are compensed (Part IX, column (B), line 25) expenses (Part IX, column (B), lines 11a–11d expenses Add lines 13–17 (must equal Part IX eless expenses Subtract line 18 from line 1 eless expenses Subtract line 18 from line 1 eless or fund balances Subtract line 21 from lines ture Block right of the correct, and complete. Declaration of the corporate and title expenses Add Wertin Chief executive Officer expenses Add Complete Declaration of print name and title	art VIII, column (A), line	Beginning Ye schedules and st er) is based on a	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current ear 38,568,284 1,213,714 37,354,570 atements, and tall information of	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454 1,005,514 End of Year 39,884,294 1,732,623 38,151,671 o the best of my f which preparer has any		
11 12 13 14 15 16a b 17 18 19 20 21 22 Part III Under penknowledge knowledge knowledge Paid Preparer's	Other r Total re 12). Grants Benefit Salarie 5-10) Profess Total fun Other e Revenu Total a Total II Net ass Signa alties of pee and belief, e. Preparer's signature	evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal Part IX, column (A), and similar amounts paid (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), lines are compensed (Part IX, column (A), lines are compensed (Part IX, column (B), line 25) expenses (Part IX, column (B), lines 11a–11d expenses Add lines 13–17 (must equal Part IX eless expenses Subtract line 18 from line 1 eless expenses Subtract line 18 from line 1 eless or fund balances Subtract line 21 from lines ture Block right of the correct, and complete. Declaration of the corporate and title expenses Add Wertin Chief executive Officer expenses Add Complete Declaration of print name and title	art VIII, column (A), line	Beginning You Schedules and steer) is based on a 203 Da Check if self-	420,314 08,721,821 93,418,942 0 7,390,196 0 6,417,552 07,226,690 1,495,131 of Current ear 38,568,284 1,213,714 37,354,570 atements, and tall information of the company of th	392,864 110,354,968 94,977,446 0 7,772,965 105,835 6,493,208 109,349,454 1,005,514 End of Year 39,884,294 1,732,623 38,151,671 o the best of my f which preparer has any		

KANSAS CITY, MO 64106 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no 🕨 (816) 474-6180

Form	990 (2011)				Page 2
Par	Statement of Program Check if Schedule O contai	<u>-</u>			
1	Briefly describe the organization's	mission			
DIRE DESI OF T SO T PEOF BUIL CULT SERV	A'S MISSION IS TO WALK WITH TO CHILDREN, YOU RED POTENTIAL AND PARTICIP HE WORLD WE PROVIDE PERSON HEY MAY LIVE WITH DIGNITY, A PLE OF GOOD WILL TO LIVE IN DOMINITY BY FOSTERING RETURALLY DIVERSE, EMPOWERING THE POOR, CFCA IS A LAY CANDRIDWIDE COMMUNITY OF COMMUNIT	UTH, AGING AND THE ATE FULLY IN SOCIET NAL ATTENTION AND CHIEVE THEIR DESIR AILY SOLIDARITY WI ELATIONSHIPS OF MI G AND WITHOUT RELITORICATIONS	IR FAMILIES SO THE TY CFCA'S MISSION I DIRECT BENEFITS T ED POTENTIAL AND TH THE WORLD'S PO UTUAL RESPECT, UN GIOUS OR OTHER PR	Y MAY LIVE WITH DIGNIT S TO WALK WITH THE POO O CHILDREN, YOUTH, AGI PARTICIPATE FULLY IN SO OR THROUGH ONE-TO-ON DERSTANDING AND SUPPO EJUDICE GROUNDED IN T	Y, ACHIEVE THEIR DR AND MARGINALIZED NG AND THEIR FAMILIES OCIETY WE INVITE IE SPONSORSHIP WE DRT THAT ARE THE GOSPEL CALL TO
2	Did the organization undertake any the prior Form 990 or 990-EZ?		rvices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conductions services?		t changes in how it coi	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes o	n Schedule O			
4	Describe the organization's progra expenses Section 501(c)(3) and grants and allocations to others, the	501(c)(4) organizations	and section 4947(a)(1) trusts are required to rep	
4a	(Code) (Expense	es \$ 98,622,226	ıncludıng grants of \$	91,440,332) (Revenue \$	0)
	SPONSORSHIPTOTAL GRANTS TO THE SP FUNDING TO THE PROJECTS TOTALED \$ INDIVIDUALS WERE SPONSORED THROU CANDIDATES STUDYING FOR A RELIGIOU	94 9 MILLION AND REPRESEN GH CFCA'S HOPE FOR A FAM	ITED 86 9 PERCENT OF TOT ILY PROGRAM THEY INCLU	AL EXPENSES IN 2011) AT THE EN	ID OF 2011, A TOTAL OF 308,155
4b	(Code) (Expense	es \$ 2,610,466	ıncludıng grants of \$	2,424,020) (Revenue \$	0)
	SCHOLARSHIPSTHE CFCA SCHOLARSHIP ECONOMIC NEED AND A COMMITMENT T LEVEL OF EDUCATION AND BUILD A PATH JOB THAT ENABLES THEM TO BREAK THE	PROGRAM PROVIDES FINANCE O SERVICE IN THEIR COMMUNICATION OF POVERTY FOR THE	CIAL ASSISTANCE TO SECON JNITIES SCHOLARSHIPS EN IR FAMILIES OFTENTIMES	IDARY SCHOOL, COLLEGE OR VOCA IABLE STUDENTS TO STAY IN SCHO THE EDUCATION THEY RECEIVE IS	ATIONAL STUDENTS WITH OL, REACH THEIR DESIRED
4-	(Codo) (Evpops		including grants of \$	1 112 004 \ / Dayanya f	0.)
4c	(Code) (Expense GRANTS FOR SPECIAL NEEDS CFCA ALLO PRIMARILY FROM UNRESTRICTED DONA AROUND THE WORLDWIDE CFCA COMMICOMPUTERS, INTERNET ACCESS AND TR	CATED MORE THAN \$1 1 MI TIONS TO CFCA A LARGE POI JNITY FOR THE IMPLEMENTA	LLION TO SPECIAL NEEDS AI RTION OF GRANT FUNDING ITION OF NEW ACCOUNTING	FOR 2011 WAS USED TO BUILD NE	CESSARY INFRASTRUCTURE
	0.11				
4d	Other program services (Describ (Expenses \$	oe in Schedule O) including grants of	f\$) (Revenue \$)
	Total program service expenses▶				•
	Fr 3	, , ,			

Form **990** (2011)

art IV	Checklis	t of	Required	Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20h		

Par [®]	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2^7 If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions $24b-24d$ and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		N o
	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	• 1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 56			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	163	
	Statements filed for the calendar year ending with or within the year covered by this			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
la	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
la	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 or securities account)?	4a		N o
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
b	organization solicit any contributions that were not tax deductible?			
_	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).		V	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No_
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
_	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		110

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

Se	ction A. Governing Body and Management			
			Yes	No
4_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	H		
	more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
-110	venue couc.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►AK , AL , AR , AZ , CA , CO , CT , FL , G LA , MA , MD , MI , MN , MS , NC , NH , I OK , OR , PA , RI , SC , TN , UT , VA , W	1И, СИ	۷,NY,	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

 V Own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FRANCIS PACO WERTIN CEO
 ONE ELMWOOD AVENUE
 KANSAS CITY, KS 661032118
 (913) 384-6500

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related	
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations	
(1) ANNE RYDER DIRECTOR	3 00	х						0	0	0	
(2) BERNARD A HENTZEN NON-VOTING DIR EMERITUS (SEE SCHEDULE 0)	3 00	х						0	0	0	
(3) CAROLYN ZIMMERMAN DIRECTOR	3 00	х						0	0	0	
(4) CATHERINE PEARCE NON-VOTING DIR EMERITA (SEE SCHEDULE O)	3 00	х						0	0	0	
(5) ED HERMAN TREASURER/DIRECTOR	3 00	х		Х				0	0	0	
(6) EILEEN GREENLAY DIRECTOR	3 00	х						0	0	0	
(7) FR ALLAN WEINERT CSSR SECRETARY/DIRECTOR	3 00	х		Х				0	0	0	
(8) FR VINCE HASELHORST NON-VOTING DIRECTOR (SEE SCHEDULE 0)	24 00	х						15,170	0	0	
(9) MSGR GREGORY SCHAFFER NON-VOTING DIR EMERITUS	0 00	х						0	0	0	
(10) SCOTT WASSERMAN DIRECTOR/CGO	3 00	х		Х				0	0	0	
(11) CATHERINE CROSBY DIRECTOR	3 00	х						0	0	0	
(12) FRANCIS PACO WERTIN CEO (NON-VOTING)	50 00			Х				104,432	0	33,702	
(13) ROBERT K HENTZEN PRESIDENT (NON-VOTING)	60 00			х				119,713	0	16,797	
										_	

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

	(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n on son er a	e bo ıs b nd a	x, oth)		(D Report compen from organizat 2/1099-	able sation the ion (W-	(E) Reportable compensation from related organizations (W- 2/1099-	5	ated of other sation the ion and	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			MISC)		relat organıza	
1b	Sub-Total							<u> </u> ▶				\perp		
C	Total from continuation sheets				•	•		F						
d	Total (add lines 1b and 1c) .							►		239,315		0		50,499
2	Total number of individuals (inc \$100,000 of reportable comper					ted	above) who	o received	more tha	n			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc	•			-	-	mploy •	ee, d	orhighest o	ompens	ated employee • • •	3		No
4	For any individual listed on line organization and related organization.											4		No
5	Did any person listed on line 1a services rendered to the organi									nization d	r individual for •	5		No
Se	ection B. Independent Cor	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax	highest comper n the organizatio												
		(A) me and business ad	dress							Desci	(B)		(C Comper	
7591	TEGIC FUNDRAISING INC 9TH STREET NORTH NUL, MN 55128	The diffe basiless du							SP		QUISITION CAMPAI	IGN	Соттро	105,835
2	Total number of Independent con	cractors (includir	na but r	not lir	nıted	d to	those	liste	d above) w	ho receiv	ved more than			

\$100,000 of compensation from the organization \blacktriangleright 1

Form 99								Page 9
Part	/	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
# \$ # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership du	es 1b					
%. E	С	Fundraising eve	ents 1c	13,223				
£ #	d	Related organiz	zations 1d					
ي. E	e	Government grants	s (contributions) 1e					
i Si	f	All other contribution	ons, gifts, grants, and 1f	109,074,268				
프 는 한	g	sımılar amounts no Noncash contri	ot included above ibutions included in					
E o		lines 1a-1f \$						
္မ	h	Total. Add lines	s 1a-1f	▶	109,087,491			
				Business Code				
Program Service Revenue	2a							
.¥4 .¥4	ь							
93	c							
ja M	d							
Ø ⊆	e	_	_					
Iran	f	All other progra	am service revenue					
چ م								
	д 3		s 2a-2f					
			ome (including dividen ar amounts)		799,654			799,654
	4		stment of tax-exempt bond	F	·			· ·
	5			▶				
		·	(ı) Real	(II) Personal				
	6a	Gross rents	37,621					
	b	Less rental expenses						
	c	Rental income	37,621					
	d	or (loss) Net rental inco	L me or (loss)	<u> </u>	37,621			37,621
	_	Weet Ferred III Co.	(ı) Securities	(II) Other	·			·
	7a	Gross amount from sales of assets other than inventory	432,745					
	b	Less cost or other basıs and	357,786					
	 c	sales expenses Gain or (loss)	74,959					
	d	Net gain or (los		<u> </u>	74,959			74,959
	8a		rom fundraising		·			
Other Revenue		events (not inc \$13 of contributions	luding ,223 s reported on line 1c)					
œ		See Part IV, lin	a	0				
Ē	ь	Less direct ex		0				
ᅙ	С		(loss) from fundraising	events 🕦	o			
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b c		penses b (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inv	entory 🗠				
		Miscellaneous	s Revenue	Business Code				
	11a	MISSION AWA	RENESS	900099	355,243	355,243		
	b							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		355,243			
	12	Total revenue.	See Instructions .		110,354,968	355,243	0	912,234

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX		(B))	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	94,977,446	94,977,446		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	289,814	136,510	138,134	15,170
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,495,243	3,557,587	862,213	1,075,443
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	342,716	207,460	73,447	61,809
9	Other employee benefits	1,204,933	819,787	171,782	213,364
10	Payroll taxes	440,259	283,766	72,919	83,574
11	Fees for services (non-employees)				
а	Management				
b	Legal	11,375	3,024	5,327	3,024
c	Accounting	53,968		53,968	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	105,835			105,835
f	Investment management fees	41,589		41,589	
g	Other	582,255	16,815	20,062	545,378
12	Advertising and promotion	355,259	1,640	6,043	347,576
13	Office expenses	3,327,810	988,991	1,727,880	610,939
14	Information technology	108,361	70,991	17,300	20,070
15	Royalties				
16	Occupancy	194,199	117,832	34,247	42,120
17	Travel	425,600	176,265	1,636	247,699
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,667	14,778	5,236	20,653
20	Interest	6,399	3,519	2,880	_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	461,634	301,607	66,560	93,467
23	Insurance	114,487	75,102	13,983	25,402
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	MISSION AWARENESS & EDU	652,569	640,908	0	11,661
b	FEES/DUES/MEMBERS/TAXES	72,266	11,274	46,127	14,865
С	FIELD AUDITS	27,665	27,665	0	0
d	BO ARD EXPENSES	14,017	0	14,017	0
e					
f	All other expenses	3,088	2,312	750	26
25	Total functional expenses. Add lines 1 through 24f	109,349,454	102,435,279	3,376,100	3,538,075
26	Joint costs. Check here ► ✓ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 887 378 1 1 17.795.921 16.232.008 2 2 3 101.879 4 142.604 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 574.863 9 838.824 Prepaid expenses and deferred charges 8.536.065 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 3,794,540 b Less accumulated depreciation 5,108,883 10c 4,741,525 14,986,360 11 17,928,446 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 **15** 15 38,568,284 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 39,884,294 836,831 17 1,030,461 17 Accounts payable and accrued expenses . 18 73,548 18 181.346 19 103,654 19 102,900 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 199,681 25 417,916 D 26 1,213,714 26 1,732,623 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 11,975,842 27 Unrestricted net assets 12,300,675 25,378,728 28 25.850.996 28 Temporarily restricted net assets Fund 29 29 0 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 37.354.570 33 38.151.671 38.568,284 34 Total liabilities and net assets/fund balances 39.884.294

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		110,3	354,96
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		1,0	05,51
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		37,3	354,57
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 2	208,41
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		38,1	151,67
Pai	The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
_	Separate basis Consolidated basis Both consolidated and separated basis				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

		ie organiza			01111 330 01 1 01111 330 12	c. F See separate instruct	Employer identificatio	n numbe	r
CHRI	STIAN F	OUNDATION	FOR CHILDI	REN & AGING			43-1243999		
Pa	rt I	Reaso	n for Pu	ıblic Charity Sta	tus (All organization	s must complete this p			
						ugh 11, check only one bo			
1	Γ					section 170(b)(1)(A)(i).			
2	Γ	A school	l describe	d in section 170(b)(1	.)(A)(ii). (Attach Sched	lule E)			
3	Г	A hospit	al or a coc	perative hospital se	rvice organization desci	ribed in section 170(b)(1)	(A)(iii).		
4	Γ			h organızatıon opera ity, and state	ted in conjunction with a	a hospital described in sec	tion 170(b)(1)(A)(iii). E	nter the	
5	Γ		•	perated for the benefi (A)(iv). (Complete P	-	ity owned or operated by a	a governmental unit desc	rıbed ın	
6	Γ	A federa	l, state, or	local government o	governmental unit desc	cribed in section 170(b)(1	.)(A)(v).		
7	⊽	describe	d ın	at normally receives (A)(vi) (Complete P	·	support from a governme	ntal unit or from the gene	ral public	c
8	Г				170(b)(1)(A)(vi) (Co	mnlete Part II)			
9	,					of its support from contrib	butions membership fees	and arc	155
-	,					ct to certain exceptions, a			
						ess taxable income (less :			
			_			509(a)(2). (Complete Par	•		
10	Г					public safety See section			
11	, T	_		-	•	nefit of, to perform the fund		he purpo	ses of
	,	one or m the box t	ore public	ly supported organiz	ations described in sect porting organization and	tion 509(a)(1) or section complete lines 11e throu I - Functionally integrated	509(a)(2) See section 5 gh 11h		. Check
е	Γ	other tha				rolled directly or indirectl blicly supported organizat			
f				received a written d	etermination from the IF	RS that it is a Type I, Type	e II or Type III supportır	ıg organız	zation,
-		check th		2006 has the organ	ization accepted any gif	t or contribution from any	of the		ı
g			persons?		zation accepted any gir	c or contribution noin any	of the		
		(i) a per	son who di	rectly or indirectly c	ontrols, either alone or t	together with persons des	cribed in (ii)	Yes	No
		and (III)	below, the	governing body of th	e the supported organiz	ration?	11g	(i)	
		(ii) a fan	nily memb	er of a person descrı	bed ın (ı) above?		11g((ii)	
		(iii) a 35	% contro	lled entity of a perso	n described in (i) or (ii) a	above?	11g(iii)	
h		Provide	the followi	ng information about	the supported organizat	tion(s)			
	(i) Name suppo	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above	(iv) Is the organization in col (i) listed in	(v) Did you notify the organization in col (i) of your	(vi) Is the organization in col (i) organized	1 -	vii)

(i) Name of supported organization	(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section (see	Is the organization in col (i) listed in your governing document?		organization in col (i) listed in your governing		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No			
-											
T-1-1											
Total											

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ection A. Public Support	ne organizaciói	i ialis to quality t	inder the tests	listed below, pie	ease complete	Part III.)
	endar year (or fiscal year beginning	g (a) 2007	(b) 2008	(c) 2009	(4) 2010	(a) 2011	(f) Total
1	ın) Gıfts, grants, contributions, and	(a) 2007	(B) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	membership fees received (Do not include any "unusual grants ")	99,966,58	104,176,370	105,400,045	107,628,340	109,087,491	526,258,832
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities	I					
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	99,966,58	104,176,370	105,400,045	107,628,340	109,087,491	526,258,832
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from line 4						526,258,832
S	ection B. Total Support						
	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	beginning in) A mounts from line 4	99,966,586	104,176,370	105,400,045	107,628,340	109,087,491	526,258,832
8	Gross income from interest,	33,300,300	104,170,570	103,400,043	107,020,540	105,007,451	320,230,032
•	dividends, payments received						
	on securities loans, rents, royalties and income from similar sources	1,529,826	906,223	554,798	717,463	912,234	4,620,544
9	Net income from unrelated business activities, whether or						
	not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	267,565	331,857	379,970	376,018	355,243	1,710,653
11	Total support (Add lines 7 through 10)						532,590,029
12	Gross receipts from related activ					12	19,902
13	First Five Years If the Form 990 in check this box and stop here	s for the organiza	ition's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) organi	ization, ▶
	ection C. Computation of P						
14	Public Support Percentage for 20	•		11 column (f))		14	98 810 %
15	Public Support Percentage for 20	10 Schedule A, F	Part II, line 14			15	98 780 %
16a	33 1/3% support test—2011. If the and stop here. The organization q	_		•	line 14 is 33 1/3%	or more, check	this box ►✓
ь	33 1/3% support test—2010. If t				6a, and line 15 is 3	33 1/3% or more	· ·
	box and stop here. The organizat	ion qualifies as a	publicly supported	organization	•		▶ □
17a	10%-facts-and-circumstances test is 10% or more, and if the organization						
	in Part IV how the organization m						rted
	organization			_			▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the org						
	Explain in Part IV how the organiz						у
	supported organization				-		´ ► □
18	Private Foundation If the organiz instructions	ation did not ched	ck a box on line 13	, 16a, 16b, 17a o	or 1/b, check this	box and see	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART II, SECTION B, LINE 10 MISSION AWARENESS \$355,243 TOTAL 2011 \$355,243 MISSION AWARENESS \$376,018 TOTAL 2010 \$376,018 MISSION AWARENESS \$379,330 ALL OTHER REVENUE \$640 TOTAL 2009 \$379,970 MISSION AWARENESS \$331,781 ALL OTHER REVENUE \$76 TOTAL 2008 \$331,857 MISSION AWARENESS \$267,565 TOTAL 2007 \$267,565

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID:

Software Version:

EIN: 43-1243999

Name: CHRISTIAN FOUNDATION FOR CHILDREN & AGING

Form 990, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493184006912

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

nterna	il Revenue Service	orm 990. F See separate instructions.	Inspection
	me of the organization RISTIAN FOUNDATION FOR CHILDREN & AGING		Employer identification number
Pa	organizations Maintaining Donor Adorganization answered "Yes" to Form 99		43-1243999 unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	_	or advised Yes No
6	Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit		
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualifiesement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically importantly land area certified historic structure of a conservation
	,		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	quired after 8/17/06	2d
3	Number of conservation easements modified, transfer	- rred, released, extinguished, or terminate	ed by the organization during
	the taxable year ▶		
4	Number of states where property subject to conserva	tion easement is located 🕨	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	— dling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ients during the year ▶
7	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during the year
•	▶ \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easem	he footnote to the organization's financial	
Par	t III Organizations Maintaining Collection Complete if the organization answered "	ns of Art, Historical Treasures,	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fine	116, not to report in its revenue stateme for public exhibition, education or researc	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	public exhibition, education, or research in	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		· · · · · · · · · · · · · · · · · · ·
а	Revenues included in Form 990, Part VIII, line 1		b ⊷ ¢
			- -

b Assets included in Form 990, Part X

3	Jsing the organization's accession and other						•					<u>ntinuea)</u>
ı	tems (check all that apply)	·	_	_								
a	Public exhibition		d	ļ	Loa	n or exc	hange progra	ams				
ь	Scholarly research		e	Γ	Oth	ier						
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	illections and expla	ın hov	w the	y furt	her the o	organization'	's ex	empt purpose	ın		
	During the year, did the organization solicit cassets to be sold to raise funds rather than t								ılar	┌ \	'es	┌ No
Part	IV Escrow and Custodial Arrang Part IV, line 9, or reported an am						n answered	'Y" t	es" to Form 9	990,	,	
	is the organization an agent, trustee, custod ncluded on Form 990, Part X?	ıan or other ınterme	ediary	for	ontri	butions	or other ass	ets r	not	Γ \	'es	┌ No
b :	f "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ving t	able		_					
								1c	1A	moui	nt	
_	Beginning balance											
	Additions during the year						<u> </u>	1d				
_	Distributions during the year						<u> </u>	1e				
	Ending balance							1f				
	Old the organization include an amount on Fo		e 21?	•						Γ,	es	No
	If "Yes," explain the arrangement in Part XIV											
Part	Endowment Funds. Complete	f the organizatioi (a)Current Year)Prior			<u>Form 990,</u> 10 Years Back		t IV, line 10. Three Years Back	(e)	Four Ye	ars Back
1a	Beginning of year balance	(a) can can	<u> </u>	, ,		(0,711)		(-,		(-,		
	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
	Other expenditures for facilities											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c ·	Term endowment ▶											
	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are h	eld and a	admınıstered	for	the			
	organization by										Yes	No
	(i) unrelated organizations				•			•	3a	· · ·		
	(ii) related organızatıons								3a(
	Describe in Part XIV the intended uses of th	•						•	3	Ь		
Part						10.						
	Description of property			(a) Cost	or other estment)	(b) Cost or ot basis (othe		(c) Accumulated depreciation	d	(d) Bo	ok value
1a La	and			+			243,	128		+		243,128
	uildings						4,133,	_	1,435,0	58		2,698,331
	easehold improvements		•				1,133,		1,100,0	+		-,050,001
	quipment						1,403,	925	981,8	13		422,112
	ther						2,755,	-	1,377,6			L,377,954
	Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colur	nn (B), line	= 10(c),)				+		1,741,525

Part VIII Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)	(2)20011 12.20	Cost or end-of-year	market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
		(c) Method of va	luation
(a) Description of investment type	(b) Book value	Cost or end-of-year	
		, , , , , , , , , , , , , , , , , , , ,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
	e 15.	(1	b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(1	b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		b) Book value
Part IX Other Assets. See Form 990, Part X, ling (a) Descrip	e 15. tion 5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.		b) Book value
Part IX Other Assets. See Form 990, Part X, ling (a) Descrip	e 15. tion 5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		b) Book value

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts_	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	110,354,968
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	109,349,454
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,005,514
4	Net unrealized gains (losses) on investments	4	-208,413
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-208,413
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	797,101
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	110,146,555
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-208,413
3	Subtract line 2e from line 1	3	110,354,968
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	110,354,968
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	109,349,454
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	109,349,454
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	0
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	109,349,454

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE CHRISTIAN FOUNDATION FOR CHILDREN AND AGING (THE "FOUNDATION" OR CFCA) WAS ORGANIZED ON NOVEMBER 20, 1981, UNDER THE GENERAL NOT-FOR-PROFIT LAWS OF THE STATE OF MISSOURI AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE FOUNDATION HAS EVALUATED AND DETERMINED THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD NEED TO BE ANALYZED FOR ANY OF THE PERIODS PRESENTED

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493184006912

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public **Inspection**

Employer identification number

CHDI	STIAN FOUNDATION FOR CHI	I DDEN O ACTA	10					
СПК.	ISTIAN FOUNDATION FOR CHI	LDREN & AGIN	IG			43-1243999		
Da	rt I General Informatio	n on Activiti	as Outsida t	he United States (tion answ	orod
Fa	"Yes" to Form 990, Pa				Jonnpiete			
1	For grantmakers. Does the	organızatıon n	naıntaın record	ls to substantiate the	amount	of the grants o	r	
	assistance, the grantees' elig	gibility for the	grants or assi	stance, and the select	tıon criteri	a used to awar	rd	
	the grants or assistance?						✓ Yes	☐ No
2	For grantmakers. Describe in Pa United States	art V the organiz	ation's procedu	res for monitoring the us	e of grant f	unds outside the	3	
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program s	y listed in (d) is a service, describe ific type of (s) in region	(f) To expenditu region/inve in reg	ures for estments
	CENTRAL AMERICA & THE	1	2	PROGRAM SERVICES	PROJECT	MENTORING		266,726
	CARIBBEAN				AND MON	ITORING		
								
		1						
3a	Sub-total	1	2					266,726
b	Total from continuation sheets	0				T		0
_	to Part I Totals (add lines 3a and 3b)		0 2					266,726
C	i otais (auu illies sa dilu su)	1 1	. 4	i .	1	I		200,/20

Part II	Part IV, l	ne 15, for any	sistance to Organ y recipient who rece space is needed.	nizations or Entitions or Entit	es Outside the Un 000. Check this box	ited States. Comp (if no one recipient	lete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
	Name of anızatıon	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
			CENTRAL AMERICA & THE CARIBBEAN	PROJECT INFRASTRUCTURE, EMERGENCY & SCHOLARSHIP ASSIST	1,875,771	ELECTRONIC FUND/WIRE			
			EAST ASIA AND THE PACIFIC	PROJECT INFRASTRUCTURE, EMERGENCY & SCHOLARSHIP ASSIST	372,270	ELECTRONIC FUND/WIRE			
			NORTH AMERICA	PROJECT INFRASTRUCTURE, EMERGENCY & SCHOLARSHIP ASSIST	174,639	ELECTRONIC FUND/WIRE			
			SOUTH AMERICA	PROJECT INFRASTRUCTURE, EMERGENCY & SCHOLARSHIP ASSIST		ELECTRONIC FUND/WIRE			
			SOUTH ASIA	PROJECT INFRASTRUCTURE, EMERGENCY & SCHOLARSHIP ASSIST		ELECTRONIC FUND/WIRE			
			SUB-SAHARAN AFRICA	PROJECT INFRASTRUCTURE, EMERGENCY & SCHOLARSHIP ASSIST	409,683	BELECTRONIC FUND/WIRE			
_									
_									
_									
_									
_									
_									
_									

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

51

Schedule F (Form 990) 2011 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

Use Part V ıf a	dditional space is ne	eded.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
NUTRITION, EDUCATION ASSISTANCE, CLOTHING, HEALTH CARE AND FAMILY DEVELOPMENT	CENTRAL AMERICA & THE CARIBBEAN	140,230	41,687,910	ELECTRONIC FUND/WIRE			
NUTRITION, EDUCATION ASSISTANCE, CLOTHING, HEALTH CARE AND FAMILY DEVELOPMENT	EAST ASIA AND THE PACIFIC	43,700	13,024,722	ELECTRONIC FUND/WIRE			
NUTRITION, EDUCATION ASSISTANCE, CLOTHING, HEALTH CARE AND FAMILY DEVELOPMENT	NORTH AMERICA	15,202		ELECTRONIC FUND/WIRE			
NUTRITION, EDUCATION ASSISTANCE, CLOTHING, HEALTH CARE AND FAMILY DEVELOPMENT	SOUTH AMERICA	50,344		ELECTRONIC FUND/WIRE			
NUTRITION, EDUCATION ASSISTANCE, CLOTHING, HEALTH CARE AND FAMILY DEVELOPMENT	SOUTH ASIA	32,858		ELECTRONIC FUND/WIRE			
NUTRITION, EDUCATION ASSISTANCE, CLOTHING, HEALTH CARE AND FAMILY DEVELOPMENT	SUB-SAHARAN AFRICA	25,821	7,077,516	ELECTRONIC FUND/WIRE			

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional

<u>information.</u>	•	nstructions) required in Part I, line 2, and any additional
Identifier PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S	ReturnReference	EXPLAINATION SCHEDULE F, PART I, LINE 2 CHRISTIAN FOUNDATION FOR CHILDREN AND AGING (CFCA) SENDS A WIRE TRANSFER TO PROJECTS LOCATED IN 22 COUNTRIES ON A MONTHLY BASIS THE MONTHLY TRANSFER INCLUDES THE PROJECT'S ALLOCATION OF SPONSORSHIP FUNDS IN THREE CATEGORIES CHILDREN, AGING AND VOCATIONS (WHERE APPLICABLE) THE MONTHLY TRANSFER ALSO INCLUDES BIRTHDAY FUNDS MONEY IS SENT AT THE APPROPRIATE TIMES FOR SERVICE-SCHOLARSHIPS AND CHRISTMAS THERE MIGHT BE ADDITIONAL RESTRICTED FUNDS SENT AS CFCA GRANTS OR BECAUSE OF SPONSORS' EXTRA DONATIONS FOR SPECIFIC FAMILY OR PROJECT NEEDS BEYOND WHAT THE SPONSORSHIP PROGRAM COVERS CFCA MONITORS THE PROJECTS' USE OF FITHESE FUNDS IN A VARIETY OF WAYS PROJECTS ARE REQUIRED TO PROVIDE MONTHLY FINANCIAL INFORMATION TO CFCA'S OFFICE IN KANSAS CITY, KANSAS, INCLUDING A TRANSACTION-LEVEL FINANCIAL DETAIL B PROJECT BANK STATEMENTS AND BANK RECONCILLATIONS C LIABILITY LISTING, IF APPLICABLE D RESERVES REPORT, IF UNDESIGNATED RESERVES ARE GREATER THAN THE ALLOWED PERCENTAGE OF ONE MONTH'S WIRE TRANSFER THE PROJECTS ARE ALSO REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS ON AN ANNUAL BASIS A ADMINISTRATIVE BUDGET B WORK PLAN FOR THE YEAR C ASSET LISTING D GOVERNMENT-REQUIRED EXTERNAL AUDIT E ANY OTHER FINANCIAL REPORTS FILED WITH THEIR GOVERNMENTS FOR SPECIAL MONEY GIFTS OVER \$100, PROJECTS ARE REQUIRED TO ACKNOWLEDGE THE EXPENDITURES TO THE DONORS THERE ARE FIVE FINANCIAL AUDIT TO THE FINANCIAL REPORTS FILED WITH THEIR GOVERNMENTS FOR SPECIAL MONEY GIFTS OVER \$100, PROJECTS ARE REQUIRED TO ACKNOWLEDGE THE EXPENDITURES TO THE DONORS THERE ARE FIVE FINANCIAL AND PROGRAMS DEPARTMENT AT CFCA EACH HAS RESPONSIBILITY FOR A NUMBER OF PROJECTS, AND REVIEWS THE MONTHLY TRANSACTIONS AND REPORTS ON A REGULAR BASIS FOR TIMEINESS, ACCURACY, COMPLETENESS, AND COMPLETENESS,
		WERE VISITED BY THEIR SPONSORS
		<u> </u>

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493184006912

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	OD CHTI DDEN 0 A C	TNC				Employer iden	tification numbe	er
CHRISTIAN FOUNDATION F	OR CHILDREN & AG.	ING				43-1243999		
Part I Fundraising A	ctivities. Complet	e if the c	organiza	tion answered "Yes" t	to Form	990, Part IV,	, lıne 17.	
1 Indicate whether the orga	anızatıon raısed funds	through a	any of the	following activities Che	eck all the	at apply		
a Mail solicitations		_	е	Solicitation of non	n-governr	nent grants		
b 🔽 Internet and e-mail s	solicitations		ernment	grants				
c 🔽 Phone solicitations			g	Special fundraisin	g events			
d 🔽 In-person solicitatio	ns							
2a Did the organization have or key employees listed							✓ Yes	
b If "Yes," list the ten higher to be compensated at least								
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundraı	ount paid to tained by) ser listed in ol (i)	(vi) Amount pa (or retained organizatio	by)
STRATEGIC FUNDRAISING INC 7591 9TH STREET NORTH	SPONSORSHIP ACQUISITION CAMPAIGN	163	No	150,692		105,835		44,857
ST PAUL, MN 55128								
Гotal			•	150,692		105,835	4	44,857
3 List all states in which th							-	
AK, AL, AR, AZ, CA, CO, CT, I NV, NY, OH, OK, OR, PA, RI, 9	SC, SD, TN, TX, UT, V	A, ID, IL, /A, VT, W	IN, KS, K A, WI, W	/ \A/V			ND, NE, NH, NJ, 	

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
. 7	Food and beverages				
8	Entertainment				
9	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	an (d)	.	(
111	•	_	• •		,
art I	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		i tes lo foilii 990, Pa	rt IV, iiile 19, or repo	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
1 4					
4	Rent/racinty costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes		┌ Yes	
		Г №	ΓNο	Γ No	_
7	Direct expense summary Add line	s 2 through 5 in columr	n (d)		(
8	Net gaming income summary Com	ndine lines 1 and 7 in co	olumn (a)	<u> </u>	
	nter the state(s) in which the organiz				
Is	the organization licensed to operate	e gamıng actıvıtıes ın ea	ch of these states?		· Fyes Fno
b If	"No," Explain				
 a W	ere any of the organization's gaming				
	"Yes," Explain				- , res , NO

Sche	dule G (Form 990 or 990-EZ) 20	11		Page 3
11	Does the organization operate g	aming activities with nonmembers?		Yes No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mei	mber of a partnership or other entity	
	formed to administer charitable	gamıng?		Yes Γ No
13	Indicate the percentage of gami	ng activity operated in		
а			13a	
Ь	An outside facility		13b	
14	Provide the name and address o records	f the person who prepares the organiz	ation's gaming/special events books and	
	Name 🟲			
	Address ►			
15a	=	ntract with a third party from whom th		_
_			· · · · · · · · · · · · · · · · · · ·	Yes No
b		ming revenue received by the organiz ned by the third party 🟲 \$	ation 🟲 \$ and the	
С	If "Yes," enter name and addres	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name ►			
		▶ \$		
	Description of services provided	ı -		
	Director/officer	☐ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distrib		_
_	retain the state gaming license?			Yes No
b		s required under state law distributed t activities during the tax year 🟲 🖇	to other exempt organizations or spent	
Par			r responses to quuestion on Schedule G (see	5
	Identifier	ReturnReference	Explanation	
	LANATION OF FUNDRAISING MENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	IN 2011, CFCA INITIATED A FUNDRAISING C ENGAGING A DIRECT-RESPONSE FUNDRAISI MAKE PERSONAL CALLS TO FORMER AND CU SPONSORS ASKING THEM TO CONSIDER SPO OLDER STUDENT THROUGH THIS CAMPAIGN	NG FIRM TO RRENT DNSORING AN

I dentifier ReturnReference	Explanation
EXPLANATION OF FUNDRAISING SCHEDULE G, PART I, LINE 2B, COLUMN (V)	IN 2011, CFCA INITIATED A FUNDRAISING CAMPAIGN, ENGAGING A DIRECT-RESPONSE FUNDRAISING FIRM TO MAKE PERSONAL CALLS TO FORMER AND CURRENT SPONSORS ASKING THEM TO CONSIDER SPONSORING AN OLDER STUDENT THROUGH THIS CAMPAIGN, CFCA GAINED 658 NEW SPONSORSHIPS WE EXPECT TO RECEIVE SPONSORSHIP REVENUE FROM THESE SPONSORSHIPS FOR SEVERAL YEARS INTO THE FUTURE ON AVERAGE, A CFCA SPONSOR RETAINS A SPONSORSHIP WITH CFCA FOR 7 3 YEARS, CONTRIBUTING MONTHLY TO CFCA THROUGHOUT THAT TIME OVER THOSE 7 3 YEARS, WE PROJECT ADDITIONAL REVENUE TO CFCA TO BE \$1 7 MILLION THIS LONGTERM VIEW DEMONSTRATES THE COST-EFFECTIVENESS OF THE FUNDRAISING CAMPAIGN

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493184006912

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public **Inspection**

Name of the organization CHRISTIAN FOUNDATION FOR CHILDREN 8	k AGING							mployer id 3-12439		tion numb	er	
Part I Excess Benefit Tran							organı	zations d	nly).	ne 40h		
1 (a) Name of disqu			103 0111011	11 330,1	(b) Desc				uic v , ii		(c)	
					(-,					Yes	No	
2 Enter the amount of tax impose section 4958	ed on th	_		-	disqualified perso			ear under	- - \$	l		
3 Enter the amount of tax, if any,	on line								\$			
Part II Loans to and/or F Complete if the organiz					Part IV line 26	or Forr	n 990-F	7 Part \/	line 38	a		
Complete if the organiz		oan to	1 163 0111	01111 990				(f)				
(a) Name of interested person and purpose	or fro	m the zation?	(c)Original principal amount		(d)Balance due		(e) In Approved by board or committee?		(g) Writ			
	То	From					Yes	No	Yes	No	Yes	No
									1			
									+			
							1					
Total				▶ \$	1		1		1		1	
Part IIII Grants or Assistan						l lino "	ס פו					
Complete if the orga	IIIZatit				een interested per							
(a) Name of interested pers	on				ganization	5011	(c) A m	nount of gi	ant or ty	pe of assi	stance	
		-										
		_										
		-										
		+										

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction		(e) Sha organiz rever	ation's
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
		(A) NAME OF PERSON ELAINE HAAKE(B) RELATIONSHIP
		BETWEEN INTERESTED PERSON AND
		ORGANIZATIONDAUGHTER OF CATHERINE PEARCE
		(DIRECTOR EMERITA-NON VOTING)(A) NAME OF PERSON
		EMILY BRANDJORD(B) RELATIONSHIP BETWEEN
		INTERESTED PERSON AND ORGANIZATIONGRANDCHILD
		OF CATHERINE PEARCE (DIRECTOR EMERITA-NON
		VOTING)(A) NAME OF PERSON CRISTINA HENTZEN(B)
		RELATIONSHIP BETWEEN INTERESTED PERSON AND
		ORGANIZATIONWIFE OF ROBERT HENTZEN (PRESIDENT-
		NON VOTING) (A) NAME OF PERSON ED O'MALLEY(B)
		RELATIONSHIP BETWEEN INTERESTED PERSON AND
		ORGANIZATIONSON-IN-LAW OF CATHERINE PEARCE
		(DIRECTOR EMERITA-NON VOTING)(A) NAME OF PERSON
		ANA MARTINEZ(B) RELATIONSHIP BETWEEN INTERESTED
		PERSON AND ORGANIZATIONDAUGHTER OF ROBERT
		HENTZEN (PRESIDENT-NON VOTING)(A) NAME OF
		PERSON PAUL PEARCE(B) RELATIONSHIP BETWEEN
		INTERESTED PERSON AND ORGANIZATIONSON OF
		CATHERINE PEARCE (DIRECTOR EMERITA-NON VOTING)
		(A) NAME OF PERSON CATHERINE QUIROGA(B)
		RELATIONSHIP BETWEEN INTERESTED PERSON AND
		ORGANIZATIONDAUGHTER OF CATHERINE PEARCE
		(DIRECTOR EMERITA-NON VOTING) THE COMPENSATION
		FOR MS HAAKE, MS BRANDJORD, MS HENTZEN, MR
		O'MALLEY, MS MARTINEZ, MR PEARCE, MS QUIROGA,
		AND ALL OTHER EMPLOYEES (EXCEPT THE POSITIONS OF
		PRESIDENT AND CHIEF EXECUTIVE OFFICER) IS
		APPROVED BY THE CHIEF EXECUTIVE OFFICER

Additional Data

Software ID: Software Version:

EIN: 43-1243999

Name: CHRISTIAN FOUNDATION FOR CHILDREN & AGING

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organiz	(e) Sharing of organization's revenues?	
	organization			Yes	No	
ELAINE HAAKE	SEE BELOW	69,559	EMPLOYMENT		No	
EMILY BRANDJORD	SEE BELOW	40,498	EMPLOYMENT		No	
CRISTINA HENTZEN	SEE BELOW	48,164	EMPLOYMENT		No	
ED O'MALLEY	SEE BELOW	10,793	EMPLOYMENT		No	
ANA MARTINEZ	SEE BELOW	55,144	EMPLOYMENT		No	
PAUL PEARCE	SEE BELOW	77,184	EMPLOYMENT		No	
CATHERINE QUIROGA	SEE BELOW	73,769	EMPLOYMENT		No	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493184006912

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization CHRISTIAN FOUNDATION FOR CHILDREN & AGING

Employer identification number

В-	Tunes of Dunes.				43-1243999			
Pa	rt I Types of Property	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contributio	etermı	_	
				1 g				
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property		20	07.500	COST OR SELLING		_	
	Securities—Publicly traded .	X	28	87,500	COST OR SELLING	PRIC	<u> </u>	
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation							
	contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
	O ther ▶()							
28	O ther ▶ ()				T			
29	Number of Forms 8283 received				29			0
	for which the organization compl	leted Form	8283, Part IV, Donee Ackr	iowiedgement	25			
20-	During the year did the erganize	ation roceiu	a by contribution any propa	urty raparted in Dart I. lines	1 20 +65+ +		Yes	No
SUa	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	a to be usea			
_	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part :	II					
31	Does the organization have a gif	ft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
h	If "Yes," describe in Part II					<u> </u>		140
33 33	If the organization did not report	t revenues i	in column (c) for a type of n	roperty for which column (a) is checked			
JJ	describe in Part II	c icvellues	column (c) for a type of p	Toperty for which column (a	, is checked,			

Part II

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	NUMBER OF CONTRIBUTORS

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493184006912

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization CHRISTIAN FOUNDATION FOR CHILDREN & AGING

Employer identification number

43-1243999

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	SPONSORSHIP (CONTINUED) TOTAL GRANTS TO THE SPONSORSHIP PROGRAM WERE \$91.4 MILLION IN 1201.1 (INCLUDING SOHOLARSHIP AND GRANTS FOR SPECIAL NEEDS, FLINDING TO THE PROJECTS TOTAL EXPENSES IN 2011). A TITLE END OF 2011, A TOTAL LOF 308.155 INDVIDUALS WERE SPONSORED THROUGH CRCA'S HOPE FOR A FAMILY PROGRAM THEY PLACUED 284.270.1 CHILDRIN 24.4 AGING ERSISS IN 2011). A TITLE END OF 2011, A TOTAL LOF 308.155 INDVIDUALS WERE SPONSORED THROUGH CRCA'S HOPE FOR A FAMILY PROGRAM THEY PLACUED 284.270.1 CHILDRIN 24.4 AGING ERSISS IN 2011 AT THE END OF 2011, A TOTAL OF 308.155 INDVIDUALS WERE SPONSORED INDVIDUALS AND THER CANDIDATES STUDYING FOR A RELIGIOUS VOCATION SPONSORED INDVIDUALS AND THER FAMILY SHORED THROUGH CAP ROLLOWING A REAL AGING THE WAS A CONTROL OF THE ADMINISTRATION OF THE AMERICAN CONTROL OF THE AMERICAN CON

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	TONLY HELPED ME FINANCIALLY, BUT IT HAS GIVEN ME CONFIDENCE AND NEW HOPE FOR A BETTER FUT URE" SHANTI, NOW 14, HAS BEEN SPONSORED THROUGH CFCA FOR EIGHT YEARS WITH THE STEADFAST SUPPORT OF HER MOTHER AND A CFCA SCHOLARSHIP, SHANTIH HAS FLOURISHED IN SCHOOL AND WANTS TO BECOME A DOCTOR 3 CAPACITY BUILDING. A RHIMARY FOCUS OF THE PROGRAM IS CREATING OPPOR TUNITIES FOR FAMILES TO DEVELOP THER OWN CAPACITY FOR HER PROGRAM IS CREATING OPPOR TUNITIES FOR FAMILES TO DEVELOP THER OWN CAPACITY FOR HER PROGRAM IS CREATING OPPOR TUNITIES FOR FAMILES TO DEVELOP THER OWN CAPACITY FOR HER PROGRAM IS A SCHOLARSHIP STUDENT AND A SPONSORSHIP PROGRAM PARTICIPANT IN GUATEMALA. HIS CFCA SCHOLARSHIP STUDENT AND A SPONSORSHIP SUPPORT ALONE ARE NOT ENCAPPORT. BY FOR HIS EDUCATIONAL EXPENSES, BUT THE SCHOLARSHIP AND SPONSORSHIP SUPPORT ALONE ARE NOT ENCAPPORT. BY A SPONSOR HIS EDUCATIONAL EXPENSES, BUT THE SCHOLARSHIP AND SPONSORSHIP SUPPORT ALONE ARE NOT ENCAPPORT. AND SPONSOR SHIP SUPPORT ALONE ARE NOT ENCAPPORT. BY A SPONSOR HIS SPONSOR HIS EDUCATIONAL EXPENSES, BUT THE SCHOLARSHIP AND SPONSOR SHIP SUPPORT ALONE ARE NOT ENCAPPORT. AND SPONSOR SHIP SUPPORT ALONE ARE NOT ENCAPPORT. BY A SPONSOR HIS SPONSOR HIS SPONSOR HIS EDUCATIONAL EXPENSES, BUT THE SCHOLARSHIP SUPPORT SUPPORT ALONE ARE NOT ENCAPPORT. AND SPONSOR SHIP SUPPORT ALONE ARE NOT ENCAPPORT. BY A SPONSOR HIS SPONS

ldentifier	Return Reference	Explanation
	Reference	5 EMPOWERMENT PROGRAM INITIATIVES ESTABLISH SPACES WHERE MARGINALIZED GROUPS ARE EMPOW BRED TO CREATE EQUALITY, JUSTICE AND UNITY IN THEIR COMMUNITIES. EXISTING POWER MBALANCES ARE ADDRESSED WITH AN BOURING COMMITMENT TO CREATIVE NON-VIOLENCE. DIGNITY AND LONG-TERM CHANGE. IN ANTIFOLO, PHILEPINES, THE COLLECTIVE EFFORT OF CREATIVE NON-VIOLENCE. DIGNITY AND LONG-TERM CHANGE. IN ANTIFOLO, PHILEPINES, THE COLLECTIVE EFFORT OF CREATIVE NON-VIOLENCE. DIGNITY AND LONG-TERM CHANGE. IN ANTIFOLO, PHILEPINES, THE COLLECTIVE EFFORT OF CREATIVE NON-VIOLENCE DIGNITY AND LONG-TERM CHANGE. BOW INCOME. BOW INCOME. WAS THE REELING OF SECURITY, SAID MALOU NAVIO, CREA. ANTIFOLO, COOCORONATOR THE SWALL, GROUPS ARE CALLED "KAPITBAHAY ANS," A TAGALOG WORD FOR." NEICHBORHOOD." AND CONSIST OF PAREN TS AND CHARDANS OF CREA. SPONSORED CHLIDREN TODAY. THE ANTIPOLO FROECT HAS 653 KAPITEMAH VAINS SERVING THE NEEDS OF 7,332 FAMILES IN THE HOPE FOR A FAMILY SPONSORSHIP PROGRAM MEM BERS OF KAPITBAYAHAN NAZARETH CAN BORROW FUNDS FROM THEIR THEIRT SAVINGS RAIN TO COVER EME RIGHNOY. KAPITBAHAYANN SHAVE SIMILAR THRIFT SAVINGS RAINS, NAVIO SAID THEIR SAVINGS ARE MATCHED BY CREAN AND FAMILY CELEBRATIONS. IN THE LONG TERM, THEY WANT TO OPEN A BANK TO COMPETE WITH BIGH-BORN-COOL LENDERS WHO CHARGE HIGH INTEREST RATES. "A LOTO FWORK HAS BEEN DELEGATED TO THE KAPITBAHAYAN." NAVIO SAID "EVEN THE ACCOLONITING (WITH STAFF SUPERVISION) IS HANDLE D BY THE FAMILLES THES SO EXCITION AS THEY BECOME STRONGER. THIS IS WHAT WILL LIFT THE COMMUNITY UP. FAMILLES THE SO EXCITION AS THEY BECOME STRONGER. THIS IS WHAT WILL LIFT THE COMMUNITY OF THE FAMILLES THE SO EXCITION AS THEY BECOME STRONGER. THIS IS WHAT WILL LIFT THE COMMUNITY OF THE FAMILLES THE OF SUP ARP, HONDURAS, TAUGHT HIM TO A MINING JUDIA THE A LACK OF FINANCIAL RESOURCES DAMPEN HS DREAM OF A TITENDING THE MOST PRESTIGUES AND THER FAMILLES HAVE CLEAR REPSO NAL GOALS AND FEALISTCH HANDS TO A CHEVE THOSE GOALS. JUDIA THER FAMILLES HAVE CLEAR REPSO IN AL GOALS AND FEALISTCH HAD THE COMMUNI
		EACH OTHER TO FIX THE PROBLEM WOMEN BEGAN SELLING TAMALES AND BREAD TO BUY MATERIALS AND HIRE MASONS TO REPAIR THE ROAD THEIR EFFORTS INSPIRED THE INVOLVEMENT

Identifier	Return Reference	Explanation
		OF HUSBANDS LIKE GABRIEL, A FATHER OF THREE, WHOSE DAUGHTER NALLELY IS SPONSORED IN ALL, 19 FAMILIES TOTALING MORE THAN 100 PEOPLE USED FINELY PULVERIZED STONE, SAND AND CEMENT TO MAKE THE REPAIRS DURING THE THREE-WEEK PROJECT, GABRIEL LEARNED HOW TO MIX AND POUR CON CRETE AND FOUND JOY IN VOLUNTEERING AND WORKING WITH A TEAM FOR THE COMMUNITY'S COMMON GOOD, HE SAID WHILE THERE WAS A CLEAR NEED FOR REPAIRS, VILLAGERS DID NOT WAIT FOR HELP TO COME TO THEM THEY ORGANIZED THEMSELVES TO MAKE A CHANGE AND STRENGTHENED COMMUNITY TIES IN THE PROCESS "IT IS VERY EXCITING TO SEE THE FAMILIES BE THE CREATORS OF THEIR OWN CHANGE SAND BBING ACTIVE MEMBERS OF THEIR COMMUNITIES," AND MARTINEZ, CFCA PROJECT DIRECTOR FOR HONDURAS, SAID "THESE TYPES OF PROJECTS DON'T JUST BRING IMPROVEMENTS TO THEIR COMMUNITY, BUT BRING EVERYONE TOGETHER TO CREATE A SENSE OF COMMUNITY IN EACH ONE." 9 SUSTAINABILITY FAMILIES ARE THE PRIMARY AGENTS IN THEIR OWN DEVELOPMENT, TAKING INITIATIVE AND ASSUM ING RESPONSIBILITY FOR THE SPONSORSHIP PROGRAM AND EVENTUALLLY SELE-MANAGING MANY ASPECTS OF THE PROGRAM WITH PROJECT STAFF SERVING AS SUPPORT RESOURCES THE COMMUNITY IS EVENTUALLY ABLE TO DEVELOP KEY PROGRAMS INDEPENDENT OF CFCA MONICAH IS THE TREASURER OF BANGLADESH, HER 30-MEMBER MOTHERS GROUP IN NAROBI, KENYA ONE OF HER EIGHT CHILDREN, SYEAR-OLD LONA, IS SPONSORED MONICAH'S SEVENTH- GRADE EDUCATION LIMITS HER JOB CHOICES SHE USED FUNDS SHE RECEIVED FROM HER MOTHERS GROUP TO START FARMING." IPLANTED KALE, SPINACH AND OTHER VEGETABLES," SHE SAID. "ISOLD THE PRODUCE TO MAKE MONEY WITH THE SUPPORT OF THE GROUP, IH AVE BEEN ABLE TO PLANT MORE CROPS AND MY FARM IS DONG WELL." THE SWALL-GROUP MODEL PROMOTE STHE LONG-TERM STABILITY OF THE FAMILY BY PUTTING CONTROL AND DECISION-MAKING IN THE HAND SO F PARENTS AND GIVING FAMILES A SOCIAL SAFETY NET. "DISTRIBUTING BENEFITS IS A TEMPORA RY SOLUTION AND CAN PROMOTE DEPENDENCY," JANET TINSLEY, CFCA AFRICA PROJECT DIRECTOR, SAID. "THE SMALL-GROUP MODEL PROWOTE STHE LONG-TERM STELLEY SUSTAINABILITY." LILLIAN N

ldentifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS	SCHOLARSHIPS (CONTINUED) THE CFCA SCHOLARSHIP PROGRAM PROVIDES FINANCIAL ASSISTANCE TO SECONDARY SCHOOL, COLLEGE OR VOCATIONAL STUDENTS WITH ECONOMIC NEED AND A COMMITMENT TO SERVICE IN THEIR COMMUNITIES SCHOLARSHIPS ENABLE STUDENTS TO STAY IN SCHOOL, REACH THEIR DESIRED LEVEL OF EDUCATION AND BUILD A PATH OUT OF POVERTY FOR THEIR FAMILIES OFTENTIMES THE EDUCATION THEY RECEIVE IS THE KEY TO A SECURE, STEADY JOB THAT ENABLES THEM TO BREAK THE CYCLE OF POVERTY STUDENTS PURSUE A VARIETY OF CAREERS, INCLUDING EDUCATION, MEDICINE, COMPUTER TECHNOLOGY, AGRICULTURE, GRAPHIC DESIGN, SOCIAL WORK, JOURNALISM, CARPENTRY, COSMETOLOGY AND OTHERS IN 2011, SCHOLARSHIPS WERE AWARDED TO STUDENTS IN BOLIVIA, BRAZIL, COLOMBIA, COSTA RICA, THE DOMINICAN REPUBLIC, ECUADOR, EL SALVADOR, GUATEMALA, HAITI, HONDURAS, INDIA, KENYA, MEXICO, NICARAGUA, PERU, THE PHILIPPINES, TANZANIA, UGANDA AND VENEZULE A THE MEAN VALUE PER STUDENT WAS \$338 SCHOLARSHIP STUDENTS MAY BE SPONSORED YOUTH WHO NEED EXTRA FINANCIAL HELP IN ADDITION TO SPONSORSHIP ASSISTANCE TO COMPLETE THEIR EDUCATION, OR THEY MAY BE NON-SPONSORED OLDER STUDENTS IDENTIFIED BY CFCA PROJECTS AS BEING IN NEED OF EDUCATIONAL ASSISTANCE AND HAVING A DESIRE TO SERVE THEIR COMMUNITIES THE PROGRAM OBJECTIVES ARE TO HELP OLDER YOUTH REACH THEIR POTENTIAL, PROVIDE ROLE MODELS IN THE SPONSORSHIP COMMUNITY, AND CULTIVATE LOCAL LEADERSHIP IN CFCA COMMUNITIES MANY FORMER SCHOLARS WORK AT CFCA PROJECTS AS COORDINATORS AND SOCIAL WORKERS AN IMPORTANT COMPONENT OF THE PROGRAM IS THE SERVICE REQUIREMENT CFCA SCHOLARS AND FORMER SCHOLARS WORK AT CFCA PROJECT SOR WORK RELATED TO THEIR FIELD OF STUDY FOR EXAMPLE, LUCY IS A SCHOLARSHIP STUDENT IN THE CFCA PROGRAM WRITE LETTERS TO THEIR SPONSORS IN THE US, TRANSLATING CHILDREN IN THE CFCA PROGRAM WRITE LETTERS TO THEIR SPONSORS IN THE US, TRANSLATING FROM COLLEGE IN 2012 "GROWING UP, I HAD NO HOPE OF GETTING AN EDUCATION, AS MY MOTHER HAD NO MEANS OF PAYING MY TUITION FEES," LUCY SAID NOW, LUCY'S SCHOLARSHIP HELPS PAY FOR TUITION FEES, SCHOOL SUPPLIE

ldentifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS	GRANTS FOR SPECIAL NEEDS (CONTINUED) CFCA ALLOCATED MORE THAN \$1 1 MILLION TO SPECIAL NEEDS AND PROJECT GRANTS IN 2011 FUNDING FOR GRANTS COMES PRIMARILY FROM UNRESTRICTED DONATIONS TO CFCA A LARGE PORTION OF GRANT FUNDING FOR 2011 WAS USED TO BUILD NECESSARY INFRASTRUCTURE AROUND THE WORLDWIDE CFCA COMMUNITY FOR THE IMPLEMENTATION OF NEW ACCOUNTING SOFTWARE. THIS INCLUDES INVESTMENTS IN SOFTWARE, COMPUTERS, INTERNET ACCESS AND TRAINING THE NEW SOFTWARE WILL SIGNIFICANTLY INCREASE CFCA'S ABILITY TO BE GOOD STEWARDS OF SPONSOR DONATIONS BY UNIFYING THE WAY ALL PROJECTS RECORD FINANCIAL TRANSACTIONS IT WILL ALSO GIVE CFCA AUDITORS AROUND THE WORLD REAL-TIME ACCESS TO EACH PROJECT'S FINANCIAL RECORDS IN ADDITION, THE NEW SOFTWARE WILL ALLOW CFCA IN-COUNTRY STAFFS TO BETTER MANAGE THEIR PROJECTS AND MORE EFFICIENTLY SUBMIT REPORTS TO BOTH CFCA HEADQUARTERS AND THEIR OWN COUNTRY'S GOVERNMENT FINALLY, THE COMPUTERS AND RELIABLE INTERNET ACCESS WILL IMPROVE ALL ASPECTS OF THE SPONSORSHIP PROGRAM AND EACH PROJECT'S RELATIONSHIP WITH CFCA HEADQUARTERS GRANT FUNDING IN 2011 WAS ALSO USED TO PURCHASE LAND AND BUILD A CFCA CENTER IN SANTA ANA, EL SALVADOR MANY CFCA SPONSORS AND SERVICE TEAMS VISIT THE EL SALVADOR OFFICE EACH YEAR ADDITIONALLY, THE EXPENSE OF RENTING TWO OFFICES (ONE FOR THE CENTRAL OFFICE AND ONE FOR THE SUBPROJECT AND COMMUNICATIONS CENTER; WAS UNNECESSARY THEREFORE, IT WAS MORE COST-EFFECTIVE TO PURCHASE LAND AND BUILD AN OFFICE THAN CONTINUE TO RENT THE NEW OFFICE ALLOWS CFCA TO BE BETTER STEWARDS OF THE MONEY ENTRUSTED TO US, AND BE MORE HOSPITABLE TO GROUPS WHO TRAVEL TO SEE CFCA'S WORK FIRST-HAND AND SERVE THE PEOPLE OF EL SALVADOR FINALLY, PROJECT GRANTS WERE DISBURSED FROM A NUMBER OF SPECIAL ASSISTANCE FUNDS THAT ALLOW DONORS TO TARGET THEIR CONTRIBUTIONS TOWARD SPECIFIC PROGRAMS CFCA ACCEPTS CONTRIBUTIONS TO FUNDS THAT PROVIDE FOOD ASSISTANCE, HOUSING, DISASTER ASSISTANCE, HEALTHY COMMUNITIES (HEALTH AND HY GIENE SERVICES AND FACILITIES), SPONSORSHIP ASSISTANCE AND LIVELHOOD PROGRAMS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	MR BERNARD HENTZEN (DIRECTOR EMERITUS), WHO PASSED AWAY IN LATE 2011, AND MR ROBERT HENTZEN (PRESIDENT) ARE THE BROTHERS OF MS CATHERINE PEARCE (DIRECTOR EMERITA), WHO PASSED AWAY IN EARLY 2012 MR BERNARD HENTZEN, MR ROBERT HENTZEN AND MS PEARCE ARE CO-FOUNDERS OF CFCA AND SERVED ON THE BOARD WITHOUT VOTING PRIVILEGES MR ROBERT HENTZEN'S COMPENSATION IS APPROVED BY THE VOTING MEMBERS OF THE BOARD OF DIRECTORS MR BERNARD HENTZEN AND MS PEARCE WERE NOT PRESENT DURING THE DELIBERATION OF MR ROBERT HENTZEN'S COMPENSATION, NOR WERE THE RESULTS OF THAT DELIBERATION SHARED WITH THEM

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 (THE FORM) IS PREPARED UNDER THE SUPERVISION OF THE CHIEF EXECUTIVE OFFICER (CEO) AFTER THE CEO'S REVIEW AND APPROVAL OF THE FORM, COPIES OF THE FORM ARE SENT ELECTRONICALLY TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL UPON BOARD APPROVAL, THE CEO SIGNS THE FORM AND IT IS ELECTRONICALLY MAILED TO THE INTERNAL REVENUE SERVICE. THE BOARD FORMALLY ACKNOWLEDGES THEIR APPROVAL OF THE FORM AT THEIR NEXT SUBSEQUENT BOARD MEETING

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS ANNUALLY DISCLOSE THEIR INVOLVEMENT WITH OTHER ORGANIZATIONS, COMMUNITIES, EMPLOYMENT, STAFF, VENDORS OR ANY OTHER ASSOCIATIONS THAT MIGHT POTENTIALLY PRODUCE A CONFLICT, REGARDLESS OF THE LIKELIHOOD OF AN ACTUAL CONFLICT ARISING NEW BOARD NOMINEES ALSO COMPLETE A DISCLOSURE FORM WHEN THE BOARD IS TO DECIDE AN ISSUE THAT PRESENTS AN UNAVOIDABLE CONFLICT OF INTEREST FOR A MEMBER, THE MEMBER WITH THE CONFLICT ABSTAINS FROM PARTICIPATION IN BOTH THE DELIBERATION AND VOTE ALL EMPLOYEES ANNUALLY SIGN A RECEIPT AND ACKNOWLEDGEMENT OF CFCA'S CODE OF CONDUCT WHICH FORBIDS A CONFLICT OR THE APPEARANCE OF A CONFLICT BETWEEN THE EMPLOYEE'S PERSONAL INTERESTS AND THOSE OF CFCA THE EMPLOYEE'S SIGNATURE ACKNOWLEDGES THEIR AGREEMENT TO ADHERE TO THIS CODE AND TO IMMEDIATELY DISCLOSE A SUSPECTED CONFLICT OF INTEREST TO A STAFF DIRECTOR OR A MEMBER OF THE HUMAN RESOURCES DEPARTMENT

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER (CEO) AND THE PRESIDENT FOR 2011 WAS DETERMINED AT THE JUNE 2011 BOARD MEETING PRIOR TO THIS DISCUSSION, THE PRESIDENT, CEO AND THE NON VOTING MEMBERS OF THE BOARD OF DIRECTORS EXCUSED THEMSELVES FROM THE BOARD MEETING THE VOTING MEMBERS THEN MET WITH THE DIRECTOR OF HUMAN RESOURCES WHO PROVIDED THEM THE MOST CURRENT SALARY INFORMATION FOR COMPARABLE CEO AND PRESIDENT POSITIONS OF OTHER NON-PROFIT ORGANIZATIONS THE SOURCE FOR THAT INFORMATION WAS THE 2011 DATA PROVIDED BY BLR (BUSINESS AND LEGAL REPORTS) SALARY SURVEY DATA THAT INFORMATION WAS REVIEWED BY THE BOARD THE BOARD ALSO REVIEWED THE PERFORMANCE OF THE CEO AND PRESIDENT PER THEIR JOB EXPECTATIONS OUTLINED IN CFCA'S VALUES AND POLICIES THE VOTING MEMBERS THEN PASSED A RESOLUTION REGARDING THE ANNUAL SALARIES FOR THE CEO AND PRESIDENT SUBSTANTIATION OF THE DELIBERATION AND DECISION OF THE BOARD'S DETERMINATION OF COMPENSATION WAS MAINTAINED BY THE DIRECTOR OF HUMAN RESOURCES THE BOARD'S VOTE WAS THEN RECORDED IN THE MINUTES OF THE JUNE 2011 MEETING

Identifier	Return Reference	Explanation
	,	CFCA'S ARTICLES OF INCORPORATION, AUDITED FINANCIAL STATEMENTS, BY-LAWS AND CONFLICT OF INTEREST POLICY ALONG WITH IRS FORMS 1023, 990 AND 990-T ARE AVAILABLE FOR INSPECTION AT OUR OFFICES CFCA'S AUDITED FINANCIAL STATEMENTS AND IRS FORMS 990 AND 990-T ARE POSTED ON OUR WEBSITE (WWW HOPEFORAFAMILY ORG) PRINTED COPIES ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	SECTION A, LINE 1A,	MR BERNARD A HENTZEN, DIRECTOR EMERITUS (NON-VOTING) PASSED AWAY IN NOVEMBER 2011 MS CATHERINE N PEARCE, DIRECTOR EMERITA (NON-VOTING) PASSED AWAY IN JANUARY 2012 FATHER VINCE HASELHORST, DIRECTOR (NON-VOTING), RETIRED FROM THE BOARD IN JUNE 2011 AT THE END OF HIS SCHEDULED TERM FATHER HASELHORST IS A CONTRACTOR (CONDUCTS WEEKEND SPONSORSHIP APPEALS AT CATHOLIC CHURCH SERVICES) FOR CFCA AND SERVED ON THE BOARD IN 2011 AS A NON-VOTING MEMBER THE COMPENSATION FOR FATHER HASELHORST AND ALL OTHER CONTRACTORS IS APPROVED BY THE CHIEF EXECUTIVE OFFICER

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 5, OTHER CHANGES IN NET ASSETS OR FUND BALANCES	NET UNREALIZED LOSS ON INVESTMENTS (\$208,413)