Form

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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)

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

Α	For the	2005 calendar year, or tax year beginning , and ending			
В		applicable use IRS C Name of organization		D	Employer identification no. 57 - 1046124
$\parallel$	Address Name c	change label or print or Christian World Foundation,	Inc.	E	Telephone number
Н	Initial re	type. Number and street (or P O box if mail is not delivered to street address.)	ess) Room/suite		828-693-7007
Ħ		Specific /// South Allen Road		F	Accounting method: Cash
H	Final ref	Instruc- City of town, state or country, and 217 + 4	•	X	Accrual
닏	Amende	<u> </u>	1	<b>&gt;</b>	<del></del>
Ц	Applicat	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>	H and are not applicable to sec  H(a) Is this a group return for		
G	Websi	e: N/A	H(b) If "Yes," enter number o		. – –
J	Organ	zation type	H(c) Are all affiliates included	?	Yes No
		only one) ► X 501(c) ( 3 ) ≤ (insert no ) 4947(a)(1) or 527	(If "No," attach a list. See	e instr	)
K	Check h	ere If the organization's gross receipts are normally not more than \$25,000 The	H(d) Is this a separate return	filed by	y an
••		tition need not file a return with the IRS, but if the organization chooses to file a return, be	organization covered by	a grou	ıp ruling? Yes No
	_	ile a complete return Some states require a complete return.	I Group Exemption Nu	ımber	•
_			M Check ▶ 🔲 if the	e orga	nization is not required
L	Gross	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12   682,394	· · · · · · · · · · · · · · · · · · ·		0, 990-EZ, or 990-PF).
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Ba	lances (See the instru	ction	ıs.)
11	1	Contributions, gifts, grants, and similar amounts received	1		
Č	a	Direct public support	1a 606,48	1	
Ď	b	Indirect public support	1b	4	
2	C	Government contributions (grants)	1c	╛	
ANNE	d	Total (add lines 1a through 1c) (cash \$ 601, 529 noncash \$ _	4,952	10	d 606,481
,	2	Program service revenue including government fees and contracts (from Part VII, lii	ne 93)	2	!
. *	3	Membership dues and assessments		3	
۲	4	Interest on savings and temporary cash investments		4	33,013
	5	Dividends and interest from securities	5		
	6a	Gross rents	0		
င္မ	ь	Less rental expenses	6b	╛	
20	С	Net rental income or (loss) (subtract line 6b from line 6a)		60	c 42,900
	7	Other investment income (describe		7	
Revenue 3002	8a	Gross amount from sales of assets other (A) Secunties	(B) Other	╛	
ě		than inventory	8a	_	
Œ	b	Less: cost or other basis and sales expenses	8b	_	
	c	Gain or (loss) (attach schedule)	8c	4	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		80	d
	9	Special events and activities (attach schedule). If any amount is from gaming, chec	k here▶ ∐		
	a	Gross revenue (not including \$ of	t		
		contributions reported on line 1a)	9a	_	
	b	Less: direct expenses other than fundraising expenses	9b	4	
	С	Net income or (loss) from special events (subtract line 9b from line 9a)		90	<u> </u>
	10a	· · · · · · · · · · · · · · · · · · ·	10a	4	
	b	· · · · · · · · · · · · · · · · · · ·	10b	4	
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from	m line 10a)	100	<u>c  </u>
	11	Other revenue (from Part VII, line 103)		11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	
<b>/</b> 0	13	P 10 an Est Villes Ofrom Line 44, column (B))		13	
88	14-	Management and general (from line 44, column (C))		14	34,638
Expenses	18	Fundraising (from line Parcolumn (D))		15	5
Ä	ae	Flayments to affiliates (attach schedule)		16	
	177	Total expenses (add-lines 16 and 44, column (A))		17	
ets	18	Excesp Edeficited the year (subtract line 17 from line 12)		18	<del></del>
Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	1,585,437
Net A	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	
inst	ruction	Act and Paperwork Reduction Act Notice, see the separate s.			Form 990 (2005)
DAA					こうだいち ハ

				Columns (B), (C), and (		
	Functional Expenses organizations ar	nd sec	tion 4947(a)(1) nonexe	mpt chantable trusts bu	t optional for others. (S	ee the instructions.)
	Do not include amounts reported on line		(4) 7-4-1	(B) Program	(C) Management	(0) = .
	6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$)	22				
	If this amount includes foreign grants, check here					
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				·····
25	Compensation of officers, directors, etc.	25				
26	Other salanes and wages .	26				
27	Pension plan contributions	27				
28	Other employee benefits .	28				
29	Payroll taxes	29				
30	Professional fundraising fees .	30				
31	Accounting fees .	31	5,335		5,335	
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34		·		
35	Postage and shipping	35				
36	Occupancy	36				
	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel .	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41	28,077		28,077	<u></u>
	Depreciation, depletion, etc (attach schedule)	42	16,460	16,460		
43	Other expenses not covered above (itemize):					
а	See Statement 1	43a	161,667	160,441	1,226	
b	•	43b				
C		43c				
d		43d				
е		43e				
f		43f				
g	·	43g				
44	Total functional expenses. Add lines 22					
	through 43. (Organizations completing					
	columns (B)-(D), carry these totals to lines		011 500	156 001	24 620	•
	13-15)	44	211,539	176,901	34,638	0
	nt Costs. Check ▶ ☐ if you are following SOP 98-2.	_				
	any joint costs from a combined educational campaign and	fundra	= :		•	Yes X No
	es," enter (i) the aggregate amount of these joint costs \$			int allocated to Program ser		<u> </u>
(iii)	the amount allocated to Management and general \$		, and (iv) the amou	int allocated to Fundraising	\$	
						Form <b>990</b> (2005)

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

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

	nat is the organization's primary exempt purpose?	Program Service
	See Statement 2	Expenses (Required for 501(c)(3) &
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(4) orgs , & 4947(a)(1)
	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) parizations and 4947(a)(1) nonexempt chantable trusts must also enter the amount of grants and allocations to others.)	trusts, but optional for
	mi o	others)
а	who coordinates adoptions of children from	
	foreign countries by couples in the United States,	
	and provides humanitarian aid to children throughout	
	the world.	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	176,901
b		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
C		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
d	Grants and anocations     The first annual anocation of the first annual	
_		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	<del></del>
0	Other program services (attach schedule) See Stmt 3	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	176,901
		Form <b>990</b> (2005)

P	art IV	Balance Sheets (See the instructions.	.)				
	Note:	Where required, attached schedules and amounts wit column should be for end-of-year amounts only.	thin the	description	(A) Beginning of year		(B) End of year
	45 `	Cash-non-interest-bearing			630,343	45	549,042
	46	Savings and temporary cash investments			717,312	46	1,157,759
		A	145-				
	47a	Accounts receivable	47a			4.5	
	b	Less: allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a				
	Ь	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key	employ	ees			-
		(attach schedule)		. L		50	
	51a	Other notes and loans receivable (attach					
		schedule)	51a				
Assets	b	Less: allowance for doubtful accounts	51b			51c	
As	52	Inventones for sale or use		-		52	
	53	Prepaid expenses and deferred charges		. m. mh		53	
	54	Investments-securities		► ☐ Cost ☐ FMV ☐		54	
	55a	Investments-land, buildings, and	Lee- I	953,507			
		equipment: basis Less: accumulated depreciation (attach	55a	955,507			
	5	schedule) See Statement 4	55b	26,239	630,063	550	927,268
	56	Investments-other (attach schedule)	330	20,233	030,003	56	321,200
	57a	Land, buildings, and equipment: basis	57a	-			
	b	Less: accumulated depreciation (attach	1				
		schedule)	57b			57c	
	58	Other assets (describe  See Statemen	t 5	)	22,249	58	27,201
	59	Total assets (must equal line 74). Add lines 45 through	sh 58		1,999,967	59	2,661,270
_	60	Accounts payable and accrued expenses		•		60	
	61	Grants payable				61	
	62	Deferred revenue				62	
ø	63	Loans from officers, directors, trustees, and key employed	oyees (a	ttach			
iitie	1	schedule)				63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)		<u>_</u>	<del>.</del>	64a	<del></del>
_	b	Mortgages and other notes payable (attach schedule)			4.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	64b	
	65	Other liabilities (describe  See Statemen	nt 6	)	414,530	65	604,978
	66	Total liabilities. Add lines 60 through 65			414,530	66	604,978
	Orga	inizations that follow SFAS 117, check here 🕨 🗓 🥫	and com	plete lines			
		67 through 69 and lines 73 and 74					
8	67	Unrestricted			1,533,639		1,989,834
anc	68	Temporanly restricted			51,798		66,458
Ba	69	Permanently restricted		· . · -  -		69	<del> </del>
힏	Orga	nizations that do not follow SFAS 117, check here		and			
Ę		complete lines 70 through 74.				70	
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds	mont fi	, <u> </u>	<del>.</del>	70	<del> </del>
SSB(	71 72	Paid-in or capital surplus, or land, building, and equips Retained earnings, endowment, accumulated income,				71	<del></del>
Ä	73	Total net assets or fund balances (add lines 67 throi		· · · F	· - · · · · · ·		
Ž	'`	70 through 72;	-g., 00 0				
		column (A) must equal line 19; column (B) must equa	ıl lıne 21	)	1,585,437		2,056,292
	74	Total liabilities and net assets/fund balances. Add li	nes 66 a	and 73	1,999,967	74	$2,661,\overline{270}$

Form 990 (20 <u>05)</u>	Christian World Foundation,			.046124				Page 5
Part IV-A	Reconciliation of Revenue per Audited Fi	nancial Stater	nents '	With Revenue p	er F	Return	(See	the
	instructions.)						_	
<ul> <li>Total revenue.</li> </ul>	gains, and other support per audited financial stateme	nts				a	_	<u>682,394</u>
b Amounts inclu	ded on line a but not on Part I, line 12:							
	gains on investments	•	b1					
	ces and use of facilities		b2					
	prior year grants		b3					
4 Other (specify	) <del>.</del>		1					
			b4			.		
Add lines b1 tl						ь		682,394
c Subtract line b	• • • • • • • • • • • • • • • • • • • •	•		•		С		002,394
	ded on Part I, line 12, but not on line a:		امدا					
	penses not included on Part I, line 6b	• •	d1					
2 Other (specify	' · · · · · · · · · · · · · · · · · · ·	•	d2					
Add lines d1 a	nd d2		<u> </u>			d		
	(Part I, line 12). Add lines c and d			•	•			682,394
	Reconciliation of Expenses per Audited F	inancial State	ments	With Expenses	pe	r Retur	'n	
	s and losses per audited financial statements					а		211,539
•	ded on line a but not Part I, line 17:							
	ces and use of facilities		b1					
	stments reported on Part I, line 20		b2					
	ed on Part I, line 20		b3					
4 Other (specify	);							
			b4					
Add lines b1 tl	rough b4					ь		
c Subtract line b	from line a					С		211,539
d Amounts inclu	ded on Part I, line 17, but not on line a:							
1 Investment ex	penses not included on Part I, line 6b	•	d1		_			
2 Other (specify								
			d2		_			
Add lines d1 a				•		d		211,539
	s (Part I, line 17) Add lines c and d		22 (1 -1			8	1 4	
Part V-A	Current Officers, Directors, Trustees, and or key employee at any time during the year even if the	v were not comper	es (List isated ) (	each person who wa	is an 1	omcer, c	irector	, trustee,
	n key employee at any ame during the year event it are	(B)		(C) Compensation	(D	) Contrib		(E) Expense
	(A) Name and address	Title and average h	nours per	(If not paid, enter	pla	óloyee ben ns & defer	ręd [º	ccount and other allowances
· · · · · · · · · · · · · · · · · · ·		Week devoted to p	0010011	-0/	COII	pensation	DIAITS	anowances
See State	ment 7	1						
200 2000								
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		<u> </u>					_+	
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				l	L			

Table the fibility number of officers, directors, and trustees permitted to vote on organization business at bloard meetings	Form	n 990 (2005)	Christian World Foundation	n, Inc. 57	-1046124			F	age 6
meetings							<del></del>	Yes	No
b Ave any rifficers, directors, trustees, or key employees listed in Form 900, Part VA, or highest compensated employees interfed in Schedule A, Part II An or II-B, relisted to each other through family or business relationship? If "Yes", attach a statement that identifies the individuals and expensate the relationship(s) relationship? If "Yes", attach a statement that identifies the individuals and expensate the relationship(s) See Statement 8  c Do any officers, directors, trustees, or key employees isted in Form 990, Part VA, or highest compensated employees listed in Schedule A, Part II A or II-B, receive compensation norm any other organization. whether tax exempt to stable, that are related to the signaturation frough common supervision or common control?  Note, Retaled organizations middle section 509(8/3) supporting organizations.  If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements.  If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements.  Journal of the other organization in the arrangement of the arrangements or other benefits in the special programmation.  Journal of the programmation in the arrangement of the arrangements or other benefits in the appropriate odum. See the instructions.)  Part VI. Other Information (See the instructions).  (A) Name and address  (B) Loars and Advances  (C) Compensation  (C) Compensation  (D) Compensation in the appropriate organization and the interpretation of the Programmation or other benefits in the appropriate odum size.  Part VI. Other Information (See the instructions).  (B) Loars and Advances  (C) Compensation  (D) Compensation organization and the programmation or observation or other benefits in the appropriate odum size.  Yes No.  Yes N	75a		otal number of officers, directors, and trustees permitted	to vote on organization b					
employees listed in Schedule A. Part I. or highest compensate professional and other independent contractors is total mischedules and statement that identifies the individuals and explains the relationships? If "yes," attach a statement that identifies the individuals and explains the relationships? If "yes," attach a statement that identifies the individuals and explains the relationships of the contractors listed in Schedule A. Part I. or highest compensated professional and their independent contractors listed in Schedule A. Part I. or highest compensated professional and their independent contractors listed in Schedule A. Part I.A. or II.B. receive compensation from any other organizations, whether tax exempt or fazable, but are related to the organization from any other organizations, whether tax exempt or fazable, but are related to the organization from any other organizations, which is contracted organization.  If "Yes," attach a statement that identifies the individuals, explains the relationship between the organization and the other organizations and the other organization and will be compensation or other benefits of the organization and will be compensated organization.  Jess the statement of the promore officer, director, strustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, strustees, or key employee received compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances  (C) Compensation  (C) Compensation  (C) Compensation  (C) Compensation  (E) Compensati	<b>.</b>	, ,		n QQΩ Part V-Δ or higher	•				
contractors lated in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If Yes," statch a statement that identifies the individuals and explains the relationships? If Yes, "statch a statement that identifies the individuals and explains the relationships? If Yes," statch a statement that identifies the individuals of the relationships of the	Ü	-							
c Do any officers, directors, fuseless, or key employees listed in Schedule A Part II. or highest compensated employees listed in Schedule A Part II. or highest compensated professional and other independent contractors listed in Schedule A Part II. or highest compensation from any other organizations, whether tax exempt or trazible, that are related to this exeguration flower, brown or cummon supervision, whether tax events or trazible, that are related to this exeguration flower, brown or supervision or common common control?  Note. Related organizations in understance in the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements.  If Yes, * attach a elatement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation.  If Yes, * attach a elatement that identifies the individuals, explains the relationship between this organization and the other organization organization.  If Yes, * attach a elatement that identifies the individuals, explains the relationship between this organization and the organization or other benefits (if any former officer, director, trustee, roll explainship the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)    Part VI								l	
c D any officers, directors, fusites, or key employees listed in Form 900, Part V.A. or highest compensated employees fixed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensation from any other organizations, whether tax exempt or traxable, that are related to this organization involves exchino 50(a)(3) supporting organizations. White Related organization and the other organization(3), and describes the compensation arrangements, including amounts paid to each individual by each related organization. See Statement 9  d Does the organization have a written conflict of interest policy?  Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, fusitee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances  (C) Compensation  (C) Compensation  (D) Combensation  (E) Exposing the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of the person of the compensation or person and the compensation or person and compensation and person and compensation and person and compensation and compensation person and compensation and check whether it is exempt or compensation in non-compensation or compensation in production of the organization in the compensation of the organ		relationshi	ps? If "Yes," attach a statement that identifies the individu	uals and explains the rela			75b	X	
employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or high censive compensation from any other organizations, whether tax evempt or taxable, that are related to this organization from group and the cher organizations include section 508(a)(3) supporting organizations.  If "Yes," attach a statement that identifies the individuals, explains the relatations. If I'Yes," attach a statement that identifies the individuals, explains the relatations. If I'Yes, a statement that identifies the individuals, explains the relatations. If I'Yes, a statement that identifies the individuals, explains the relatations. If I'Yes, a statement that identifies the individuals, explains the relatations. If I'Yes, a statement that identifies the individuals, explains the relatations are represented to the state of organization and the other organization organization in the state organization and the other organization organization and the other instructions. If I'Yes, a state is the appropriate column. See the instructions is the state of the instructions or the other instructions is the instructions or the profession of the other instructions. If I'Yes, a state is a continuous place organization in the organization and other organizat						atement 8			
contractors listed in Schedule A, Part II. Aor II.B., receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization minute section 508(a)(3) supporting organizations.  If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization organization organizations, and describes the compensation arrangements, including amounts paid to each individual by each related organization.  d Does the organization have a written conflict of interest policy?  Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate colorism of other benefits in the appropriate colorism of other states.  (A) Name and address  (B) Loans and Advances  (C) Compensation  (D) Comini to employee scheduling the person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that the appropriate colorism and other instructions.)  (A) Name and address  (B) Loans and Advances  (C) Compensation  (D) Comini to employee scheduling the year of the person benefits (described below) during the year of the person benefits (described below) during the year of the person o	С	•							
tax exemptor taxable, that are related to this organization through common supervision or common control?  Note, Related organizations include section 509(a)(3) supporting organizations.  If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(a), and describes the compensation arrangements, including amounts paid to each individual by each related organization.  Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address (B) Loars and Advances (C) Compensation below the instruction of the compensation or other benefits in the appropriate column. See the instruction of the compensation or other benefits in the appropriate column. See the instruction of the compensation or other benefits in the appropriate column. See the instruction of the compensation or other benefits in the appropriate column. See the instruction of the compensation or other benefits in the appropriate column. See the instruction of the compensation or other benefits in the appropriate column. See the instruction of the compensation of each activity.  Yes Not the appropriate column of the compensation of th									
Note. Related organizations include section 509(a)(3) supporting organizations.  If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization (s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.  ■ Does the organization have a written conflict of interest policy?  Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate colories. See the instructions.)  (A) Name and address  (B) Loans and Advances (C) Compensation  (C) Compensation  (D) Contrib to employee benefit parts & defined account and other organization engage in any advisity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  Were any changes made in the organization previously reported to the IRS? If "Yes," attach a detailed description of each activity  Were any changes made in the organization or organization and previously reported to the IRS?  Were any changes made in the organization or organization and previously reported to the IRS?  The Diffest, statish a conformed copy of the changes.  The Diffest, and the activity of the statish as attement as attement as attement as attements.  If yes, a statish as a statement as a stat			•	•			75c	x	
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Instructions.)  (A) Name and address (B) Loans and Advances (C) Compensation  (C) Compensation  (D) Commit to employee account add of the employee account and of othe compensation plans  (E) Expense address  (E) Expense account add of the employee account and of othe compensation plans  (E) Expense account and of the employee account and of othe allowances and other and ot									
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Were any changes made in the organizing or governing documents but not reported to the IRS?  If "Yes," attach a conformed copy of the changes.  78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78a X  The proof of this year?  The proof of this year?	76	-		o the IRS? If "Yes," attac	n a detalled		76		x
If "Yes," attach a conformed copy of the changes.  78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78a X  78a X  78a X  78b	77	•		but not reported to the II	 RS?				
b If "Yes," has it filed a tax return on Form 990-T for this year?  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  80a X  b If "Yes," enter the name of the organization   Christian World Adoption and check whether it is X exempt or nonexempt  81a Enter direct and indirect political expenditures. (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?			•	•					
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  b If "Yes," enter the name of the organization ▶ Christian World Adoption and check whether it is X exempt or nonexempt  81a Enter direct and indirect political expenditures. (See line 81 instructions) b Did the organization file Form 1120-POL for this year?	78a	-	·	00 or more during the yea	ar covered by this re	tum?	78a		X
a statement  80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  b If "Yes," enter the name of the organization   Christian World Adoption  and check whether it is X exempt or nonexempt  81a Enter direct and indirect political expenditures. (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?			· · · · · · · · · · · · · · · · · · ·				78b		
Solution	79		·	raction during the year? I	r "Yes," attach		70		¥
common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  b If "Yes," enter the name of the organization   Christian World Adoption  and check whether it is X exempt or nonexempt  81a Enter direct and indirect political expenditures. (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?	RΩa		· · · · · · · · · · · · · · · · · · ·	de or nationwide organiza	 ation) through	••	13		
b If "Yes," enter the name of the organization Christian World Adoption  and check whether it is X exempt or nonexempt  81a Enter direct and indirect political expenditures. (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?	-va	-	· · · · · · · · · · · · · · · · · · ·	=		<b>,</b>	80a	X	
81a Enter direct and indirect political expenditures. (See line 81 instructions )  b Did the organization file Form 1120-POL for this year?  N/A 81b	b			stian World	Adoption _				
b Did the organization file Form 1120-POL for this year?					_ , , _	nonexempt			
2 000 000	_			ons)	[81a	NT / N	041		
	DAA	Dia the org	arrization file rorm 1120-POL for this year?			N/A	4	990	(2005)

Form	990 (2005) Christian World Foundation, Inc. 57-1046	124				<u> </u>	age 7
Pa	rt VI Other Information (continued)					Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no cha	arge					
	or at substantially less than fair rental value?				82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this						
	amount as revenue in Part I or as an expense in Part II						ĺ
	(See instructions in Part III.)	82b			1		
83a	Did the organization comply with the public inspection requirements for returns and exemption applica	tions?		,	83a	Х	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			N/A	83b		<u> </u>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			N/A	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	is or					ĺ
	gifts were not tax deductible?		•	N/A	84b		<u> </u>
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	-		N/A	85a		⊢—
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			N/A	85b		<b></b>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organi	zation					ĺ
	received a waiver for proxy tax owed for the prior year.						ĺ
С	Dues, assessments, and similar amounts from members	85c					İ
d	Section 162(e) lobbying and political expenditures	85d					ĺ
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e					
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f					İ
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line						l
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	е		37/3	}		
	following tax year?	•		Ņ/A	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on	1 1					ĺ
	line 12	86a					ĺ
_ b	Gross receipts, included on line 12, for public use of club facilities	86b			-		ĺ
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	•		1		ĺ
b	Gross income from other sources. (Do not net amounts due or paid to other						1
00	sources against amounts due or received from them.)	87b			1		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation						
	partnership, or an entity disregarded as separate from the organization under Regulations sections 30	1.7701-2			88		X
00-	and 301.7701-3? If "Yes," complete Part IX 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				- 00		
89a	section 4911   O , section 4912  O ; section 4955	•		0			i
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			•			
D	dunng the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," atta						1
	a statement explaining each transaction			N/A	89ь		1
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year		• •				
·	sections 4912, 4955, and 4958			•			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	• •	•	<b>—</b>			<del></del> 0
90a	List the states with which a copy of this return is filed None	••	•••				
b	Number of employees employed in the pay period that includes March 12, 2005 (See	•	•		•		
	instructions.)		-	90ь			0
91a	The books are in care of ▶ Robert Harding, CEO	Tele	phone no.	▶ 828-	693	-70	07
	777 South Allen Road			•			
	Located at ▶ Flat Rock, NC	ZIP +	-4 ▶ 2	8731			
b	At any time during the calendar year, did the organization have an interest in or a signature or other au	ıthority		•			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ncial				Yes	No
	account)?				91b		X
	If " Yes," enter the name of the foreign country ▶						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	ank		•••			
	and Financial Accounts.						İ
	At any time during the calendar year, did the organization maintain an office outside of the United State	es?			91c		X
С	If "Yes," enter the name of the foreign country	•					_
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here						▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year .		<u> </u>	92			

<u>ra</u>	tt vu	Actalysis of income-Pro	ducing Activities	Coee me	instructions.)				
Note:	Enter gr	oss amounts unless otherwise		Unrelate	d business income	Excluded	by sec 512, 513, or 514	j	(E) Related or
ındıca	ated	•		(A) Isiness code	(B)	(C)	(D)	1	
		n service revenue	Bu	ısınèss code	( <b>B</b> ) Amount	(C) Exclusion code	( <b>D)</b> Amount	e e	rempt function income
а	τ.					1			in donno
	_					+			
b								<b>-</b>	
С							<del></del>	-	· · · · · · · ·
d		<u> </u>			· · · · · · · · · · · ·				
е									
f	Medicar	e/Medicaid payments							
g	Fees an	d contracts from government agen	cies						
94		ship dues and assessments							
95		•	voetmonts			14	33,013	t	
		on savings and temporary cash inv	esurierus			<del>   </del>	33,013	<del> </del>	<del></del>
96		ds and interest from secunties							
97		al income or (loss) from real estate	·			ļ			
а	debt-fina	anced property							
þ	not debt	-financed property				16	42,900		
98	Net renta	al income or (loss) from personal p	roperty			<u> </u>			
99	Other in	vestment income							
100	Gain or i	(loss) from sales of assets other the	an inventory						
		me or (loss) from special events				† · · · · · · · · · · · · · · · · · · ·			
						<del>                                     </del>		$\vdash$	
		rofit or (loss) from sales of inventor	<sup>у</sup>			1		-	
103	Other re	venue. a				<b></b>			
b						<b> </b>		ļ	
С									
d						1 1			
е									
104	Subtotal	(add columns (B), (D), and (E))			0		75,913		0
		dd line 104, columns (B), (D), and (	<del></del> 'E\\			<u> </u>	•		75,913
			•	o <del>et</del> l	•				, , , , ,
		plus line 1d, Part I, should equal t			of Everent Burn	(S	no the inetrustics	٠, ١	
	rt VIII	Relationship of Activiti							•
Lin	e No.	Explain how each activity for whi	ch income is reported in	column (E)	of Part VII contribute	d importar	itly to the accomplish	ment	
	▼	of the organization's exempt purp	ooses (otner than by pro	viaing tunas	s for such purposes).				
N/	'A								
							•		
								-	
Pa	rt IX	Information Regarding	Taxable Subsidiar	ies and I	Disregarded Enti	ties (Se	e the instruction	s)	•
P 441	14 1/4	(A)	(B)	100 ana.	(C)	1.00 (00	(D)		(E)
Ν	ame, ado	dress, and EIN of corporation,	Percentage of	N	ature of activities		Total income	En	nd-of-year
		ship, or disregarded entity	ownership interest			<del></del>			assets
	N/A		%	6					
			%	<b>6</b>					
			%	, 0					
			9/	<i>a</i>					
Pa	rt X	Information Regarding	Transfers Associa	ted with	Personal Benefi	t Contra	acts (See the ins	tructi	ions )
		e organization, during the year, rec							Yes X No
•	,			•		•	i beneni comaci.	Н	
•	•	e organization, during the year, pay	· /		a personal benefit co	ntract?			Yes X No
<u>N</u>	ote: If "Y	es" to (b) file Form 8870 and Form							
		Under penalties of penus, I declare its and belief, it is true expect, and comp	at I have examined this retur	n, includ					
01		and belief, it is true correct, and comp	lete Declaration of preparer	(other tr					
Plea		1 Your	gent_	<u> </u>					
Sign		Signature of officer /	11.0						
Here	•	XXXXX L	TAROINE						
	ļ		1111-0100						
		Type or pnnt name and title.							
De: -		Preparer's	0. 0. 4	^					
Paid -		signature / Carol G	in Seneralm, C	Y.A.					
•	arer's	N Web	b & Senerchi						
Use	Only		S. King St.						
	_	Hen	dersonville,	, NC					

SCHEDULE A (Form 990 or 990-EZ) **Organization Exempt Under Section 501(c)(3)** 

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

Supplementary Information-(See separate instructions.)

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2005

OMB No 1545-0047

name or the orga		orld Foundation,	Inc.	57-10461	24
Part I	Compensation of the Five Highest Paid Employees (See page 1 of the instructions. List each one. If the			and Trustee	s
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plan & deferred com	
NONE					
Total number of Part II-A	of other employees paid over \$50,000  Compensation of the Five Highest Paid Independe (See page 2 of the instructions. List each one (whet	nt Contractors for Prother individuals or firm	fessional S s). If there a	ervices ire none, en	ter "None.")
	(a) Name and address of each independent contractor paid more than \$50,		(b) Type of	1 -	(c) Compensation
NONE					
	of others receiving over \$50,000 for				
professional se	ervices	nt Contractors for Oth	er Services		
) 414 H-10	(List each contractor who performed services other firms. If there are none, enter "None." See page 2 co	than professional serv			ls or
	(a) Name and address of each independent contractor paid more than \$50,		(b) Type of	service	(c) Compensation
NONE					<del></del>
					-
Total number of	of other contractors receiving over				
	k Reduction Act Notice, see the Instructions for Form 990 and For	m 990-EZ.	Schedu	le A (Form 990	or 990-EZ) 2005

	rt III Statements About Activities (See page 2 of the instructions.)			Page
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$	1		x
2	the lobbying activities.  During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		X
С	Furnishing of goods, services, or facilities?	2c_	<u> </u>	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d_		X
е	Transfer of any part of its income or assets?	2e		x
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	you determine that recipients qualify to receive payments )	3a	<u> </u>	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	<b></b> -	X
C 40	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?  Did you maintain any separate account for participating donors where donors have the right to provide advice on	3c		<u> </u>
4a	the use or distribution of funds?	4a		x
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
D <sub>2</sub>	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
5 6 7 8 9 10 11a 11b 12	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,  and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii).  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii).  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii).  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receif from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the tes	iv). 1		
		) Line r	ıumbe	÷r
	(a) Name(s) of Supported Organization(s)	from a	oove	—
	Christian World Adoption	12		
14	An organization organized and operated to test for public safety. Section 509(a)(4), (See page 6 of the instructions.)			

_	: You may use the worksheet in the instruction are the instruction and in the instruction are the control of the instruction and in the instruction are the instruction are the instruction and instruction are the instruction ar	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<u>-aiei</u> 15	Gifts, grants, and contributions received (Do	(a) 2004	(b) 2003	(6) 2002	(u) 2001	(e) rotal
	not include unusual grants. See line 28.)					
16	Membership fees received					
17	Gross receipts from admissions, merchandise					
•	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose					
18	Gross income from interest, dividends,					
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975					
9	Net income from unrelated business					
	activities not included in line 18 .			<u> </u>	<u> </u>	<u> </u>
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	ıts behalf		ļ		ļ	
21	The value of services or facilities furnished to					
	the organization by a governmental unit without charge. Do not include the value of					
	services or facilities generally furnished to the					
22	public without charge			· · · · · · · · · · · · · · · · · · ·		
.2	Other income Attach a schedule Do not include gain or (loss) from					
23	Sale of capital assets  Total of lines 15 through 22					<u>-</u> .
24	Line 23 minus line 17					
25	Enter 1% of line 23					
6	Organizations described on lines 10 or	11: a Enter 2% of	amount in column (e)	), line 24	▶ 26a	
b	Prepare a list for your records to show the	name of and amount	contributed by each i	person (other than a		
	governmental unit or publicly supported o	rganization) whose to	tal gifts for 2001 throu	gh 2004 exceeded the		
	amount shown in line 26a. Do not file thi	s list with your return	n. Enter the total of all	these excess amounts	. ▶ 26b	
c	Total support for section 509(a)(1) test: E	nter line 24, column (e	e) .		≥ 26c	
d	Add: Amounts from column (e) for lines:	18	19			
		22	26b		▶ 26d	-
•	Public support (line 26c minus line 26d to	tal)			26e	
f	Public support percentage (line 26e (nu				▶ 26f	· · · · · · · · · · · · · · · · · · ·
27	Organizations described on line 12:			nd 17 that were receive	•	
	person," prepare a list for your records to			ved in each year from, e	each "disqualified perso	
	Do not file this list with your return. Ent					N/
		003)	(200		(2001)	
b	For any amount included in line 17 that w		•		•	
	show the name of, and amount received to		_			
	(Include in the list organizations described	_				
	the difference between the amount receiv	ed and the larger amo	ount described in (1) o	r (2), enter the sum or t	nese amerences (me e:	xcess N/.
	amounts) for each year:	າດວາ	(200	2)	(2001)	417.
_	(2004) (2004) Add: Amounts from column (e) for lines:	003) 15	(200) 16		. (2001)	•
С		20	16 <u></u> 21		▶   27c	
d	17 Add Line 27a total	and line 27b			> 276	
ū	<del></del>	<del></del>		•	27e	
f	Public support (line 27c total minus line 27c total support for section 509(a)(2) test: El			▶ 27f		
	Public support percentage (line 27e (nu			•	<b>▶</b> 27g	
g	Investment income percentage (line 18,			• • • • • •	27g	
h						
				•		
<u>h</u> 8	Unusual Grants: For an organization des prepare a list for your records to show, for	cribed in line 10, 11, c	or 12 that received any	y unusual grants dunng	2001 through 2004,	

of Rev Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation

Page 4

Private School Questionnaire (See page 7 of the instructions.) '(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 Yes No other governing instrument, or in a resolution of its governing body? 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33a Students' rights or privileges? Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? . . . 33e Use of facilities? Athletic programs? 33g Other extracumcular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement) Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

Schedule A (Form 990 or 990-EZ) 200  Part VI-A Lobbying Exc	5 Christian Wo						6124	Pag	<u>je 5</u>
	eted ONLY by an elig	_		_		N/A			
	belongs to an affiliated gr							ol" provisions apply.	
Limit	s on Lobbying Expe	enditures			(a Affiliated tota	1)		(b) To be completed for ALL electing organizations	
36 Total lobbying expenditures to influ				36					
<ul><li>70tal lobbying expenditures to influence</li><li>37 Total lobbying expenditures to influence</li></ul>		,	• •	37	_	-			
38 Total lobbying expenditures (add li	=	irection by ing /	•	38					
39 Other exempt purpose expenditure		• •		39					
40 Total exempt purpose expenditure			•	40					_
41 Lobbying nontaxable amount Ente		owing table-	•						
If the amount on line 40 is-		nontaxable amount is-							
Not over \$500,000	20% of the amoun	it on line 40	. ]						
Over \$500,000 but not over \$1,000,000	. \$100,000 plus 15%	% of the excess over \$500,0	00						
Over \$1,000,000 but not over \$1,500,00	0 \$175,000 plus 109	% of the excess over \$1,000	,000	41					
Over \$1,500,000 but not over \$17,000,0	00 \$225,000 plus 5%	of the excess over \$1,500,0	000						
Over \$17,000,000	\$1,000,000		ل						
42 Grassroots nontaxable amount (er	•			42			_		
43 Subtract line 42 from line 36 Enter		•		43					
Subtract line 41 from line 38. Enter	r -0- if line 41 is more than	line 38		44					
		. 61 = 4700							
Caution: If there is an amount on		u must file Form 4720. raging Period Und	or Coatio	n 501	/h\				
(Sama argan	izations that made a section	• •			• •	colum	ne holov	v	
(Some organ		or lines 45 through 50 c		-		Column	ilo neiov	v.	
	See the maddcdons	or lines 40 tillough 00 t	ii page 11 c	n die inc	su ucuona.j				_
		Lobbying Expe	nditures Du	ring 4-	rear Averagi	ing Per	riod		
Calendar year (or	(a)	(b)	(c	)		(d)		(e)	
fiscal year beginning in)	2005	2004	200	)3	1	002		Total	
15 Lobbying nontaxable amount									
16 Lobbying ceiling amount (150% of					1		1		
line 45(e))									
17 Total lobbying expenditures			<del> </del>						_
48 Grassroots nontaxable amount									
Grassroots ceiling amount (150% (	or								
line 48(e))	•								
60 Grassroots lobbying expenditures									
	vity by Nonelecting	Public Charities	-						
	only by organization		plete Par	t VI-A	) (See pag	e 11	of the	instructions.) N	/A
During the year, did the organization at									
attempt to influence public opinion on a	a legislative matter or refer	endum, through the use	of:	•		Yes	No	Amount	
a Volunteers									
b Paid staff or management (Include	de compensation in expen	ses reported on lines th	rough c h.)	,		$oxed{oxed}$			
c Media advertisements					Ī	$\sqcup \sqcup$			
d Mailings to members, legislators	, or the public								
e Publications, or published or bro	adcast statements					$\sqcup \downarrow$			
f Grants to other organizations for									
g Direct contact with legislators, th	=					<b></b>			
h Rallies, demonstrations, seminar	· •	lectures, or any other n	neans .			<b> </b>			
i Total lobbying expenditures (Add						L			
If "Yes" to any of the above, also	attach a statement giving	a detailed description o	f the lobbyin	g activit	ies.				

	edule A (Form	Information Rega	arding Tr	tian World Foundat ansfers To and Transactio ee page 12 of the instructio	ns and Relationshi	57 - 1046124 os With Noncharita		age 6
51	Did the repo			ctly engage in any of the following v		n described in section		
			-	3) organizations) or in section 527,				
а	Transfers fr	om the reporting organ	ization to a	noncharitable exempt organization	of:		Yes	No
	(i) Cash						51a(i)	X
	(ii) Other	assets	_				a(ii)	X
b	Other transa	actions:	•			•		
	(i) Sales	or exchanges of asset	ts with a non	charitable exempt organization			b(i)	X
	(ii) Purch	ases of assets from a	noncharitabl	e exempt organization	• • •	•	b(ii)	$\overline{\mathbf{x}}$
	(iii) Renta	al of facilities, equipmer	nt, or other a	ssets	•	•	b(iii)	$\overline{\mathbf{x}}$
	(iv) Reıml	bursement arrangemer	nts			•	b(iv)	X
	(v) Loans	s or loan guarantees					b(v)	X
	(vi) Perfor	rmance of services or r	membership	or fundraising solicitations		•	b(vi)	X
C	Sharing of fa	acılities, equipment, ma	ailıng lists, o	ther assets, or paid employees			_с	X
d	If the answe	er to any of the above is	s "Yes," com	plete the following schedule. Colun	nn (b) should always show	the fair market value of t	he	
	goods, othe	r assets, or services gi	ven by the re	eporting organization. If the organiz	ation received less than f	air market value ın any		
	transaction	or sharing arrangemen	t, show in co	olumn (d) the value of the goods, ot	her assets, or services re	ceived		
	(a)	(b)		(c)		(d)		
	Line no	Amount involved	Name o	f nonchantable exempt organization	Description of trans	fers, transactions, and shanne	g arrangements	
_N	/A							
				<u>.</u>				
	described in		Code (other	d with, or related to, one or more tax than section 501(c)(3)) or in section		<b>)</b>	Yes X	No
		(a) Name of organization		(b) Type of organization	.,	(c) Description of relationship		
1	N/A							
						<u> </u>		
		<del> </del>						
			_				<u> </u>	
			_					

1143 Christian World Foundation, Inc.
Federal Statements

FYE: 12/31/2005

## Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
<del> </del>	\$	\$	\$	\$
Expenses				
Advertising	5,000	5,000		
Temp Restricted Contributions	48,100	48,100		
Unrestricted Contributions	107,201	107,201		
Dues and Subscriptions	140	140		
Bank Charges	1,226		1,226	
Total	\$ 161,667	\$ 160,441	\$ 1,226	\$0

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57-1046124

**Federal Statements** 

FYE: 12/31/2005

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#### Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose

The Organization's main purpose is to perform the functions of, and carryout the purposes of the Christian World Adoption, a South Carolina Non-Profit Corporation, and such other Non-Profit agencies organized for charitable purposes as the Board of Directors may determine.

#### Statement 3 - Form 990, Part III, Line e - Other Program Services

Description

57-1046124

# Federal Statements

FYE: 12/31/2005

# Statement 4 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description								
	_	Beginning of Year	_	Accum Deprec	_	End of Year		Accum Deprec
Land and Land Improvements								
- 13.11	\$	156,823	\$		\$	241,689	\$	
Building		483,019				711,818		
Accumulated Depreciation		103,013				,11,010		
•	_		_	9,779			_	26,239
Total	\$_	639,842	\$_	9,779	\$_	953,507	\$_	26,239

#### Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description		End of Year		
Due from CWA Investments Held For Sale	\$	22,249	\$	22,249 4,952
Total	\$	22,249	\$	27,201

### Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of <u>Year</u>
Due to CWA: Registration & Other Fees	\$ 17,826	\$ 27,310
Current Portion Notes Payable	17,611	24,114
Wachovia Note Payable	375,518	549,979
Deferred Rental Income-Related Party	3,575	3,575
Total	\$ 414,530	\$ 604,978

57-1046124

**Federal Statements** 

FYE: 12/31/2005

### Statement 7 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

	Name	Address					
	City, State	e, Zip	Title	Average Hours	Compensation	Benefits	Expenses
Robert Harding		111 Ashley Aver	iue				
_	Charleston SC 29401	<del>-</del>	Chrm, Secry.	0	0	0	0
Tomilee Harding		111 Ashley Aver	iue				
	Charleston SC 29401		Director	0	0	0	0
Bart Bingham		1200 Cedar Stre	et				
	Elwood IN 46036		Director	0	0	0	0
Jane Byrum		3645 Gaston Day	School Road				
	Gastonia NC 28056		Director	0	0	0	0
Ricki Carruth		1421 Parkshore					
	Charleston SC 29417		Director	0	0	0	0
Terrence Fries		4228 Congression					
	Myrtle Beach SC 2957		Director	0	0	0	0
Garry Green		9 Quail Hill Co					
	Greenville SC 29607	_	Director	0	0	0	0
Susan Kilpatrick		861 Robert E. I					
	Charleston SC 29412		Director	0	0	0	0
Leah Miller		1801 Labor Camp					
_	Mt. Pleasant SC 2946		Director	0	0	0	0
Lynn Turnage		1372 Thayer Hal					
	Mt. Pleasant SC 2946		Director	0	0	0	0
Sandra Watkins		5 Argent Court					
	Simpsonville SC 2968		Director	0	0	0	0
Elizabeth Ansel		3452 Billings S					
	Mt. Pleasant SC 2946	6	Director	0	0	0	0

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57-1046124

# **Federal Statements**

4/5/2006 12:14 PM

FYE: 12/31/2005

## Statement 8 - From 990, Part V-A, Line 75b - Related Party Information

Name	Business Name	Title	Name
	Business Name	Title	Relationship
Robert Harding	Christian World Foundation Chrsitian World Foundation		ector Tomilee Harding arried
Stat	ement 9 - Form 990, Part V-A, Line 75c - Compensa	tion from Related Org	ganizations
Payee Name	Related Organization Name1	F	Related Organization Name2

Name		Related Organizat Name1	Related Organization Name2					
	Organization EIN	Relationship	Compensation	Benefits	Expenses	Compensation Description		
Robert Harding	Chri	stian World Adoptio						
Tomilee Harding		ommon Mngt/Director stian World Adoptio		17,599	0	Salary/401K		
J		ommon Mngt/Director	65,874	14,000	0	Salary/401K		

Form 4562 (Rev January 2006) Department of the Treasury Internal Revenue Service **Depreciation and Amortization** 

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Name(s) shown on return

Christian World Foundation, Inc

Identifying number

	Christ	lan world r	omidation	i, inc.			<u> </u>	<u>- T 0 4</u>	0124	
	ess or activity to which this form relates								<u> </u>	_
	ndirect Depreciati		ante Handan Ca	-ti 470					<del>"</del>	_
Pa	Election To Expension  Note: If you have a				nii cor	nnlete P	art I			
1	Maximum amount See the instruc				ou coi	iipiete i	ait i.	1	102,00	<u>_</u>
2	Total cost of section 179 property		2	202,00	Ť					
3	Threshold cost of section 179 property					•		3	420,00	<del>-</del>
4	Reduction in limitation Subtract lir			•	•	•		4		Ť
5	Dollar limitation for tax year Subtr			er -0 If married fili	na sepa	aratelv. see	instr.	5		_
<del>-</del>	(a) Description		<u>2010 01 1000, 0110</u>	(b) Cost (business i			Elected co			•••
6	(a) Docompris	o. p.oporty		(-)		1-7				
				-			_			
7	Listed property. Enter the amount	from line 29			7					
8	Total elected cost of section 179 p		s ın column (c), line	es 6 and 7				8		
9	Tentative deduction Enter the sm						•	9		
10	Carryover of disallowed deduction	from line 13 of your	2004 Form 4562	•				10		_
11	Business income limitation Enter	the smaller of busine	ss income (not less	than zero) or line	5 (see i	nstructions	;)	11		
12	Section 179 expense deduction. A	dd lines 9 and 10, bu	it do not enter more	than line 11				12		
13	Carryover of disallowed deduction	to 2006. Add lines 9	and 10, less line 12	2	13					
Note	: Do not use Part II or Part III below									_
Pa	rt II Special Depreciat	<u>on Allowance a</u>	<u>nd Other Depr</u>	<u>eciation (Do n</u>	ot inc	<u>lude liste</u>	ed prop	<u>erty.)</u>	(See instructions.)	_
14	Special allowance for certain aircra	aft, certain property w	ith a long production	on period, and qua	lified N	ſL				
	or GO Zone property (other than li	sted property) placed	ın service during tl	ne tax year (see in:	struction	ıs)		14		_
15	Property subject to section 168(f)(	1) election						15	7.5.45	_
16	Other depreciation (including ACR		<del> </del>				•	16	16,46	<u>၂</u>
Pa	rt III MACRS Depreciat	ion (Do not inclu			ructio	<u>ns.)</u>			<del> </del>	_
			Secti			-		1 4=		<u>-</u> 0
17	MACRS deductions for assets place	-	_				· 🛌	17	· · · · · · · · · · · · · · · · · · ·	<u>.</u>
<u>18</u>	If you are electing to group any assets pl							<u></u>		
	Section B-A	ssets Placed in Serv (b) Month and	(c) Basis for depre		1	ii Debrecia	ition Sys	tem		-
	(a) Classification of property	year placed in service	(business/investme only-see instruct	ent use	y (e)	Convention	(f) M	ethod	(g) Depreciation deduction	1
<u>19a</u>	3-year property				-					_
<u> </u>	5-year property	-			-		<b></b>			_
c	7-year property				+		<u> </u>			_
<u>_d</u>	10-year property	-			-		<u> </u>			_
е	15-year property				+		<u> </u>		<u> </u>	_
_ <u>f</u>	20-year property	•			<del> </del>					_
_9	25-year property			25 yrs_	<del></del> -	1414	S/l		<u> </u>	_
h	Residential rental property			27.5 yrs	<del> </del>	MM	S/l			-
<del></del>	<u> </u>			27.5 yrs	+-	MM MM	S/l S/l			-
'	Nonresidential real property			39 yrs	<b>-</b>	MM	S/I			-
	<del></del>	ets Placed in Servic	o During 2005 Tax	Vear Using the A	<u>l</u> Itornati					_
 20a	Class life	ets Placed III Servic	burning 2005 Tax	Tear Using the A	T	ve Debiec	S/I			_
<u>zva</u> b	12-year	12 yrs. S/							· · · ·	_
_	40-year	<u> </u>	<del></del>	_40 yrs.	<del>                                     </del>	MM	S/I			_
	ort IV Summary (see ins	tructions)	1	1 - <del>1</del> 0 yis.		******		_	<del></del>	_
<del></del> 21	Listed property Enter amount from						· · · · -	21		_
22	Total. Add amounts from line 12, I	•		olumn (a), and line	21.	•	•	<u> </u>		_
	Enter here and on the appropriate	lines of your return. f	Partnerships and S			Τ-		22	16,46	<u>D</u>
23	For assets shown above and place enter the portion of the basis attrib	=	=		23					