Form 990-T	E	xempt Organization Bus	sine	ss Income	Tax Returr	1	OMB No. 1545-0687				
Department of the Treasury Internal Revenue Service	(and proxy tax under section 6033(e)) For calendar year 2010 or other tax year beginning and ending 501(c)(3) Organizations Only										
A Check box if address changed		Name of organization (Check box if name of CHRISTIAN FOUNDATION FOR CHILDRES	D Employees Identification number (Employees' trust, see Instructions.)								
B Exempt under section	Print	& AGING	43-1243999								
x 501(a)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. bo	E Unre	lated business activity codes instructions.)							
408A 530(a)	l	City or town, state, and ZIP code									
529(a)		KANSAS CITY, KS 66103-211B									
C Book value of all assets	F Groun	exemption number (See instructions.)	$\overline{}$			<u> </u>					
at end of year 38,568,284.	G Check organization type ► x 501(c) corporation 501(c) trust 401(a) trust										
H Describe the organizatio	n's prima	ary unrelated business activity. > N/A	•								
		oration a subsidiary in an affiliated group or a pare	nt-subs	diary controlled group?		Yı	s x No				
		tifying number of the parent corporation.				· ''	<u></u> 110				
		RANCIS "PACO" WERTIN, CEO		Telen	hone number 🕨 (913)384-6500					
		de or Business Income		(A) Income	(B) Expenses		(C) Net				
1 a Gross receipts or sale	35		T								
b Less returns and allo		c Balance	10								
2 Cost of goods sold (S	Schedule	A, line 7)	2		10,000,000,000,000						
3 Gross profit. Subtrac	t line 2 fr	om line 1c	3			i della	Angle with respect to depart by the party of any				
		h Schedule D)	4a								
b Net pain (toss) (Form	4797. P	art II, line 17) (attach Form 4797)	4b		Carat Malie E. Gesterfi						
c Capital loss deduction	1 for trus	its	4c			04041 2341 1186 (1980)					
5 Income (loss) from a	artoersh	ips and S corporations (attach statement)	5			a additions					
6 Rent Income (Schedu			6			<u> Diglette</u>					
		ne (Schedule E)	7								
		nd rents from controlled organizations (Sch. F)	B								
		in 501(c)(7), (9), or (17) organization	-		 						
			,								
10 Exploited exempt acti	uitu inna	mp (Cabadula I)	9								
14 Advertising income (VILY INCO Sebedule	me (Schedule I)	10								
11 Advertising income (9	Saneoule -tti	d)	11								
		s; attach schedule.)	12	-							
13 Total, Combine lines Part II Deductio	3 inroug	gh 12	13		'						
(Except for a	contribu	t Taken Elsewhere (See instructions fo utlons, deductions must be directly connected	d with t	the unrelated busine	ss income.)						
14 Compensation of off	icers, dir	rectors, and trustees (Schedule K)				14					
15 Salaries and wages				******************************	,	15					
16 Repairs and mainten	ance			***************************************		16					
17 Bad debts		***************************************		*************************		17					
18 Interest (attach sche	dule) 🔍			*************************	**********	18					
19 Taxes and licenses						19					
20 Charitable contributi	ons (See	instructions for limitation rules.)		************************		20					
21 Depreciation (attach	Form 45	62)		21		Jeffeld.					
22 Less depreciation cla	imed on	Schedule A and elsewhere on return		22a		22b					
23 Depletion				********		23					
24 Contributions to defe	erred cor	mpensation plans		********		24					
25 Employee benefit pro	ograms			*************************		25					
Excess exempt expenses (Schedule I)											
27 Excess readership co	Excess readership costs (Schedule J)										
28 Other deductions (at	28										
29 Total deductions.	29	0.									
30 Unrelated business t	30	0.									
31 Net operating loss de	31										
32 Unrelated business to	32	0.									
33 Specific deduction (6	Generally	\$1,000, but see instructions for exceptions.)			,	33	1,000.				
34 Unrelated busine of zero or line 32	ss taxa	ble income, Subtract line 33 from line 32. If line 3	33 is gre	ater than line 32, enter	the smaller	34	<u> </u>				

Part III	Tax Computation							
	ganizations Taxable as Corporations. See instructions for tax computation.			11.54.4				
	ntrolled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and	1117						
	ter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order							
(1)		2.5.54						
	ter organization's share of: (1) Additional 5% tax (not more than \$11,750)							
	Additional 3% tax (not more than \$100,000)							
c inc	ome tax on the amount on line 34	- 35c	0.					
	usts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount o			30000				
	Tax rate schedule or Schedule D (Form 1041)			- 36				
37 Pr	oxy tax. See instructions							
	ernative minimum tax							
39 To	tal. Add lines 37 and 38 to line 35c or 36, whichever applies		····	. 39	٥.			
	Tax and Payments							
40a Foi	reign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a						
	ner credits (see Instructions)	40b						
	neral business credit. Attach Form 3800	40c						
	edit for prior year minimum lax (attach Form 8801 or 8827)							
e To	tal credits. Add lines 40a through 40d			40e				
41 Su	btract line 40e from line 39			41	٥.			
42 Oth	btract line 40e from line 39 ner laxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	6 🔲 Other i	attach schedule	42				
	tal tax. Add lines 41 and 42			1 46 1	0.			
44 a Pa	yments: A 2009 overpayment credited to 2010	44a	•••••					
	10 estimated tax payments	44b						
	x deposited with Form 8868	44c						
	reign organizations: Tax paid or withheld at source (see instructions)	44d						
	ckup withholding (see instructions)	44e						
	edit for small employer health insurance premiums (Attach Form 8941)	44f						
	ner credits and payments: Form 2439							
	ner credits and payments: Form 2439 Form 4136 Other Total	44g						
45 To	tal payments. Add lines 44a through 44g			45				
46 Es	timated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			46				
	x due. If line 45 is less than the total of lines 43 and 46, enter amount owed				0,			
	erpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid				Đ,			
49 En	ter the amount of line 48 you want; Credited to 2011 estimated tax	Re	funded 🕨	- 49				
Part V	Statements Regarding Certain Activities and Other Information	n (see instru	ctions)					
1 At any l	lime during the 2010 calendar year, did the organization have an interest in or a signature or ot	her authority ov	er a financial a	account	Yes No			
	securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90		i Foreign Ban	k and				
Financial Accounts. If YES, enter the name of the foreign country here								
Financial Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.								
	ne amount of tax-exempt interest received or accrued during the tax year ► \$							
Schedul	e A - Cost of Goods Sold. Enter method of inventory valuation N/A							
1 Invento	ory at beginning of year 1 6 Inventory at end of year		·····	. 6				
	2 Purchases 7 Cost of goods sold. Subtract line 6							
	labor from line 5. Enter here	and in Part I, lin	e 2	. 7				
	4 a Additional section 263A costs 4a B Do the rules of section 263A (with respect to							
b Other c	b Other costs (attach schedule) 4b property produced or acquired for resale) apply to							
5 Total.								
. .	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and si correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	tatements, and to er has any knowled	ihe best of my ki ige.	nawledge an	d belief, it is true,			
Sign / 1								
nere	Here VACO Warth USD 630 2011 CEO the pres							
	Signature of officer Date Title	*			7 X Yes No			
	Print/Type preparer's name Preparer's signature Date		Check	If PTIN	l			
Paid	Trong aci Trong aci les	30/2011	self- employe	F				
Prepare	r Milary M. Siner I Dynew Julacia	3016011			0819809			
Use Onl	V Firm's name ▶ DELOITTE TAX LLP		Firm's EIN 1	> 86	-1065772			
	1100 WALNUT STREET, SUITE 3300							
	Firm's address ► KANSAS CITY, MO 64106		Phone no.	816-4	74-6180			

Form 990-T (2010)

023721 03-03-11

1. Description of property	ome (F	on near Prope	rty and	u rersonal	roper	ty Lease	eu with Real P	rope	erty)(see instructions)	
(4)	·									
(1) (2)										
(3)										
(4)										
14	2	. Rent received or accru	ed							
(a) From personal property rent for personal proper 10% but not more	of rent for p	t and personal property (if the percentage r personal property exceeds 50% or if ent is based on profit or (ncome)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)										
(2)										
(3)							,			
(4)										
Total		() Total				0.				
c) Total Income. Add totals of co nere and on page 1, Part I, line 6,	calumn (A)					0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)	1.	. 0	
Schedule E - Unrelate	a Dept-	rinanced incon	ne (see	instructions)						
				2. Gress In	come from		Deductions directly to debt-fin	connect ianced p	ted with or allocable property	
1. Description o	of debt-financ	ed property		Gross Income from or allocable to debt-financed property			Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)						- 				
(2)			.					+		
(3)										
(4)								\dashv		
Amount of average acquisitio debt on or allocable to debt-finant property (attach schedule)	5. Average adjusted b of or allocable to debt-financed prope (attach schedule)	rty	6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		B. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			*****		9	/a				
(2)	-				9,	/ a				
(3)					9,	/a				
(4)					u,	/a				
							iter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).	
Totals								٥,	0.	
Total dividends-received deduc	tions includ	led in column 8						<u>▶</u>	0.	
Schedule F - Interest,	Annuitie	es, Royalties, a					nizations (see in	ıstruc	tions)	
			Exemp	t Controlled C)rganizatio	ons				
1. Name of controlled organization				unrelated income Total of a		4. 5. Part of column 4 included in the contents made organization's gross		that Is rolling Income	6. Deductions directly connected with income in column 5	
(1)						*****				
(2)			1							
(3)						* **				
(4)										
lonexempt Controlled Organi	izations								L.	
		inrelated income (loss) see instructions)			tal of specified payments 10, made		10. Part of column 9 that is included In the controlling organization's gross Income		11. Deductions directly connected with income in column 10	
(1)			[
(2)										
(3)			1							
(4)										
			•			Enter here a	iumns 5 and 10. Ind on page 1, Part I, 8, column (A).		Add columns 6 and 11, er here and on page 1, Parl I, line 6, column (8).	
otals					•		0.1	Į	0.	

43-1243999

(see instr		ection o		, (9), 01 (17) 01				
1, Desc	:	2. Amount of Income	3. Dedi directly c (attach s	onnected ,	. Set-asides Mach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)								
(2)								
(3)								
(4)								
				nter here and on page 1, art I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals			•	0.				0.
Schedule I - Exploited	Exempt Activity		Other	Than Advertisi	ng Inco	me		
			- 1	4. Not income (loss)		·		Τ -
1. Description of exploited activity	2. Gross unrelated business income from trade or business	lated business with produc		from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross from acti is not ur business	vity that related	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, tine 10, col. (A).	Enter here an page 1, Pa line 10, col.	t I, 📋	24.00				Enter here and on page 1, Part II, line 26.
Totals	o.		0.					0.
Schedule J - Advertisi	ng Income (see in:	structions)	<u> </u>					· · · · · · · · · · · · · · · · · · ·
Part I Income From	Periodicals Repo	rted on a	Cons	olidated Basis		•		
T. C. T.	•							
1. Name of periodical	2. Gross advertising	3. p		4. Advertising gain or (loss) (cal. 2 minus col. 3). If a gain, comput		culation 6	. Readership costs	7. Excess readership costs (column 5 minus column 5, but not more
(a)	Income			cols. 5 through 7.			18	than column 4}.
(1)								
(2)							:	
(3)					3			
(4)					33			
Totals (carry to Part II, line (5))		٥.	0.					0.
Part II Income From	Periodicals Repo 7 on a line-by-line bas		s Sepa	rate Basis (For e	ach perio	dical listed in F	Part II, fill in	
Columns 2 mrough	/ On a line-by-line bas	110.)		Ι.		<u> </u>		
1. Name of periodical	2. Gross advertising income	3, p advertisi	Direct Direct		5. Circulation te income		• Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(1) (2) (3) (4)								
(3)		_						
(4)								
(5) Totals from Part I		0.	0				nametskommentskrigt	0.
(9) Totals Holli Fait I	Enter here and on		e and on				-	Enter here and
Table Doct II (Hear of P)	page 1, Part I, tine 11, col. (A).	page 1 line 11,	, Part I,					on page 1, Part II, line 27. Ö .
Totals, Part II (lines 1-5) Schedule K - Compen	••••	* 1			loeto ietle	-n\	<u> </u>	
Schedule K - Compen	Sauon of Officers	s, Directi	, all	u motees (see	II ISH DGUO.	3, Percent of	1 4	
1. Name				2. Title		time deveted to		nsation attributable lated business
(1)						9	6	
(2)							6	
(3)							/o	
							6	
(4)						0.		
Total. Enter here and on page 1, F	- สนากุสกซิ 14	, 					1	u,