Form

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.

OMB No 1545-0047 2006 Open to Public Inspection

Form 990 (2006)

For the 2006 calendar year, or tax year beginning and ending Please **Employer identification number** C Name of organization Check if applicable use IRS 57-1046124 Address change label or Christian World Foundation, Inc. Telephone number print or Name change 828-693-7007 type. Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return See 777 South Allen Road Accounting method: | Cash Specific Final return X Accrual Other (specify) City or town, state or country, and ZIP + 4 Instruc Flat Rock NC 28731 tions. Amended return Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and are not applicable to section 527 organizations I Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? G Website: ▶ www.cwa.org/cwf.htm H(b) If "Yes," enter number of affiliates Organization type H(c) Are all affiliates included? X 501(c) ( 3 ) **(**(insert no.) | 4947(a)(1) or (check only one) (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? receipts are normally not more than \$25,000. A return is not required, but if the organization chooses Group Exemption Number ▶ to file a return, be sure to file a complete return M Check ▶ if the organization is not required 1,127,643 to attach Sch B (Form 990, 990-EZ, or 990-PF). Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received Contributions to donor advised funds 1,037,350 1b b Direct public support (not included on line 1a) Indirect public support (not included on line 1a) 1c Government contributions (grants) (not included on line 1a) 1d d 1,037,350 1,037,350 noncash \$ Total (add lines 1a through 1d) (cash \$ Program service revenue including government fees and contracts (from Part VII, line 93) 2 2 Membership dues and assessments 3 47,393 4 Interest on savings and temporary cash investments Dividends and interest from securities <u>42,9</u>00 6a Gross rents 34,868 See Statement 1 6h Less rental expenses 8,032 Net rental income or (loss) Subtract line 6b from line 6a 6c C 7 Other investment income (describe (B) Other Gross amount from sales of assets other (A) Secunties than inventory 8a Less. cost or other basis and sales expenses 8b Gain or (loss) (attach schedule) 8d Net gain or (loss) Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here ▶ │ │ Gross revenue (not including \$ contributions reported on line 1b) Less: direct expenses other than fundraising expenses 9b b Net income or (loss) from special events. Subtract line 9b from line 9a 9с c Gross sales of inventory, less returns and allowances 10a 10a 10b Less. cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from 10c C RECEIVED 11 Other revenue (from Part VII, line 103) 11 1,092,775 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 12 MAY 1 4 13 461,976 13 Program services (from line 44, column (B)) ဓ္ထ Expenses 40,018 14 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) OGDEN, UT 15 16 Payments to affiliates (attach schedule) 16 501,994 17 Total expenses. Add lines 16 and 44, column (A) 17 590,781 18 18 Excess or (deficit) for the year. Subtract line 17 from line 12 2,056,292 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 See Statement 2 20 20 Other changes in net assets or fund balances (attach explanation) Net 2,647,072 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21

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

Part II	Statement of Functional Expenses				Columns (B), (C), and ompt chantable trusts but		
	ot include amounts repor 6b, 8b, 9b, 10b, or 16 of			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	aid from donor advised funds (a				, -		
•	non- cash \$	)			•		,
	nount includes foreign grants, ch	eck here	22a				t.
	nts and allocations (attach schedule)						
_	non- cash \$	)					
	nount includes foreign grants, ch	eck here	22b				
	assistance to individuals (attach	_					
schedule	•		23				
24 Benefits	paid to or for members (attach	•					
schedule	•		24				`
	, sation of current officers, directo	rs,		•			
-	loyees, etc. listed in Part V-A (att						
schedule	·		25a				
<b>b</b> Compen	, sation of former officers, director	 S,					
key emp	loyees, etc listed in Part V-B (at	tach					
schedule			25b				
c Compensa	ation and other distributions, not include	led above, to					
disqualifie	d persons (as defined under section 4	958(f)(1)) and					
persons de	escribed in section 4958(c)(3)(B) (atta	ch schedule)	25c				
	and wages of employees not inc						
on lines	25a, b, and c		26				
27 Pension	plan contributions not included o	on .					
lines 25a	ı, b, and c		27				
28 Employe	e benefits not included on lines						
25a – 27			28				
29 Payroll ta	exes		29		•		
30 Profession	onal fundraising fees	•	30	·			
31 Account	ng fees		_31				
32 Legal fee	es ,		32				<u>-</u>
33 Supplies			33	351		351	
34 Telephor	ne		34				
35 Postage	and shipping		35				
36 Occupan	cy .		36				
37 Equipme	nt rental and maintenance		37				
38 Printing a	and publications		38				<del></del>
39 Travel			39	234	234		
40 Conferer	ices, conventions, and meetings	i	40				
41 Interest			41	11,972		11,972	
42 Deprecia	tion, depletion, etc (attach sche	dule)	42				
	penses not covered above (item	ıze) <sup>.</sup>					
a See	Statement 3		43a	489,437	461,742	27,695	
<b>b</b> .			43b				<u>.</u>
<b>c</b> .			43c				
d			43d				
e			43e				
f .			43f				<del></del>
g	-		43g				
	nctional expenses. Add lines 22	а	}				
	13g. (Organizations completing						
	(B)-(D), carry these totals to line	s					
13-15)		•	44	501,994	461,976	40,018	0
	Check ▶ ☐ If you are follows	-	_				
	costs from a combined educatio	_		-			Yes X No
	i) the aggregate amount of these joint				int allocated to Program se		
(iii) the amount	allocated to Management and general	11 \$		, and (iv) the amou	int allocated to Fundraising	\$	5 000 (2002)

If this amount includes foreign grants, check here

If this amount includes foreign grants, check here

461,976 Form **990** (2006)

(Grants and allocations

(Grants and allocations

e Other program services (attach schedule)

Total of Program Service Expenses (should equal line 44, column (B), Program services)

F	art IV	Balance Sheets (See the instructions.	)			
	Note:	Where required, attached schedules and amounts wit column should be for end-of-year amounts only.	hin the description	(A) Beginning of year		( <b>B)</b> End of year
	45	Cash-non-interest-bearing		549,042	45	1,000,845
	46	Savings and temporary cash investments		1,157,759	46	1,296,440
	47a	Accounts receivable	47a			
	Ь.	Less: allowance for doubtful accounts	47b	<del></del>	47c	
	"	Ecss. anowarioe for doubter accounts			<del>   </del>	
	48a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable	400		49	
	50a	Receivables from current and former officers, director	s. trustees, and		"	
		key employees (attach schedule)	o, 5 a 5 15 5 5 , a 1. 5		50a	
	Ь	Receivables from other disqualified persons (as defin-	ed under section 4958(f)(1)):	and		<del> </del>
		persons described in section 4958(c)(3)(B) (att sched		u <b>u</b>	50b	
	51a	Other notes and loans receivable (attach			1	
	0.0	schedule)	51a			
ets	Ь	Less. allowance for doubtful accounts	51b		51c	
Assets	52	Inventories for sale or use	[0.0]		52	
•	53	Prepaid expenses and deferred charges			53	
	54a	Investments—publicly-traded	► Cost	FMV FMV	54a	
	b	secunties Investments—other secunties	, H H	FMV	54b	·
	55a	(attach schedule) Investments-land, buildings, and				
	35a	equipment: basis	55a  956,	107		
	ь	Less: accumulated depreciation (attach				
		schedule) See Statement 5	55b 45,	664 927,268	55c	910,443
	56	Investments-other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis	57a			
		Less accumulated depreciation (attach				
		schedule)	57b		57c	
	58	Other assets, including program-related investments				
		(describe ▶ See Statement 6		) 27,201	58	5,080
	59	Total assets (must equal line 74). Add lines 45 through	 h 58	2,661,270	59	3,212,808
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue	• •		62	
v	63	Loans from officers, directors, trustees, and key emplo	yees (attach			
ij		schedule)			63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)			64a	
=	b	Mortgages and other notes payable (attach schedule)	See Workshe	et	64b	550,166
	65	Other liabilities (describe  See Statemen	nt 7	) 604,978	65	15,570
	66	Total liabilities. Add lines 60 through 65		604,978	66	565,736
	Orga	nizations that follow SFAS 117, check here 🕨 🗓 :	and complete lines			
		67 through 69 and lines 73 and 74				
es	67	Unrestricted		1,989,834		2,604,413
anc	68	Temporarily restricted		66,458	68	42,659
3al	69	Permanently restricted .			69	<u></u>
힏	Orga	nizations that do not follow SFAS 117, check here	▶ ∐ and			
Ē		complete lines 70 through 74.				
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			70	
sets	71	Paid-in or capital surplus, or land, building, and equip	ment fund		71	
Ass	72	Retained earnings, endowment, accumulated income	or other funds		72	
<b>Jet</b>	73	Total net assets or fund balances (add lines 67 thro	ıgh 69 <b>or</b> lines			
~		70 through 72. (Column (A) must equal line 19 and co	olumn (B) <b>must</b>			_
		equal line 21)		2,056,292	_	2,647,072
	74	Total liabilities and net assets/fund balances. Add li	nes 66 and 73	2,661,270	74	3,212,808

<u> Forr</u>	990 (2006) Christian World Foundation, Inc.			1040				Page 5
P	art IV-A Reconciliation of Revenue per Audited Financial Sinstructions.)	State	ments	With	Revenue per	Retu	rn (See th	ie
а	Total revenue, gains, and other support per audited financial statements				<del> · · · · · · · · · · · · · · · · · ·</del>	а	1,	127,643
b	Amounts included on line a but not on Part I, line 12:		,	•			-	
1			Ь1				i	
2	Donated services and use of facilities	•	b2			1		
3	Recoveries of prior year grants		b3			1		
4	Other (specify)					1		
	See Statement	8	b4		34,868			
	Add lines b1 through b4		·		•	Ь	]	34,868
С	Subtract line <b>b</b> from line <b>a</b>					С	1,	092,775
d	Amounts included on Part I, line 12, but not on line a:			•	•			
1	Investment expenses not included on Part I, line 6b		d1					
2	Other (specify)					]		
			d2					
	Add lines d1 and d2					a		
е	Total revenue (Part I, line 12) Add lines c and d				•	е	1,	092,775
P	art IV-B Reconciliation of Expenses per Audited Financial	State	ement	s With	n Expenses pe	r Re	turn	
a	Total expenses and losses per audited financial statements					а		536,862
b	Amounts included on line a but not Part I, line 17			•				
1	Donated services and use of facilities		b1					
2	Prior year adjustments reported on Part I, line 20		b2					
3	Losses reported on Part I, line 20		b3					
4	Other (specify):							
			b4		34,868			
	Add lines b1 through b4					Ь		34,868
С	Subtract line <b>b</b> from line <b>a</b>			•		С		501,994
d	Amounts included on Part I, line 17, but not on line a:							
1	Investment expenses not included on Part I, line 6b		d1					
2						1		
	•	•	d2					
	Add lines d1 and d2			-		d		
ө	Total expenses (Part I, line 17). Add lines c and d				· •	е		501,994
P	art V-A Current Officers, Directors, Trustees, and Key Em	ploye	es (Lis	t each i	person who was ar	office	er, director, to	ustee,
	or key employee at any time during the year even if they were not o	comper	nsated.)	(See th	ne instructions)			
	(A) None and address	Title or	(B)	haum nar	(C) Compensation (If not paid, enter -0)	(D) C	Contributions to be benefit plans & d compensation	(E) Expense account and other
	(A) Name and address	week	devoted to	position	-0)	deferre	d compensation plans	allowances
Se	ee Statement 9							
						L	·	
				_				-
		1						
	<u> </u>	1						
	·							

Table   Their the lotal number of officers, directors, and trustees permitted to voite on organization business at board meetings   12		990 (2006) Christian World Foundation, Inc						age 6
meetings					<del></del>		Yes	No
b. An any officers, directors, triustees, or key employees lated in Form 900, Part V.A. or highest compensated amployees lated in Schedule A, Part I had prilbed compensated or discontant part of the principle of the part of the principle of the part of the	75a	·	_	_				
employees listed in Schedule A, Part I. or highest compensated professional and other independent contractors lated in Schedule A, Part I and Pils Frest independent compensation of the professional and other independent compensation for compensation of the professional and other independent compensation for compensation of the professional and other independent contractors listed in Schedule A, Part I. or high lest compensation and other independent contractors listed in Schedule A, Part I. A or III. A cere when the professional and other independent contractors listed in Schedule A, Part II. A or III. Receive compensation from the youth or organization. If Yes, "statich a statement that includes the information described in the instructions. See Statement 11  756			•					
contractors listed in Schedule A. Part II-A or II-B. related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) See Statement 10  Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A. Part II. or highest compensational and other independent contractors listed in Schedule A. Part II. or II. Proceed compensation from any other organizations, whether it as exempt for trassile, that are related to the organization for any other independent contractors listed in Schedule A. Part II. II. A. II. The proceed compensation from any other organization have a written conflict of interest policy?  If Yes, "attach a statement that includes the information described in the instructions for the definition of "related droganization." If Yes, "attach a person below and enter the amount of compensation or other benefits of the appropriate columns. See the instructions person below and enter the amount of compensation or other benefits in the appropriate columns. See the instructions are personally as the person below and enter the amount of compensation or other benefits in the appropriate columns. See the instructions are personally as the person below and enter the amount of compensation or other benefits in the appropriate columns. See the instructions are personally as the personal person	Ь			ensated				
relationships? If "Yes," attach a statement that dendifies the individuals and explains the relationship(s)  See Statement 10  8			•					
See Statement 10  C Do any officers, directors, trustees, or key employees lated in Form 990, Part V-A or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part 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 II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation from any other contractors where the selection is the enstructions of the definition of "related organization of the registration of the selection of the definition of "related organization have a written conflict of information described in the instructions in Part II of Tormer Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, flustee, or key employee received compensation or other benefits in the appropriate column. See the related below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the related below during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the related of the service of the profession of		•	•			<sup>1</sup>	₹.	
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A or highest compensated employees listed in Schedule A, Part II-A or II-B, receive compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions of related organization. If "Yes," attach a statement that includes the information described in the instructions.    Yes   X   Yes   Yes,   Yes,		relationships? If "Yes," attach a statement that identifies the individuals and exp	•	· <i>'</i>		75b	A	
compensated employees listed in Schedule A. Part I. or highest compensation from any other organizations, whether lax exempt or taxable, that are related to the organizations from any other organizations, whether lax exempt or taxable, that are related to the organizations? See the instructions   Yes   X   X   X   X   X   X   X   X   X				see stat	ement 10			
Independent contractors listed in Schedule A. Part II-A or II-B. receive compensation from any other organizations, whether tax exemple or taxable, that are related to the organization? See the instructions for the definition of "related organization."    Part VI	С	• • • •	•					
organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization.'  If 'Yes, 'attach a statement that includes the information described in the instructions.  Part V-B  Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee), and the proposed column. See the self-director of the person below and enter the amount of compensation or other benefits (see the instructions.)				r				
the definition of "related organization." If "Yes," statach a statement that includes the information described in the instructions.  Part V-B Part V-B (in y former officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year. Its that person below and enter the amount of compensation or other benefits (described below) during the year. Its that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address (A) Name and address (B) Loss and Advances (B) Loss and Advances (C) Compensation (C) Compensation (D) Combitions is employed electrophysical elec		•	•					
Firest vision a statement that includes the information described in the instructions   Test   Te			n? See the instructio	ns for				
Does the organization have a written conflict of interest policy?   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, Trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)    (A) Name and address   (B) Loans and Advances   (C) Compensation properties (A) Name and address   (B) Loans and Advances   (C) Compensation properties of the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions		•				75c	X	
Part V-B   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) duming the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)			ctions S	see Stat	ement 11			
(If any former officer, director, rustee, or key employee received compensation or other benefits of the instructions.)    Compensation   Co		···············			<del></del>			
person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Lasts and Advances  (B) Lasts and	Pa	· · · · · · · · · · · · · · · · · · ·	•		•			
(A) Name and address  (B) Loans and Advances  (P) Compessation (P) Combination to employe element gains & decided account and advances and enter (P) of the compessation plans  N/A  Part VI Other Information (See the instructions.)  Yes No  Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change of the changes.  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.  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Yes, "attach a conformed copy of the changes."  Yes a statement  Is the organization related (other than by association with a statewide or nationwinde organization) through common membership, governing bodies, frustees, officers, etc. to any other exempt or nonexempt organization?  Christian World Adoption and check whether it is a statement on the organization of the organization organization of the organi			•	•		ie yea	r, list t	hat
Part VI   Other Information (See the instructions.)   Yes   No		person below and enter the amount of compensation or other bene	fits in the appropriate			1 45		
Part VI Other Information (See the instructions.)  Part VI Other Information (See the instructions.)  Part VI Other Information (See the instructions.)  Ves No  Did the organization make a change in its activities or methods of conducting activities? If Yes, "attach a detailed statement of each change  Yes No		(A) Name and address	(B) Loans and Advances					
Part VI Other Information (See the instructions.)  17			(-,					
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B1a Enter direct and indirect political expenditures. (See line 81 instructions )  b Did the organization file Form 1120-POL for this year?  N/A 81b	D				nanayat			
b Did the organization file Form 1120-POL for this year?	04~	· · · · · · · · · · · · · · · · · · ·	k whether it is 🔼 e:	ı —	nonexempt			
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	0_	one are organization life Form 1120-POL for this year/			N/A		000	

	990 (2006) Christian World Foundation, Inc. 57-104612	24		<u></u> F	Page '
Pε	et VI Other Information (continued)		,	Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge				
	or at substantially less than fair rental value?	•	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.	1			
	· · · · · · · · · · · · · · · · · · ·	2b			
83a	Did the organization comply with the public inspection requirements for returns and exemption application		83a	X	-
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		<b>├</b>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	84a		<del>                                     </del>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of		<b> </b>		ŀ
05	gifts were not tax deductible?	N/A N/A	84b	<b></b> -	<del> </del>
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a 85b		$\vdash$
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization.		830		-
	received a waiver for proxy tax owed for the prior year.	Ж			
С	1	oc			
d	· · · · · · · · · · · · · · · · · · ·	id .	1		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  88				
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		1		
a	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		ĺ
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85	•			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	N/A	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	ia			
b	Gross receipts, included on line 12, for public use of club facilities	ib			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	'a			
b	Gross income from other sources. (Do not net amounts due or paid to other				
	sources against amounts due or received from them.)	'b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or				
	partnership, or an entity disregarded as separate from the organization under Regulations sections				
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88a	$\vdash \vdash \vdash$	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the				3,5
00	meaning of section 512(b)(13)? If "Yes," complete Part XI	. •	88b	<b> </b>	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911   0 ; section 4912   0 , section 4955	0			
h	section 4911 ► 0 ; section 4912 ► 0 , section 4955 ► 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	U			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach				
	a statement explaining each transaction	N/A	89b		ĺ
С	Enter: Amount of tax imposed on the organization managers or disqualified		000		
-	persons during the year under sections 4912, 4955, and 4958	▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	• 0			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance conti	act?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the				
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holding	S			
	at any time during the year?	•	89g		<u> </u>
90a	List the states with which a copy of this return is filed <b>None</b>				
þ	Number of employees employed in the pay period that includes March 12, 2006 (See	1 1			
	instructions )	90b			<u>0</u>
91a	The books are in care of Robert Harding, CEO	Telephone no. ▶ 828 -	693	-70	07
	777 South Allen Road	N 00001			
	Located at Flat Rock, NC	ZIP+4 ▶ 28731		•	•
ь	At any time during the calendar year, did the organization have an interest in or a signature or other author	•	1		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		<del>ا</del> ا	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 Bank and Financial Accounts.			. 1	
	and ringingal //ccounts.		<u></u>	. 000	

Form	990 (20	06) Christian Worl	d Foundati	on, Inc	57-10	046124	1		Page 8
P	ert VI	Other Information (con		_				Ye	s No
c	At any ti	ime during the calendar year, did the	ne organization maint	aın an office o	utside of the United	States?		91c	X_
	If "Yes,"	enter the name of the foreign cour	ntry 🕨						
92	Section	4947(a)(1) nonexempt charitable t	rusts filing Form 990	in lieu of Forn	n 1041- Check here			•	▶ [_]
	and ent	er the amount of tax-exempt intere				•	92		
	art VII	Analysis of Income-Pro	ducing Activitie	es (See the	instructions.)	- 1	<del></del>	<del></del>	
Note	: Enter gi	ross amounts unless otherwise			ed business income		ed by section 512, 513, or 514	(E) Related	or
ındic				(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	exempt fun	
93	Progran	n service revenue:				code		income	<u>e</u>
a						-		<u> </u>	
b						+	+	<del>                                     </del>	
C			<del></del>					<del></del>	
a			<del></del>	<u> </u>	<del> </del>	<del>-  </del> -	<del> </del>	<del>                                     </del>	
•	Medicar	re/Medicaid payments			<del> </del>	_		<del></del>	
g		id contracts from government agen	CIAS						
94		rship dues and assessments							
95		on savings and temporary cash inv	vestments			14	47,393		
96		ds and interest from securities	, councillo			<del> </del>	11,,000		
97		tal income or (loss) from real estate	•						
а		anced property				16	8,032		
b		t-financed property							
98		tal income or (loss) from personal p	roperty						
99		vestment income							
100	Gain or	(loss) from sales of assets other th	an inventory						
101	Net inco	ome or (loss) from special events							
102	Gross p	rofit or (loss) from sales of inventor	у						
103	Other re	evenue: a							
b			<u></u>				-		
С		<del> </del>							
d									
9							FE 40E	<u> </u>	
104		I (add columns (B), (D), and (E))	l		.1	0	55,425		425
105	•	dd line 104, columns (B), (D), and	• • •	N D- 41			· • —		,425
	rt VIII	5 plus line 1e, Part I, should equal Relationship of Activiti			of Evennt Bur	2000 (5	Coo the instruction	<del></del>	
	ine No.	Explain how each activity for w		-					
	₩	of the organization's exempt p					itality to the accomplis	, illient	
	/A			*					
	,								
Pa	art IX	Information Regarding		iaries and		ntities (S	ee the instruction		
1	Name, ad	(A) dress, and EIN of corporation,	(B) Percentage of		(C) Nature of activities		(D) Total income	(E) End-of-ye	ar
	partner	ship, or disregarded entity	ownership interes	st				assets	<del></del>
	N/A			%					
		<del>.</del>		%					
				%					
	-4.35	1	T	<u>%</u>					
	ırt X	Information Regarding							
		e organization, dunng the year, red	<del>-</del>	-					
		e organization, during the year, pa		7					
	vote: If "Y	'es" to (b), file Form 8870 and Form	n 4/20 (see instructio	оп\$).					

Form 990		<del></del>	57-1046124				age 9
Part )	Information Regarding Transfers T is a controlling organization as defined as the second of the s			nly if the orga	anizatio	nc	
	10 d controlling organization as doll	ica iii coccion c 12(b)	<u> </u>			Yes	No
106 E	old the reporting organization make any transfers to a c	ontrolled entity as defined i	in section 512(b)(13) of		Ì		110
	he Code? If "Yes," complete the schedule below for each	•					x
	(A)	(B)	(C)				
	Name, address, of each	Employer ID	Description of			(D)	
	controlled entity	Number	transfer		Amount	of tra	ınsfer
+		<del>                                     </del>	· <del></del>	-			
a							
1							
Ь							
1.							
c							
	Totals						
						Vaa	N.
107 D	old the reporting organization receive any transfers from	a a controlled entity as defi	ned in section		ŀ	Yes	No
	12(b)(13) of the Code? If "Yes," complete the schedule						x
$\top$	(A)	(B)	(C)				
İ	Name, address, of each	Employer ID	Description of		•	(D)	_
	controlled entity	Number	transfer		Amount	of tra	insfer
1							
a							
	130						
ь							
1	· · · · · · · · · · · · · · · · · · ·	•					
C							
	Totals						
<b>108</b> D	old the organization have a binding written contract in ef	fact on August 17, 2006, or	avering the interest		}	Yes	No
	ents, royalties, and annuities described in question 107		overing the interest,				l
	Under penalties of penupy, I deglare that I have examined		nume askedules and statements and	to the best of much			
	and belief, it is true, correct, and complete Declaration to	f preparer (other than officer) is	based on all information of which prep	to the best of my k parer has any knov	.nowieage vledge		
Please	Twenty d	10 -		1			
Sign	Signature of officer / 1						
Here	Signature of officer	Yo See	CFD.	5/4/20	2		
	Type or print name and title	0 201		<del>9 40 7</del>			
	<b>A</b>		Date Check (		reparer's S		PTIN
Paid	Preparer's signature Carol an Jene	A = O. T CAA	5 (00 (05 self-	(s	See Gen In: <b>20017</b> :		a
Prepare	er's Webb & Sen		5/09/07 employe	<del></del>	20-3		
Use On	Mar I Film Shame (or yours L	g St., Suite	<u> </u>	Phone	20-3.		<del>, 2 1</del>
	address, and ZIP + 4 Hendersonv			1	28-69	6-2	324
						_	

Form **990** (2006)

**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

**Employer identification number** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Christian World Foundation, Inc. 57-1046124 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contrib to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Comp empl ben plans account & other than \$50,000 per week devoted to position & deferred comp allowances NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2006

<u>scn</u>	edule A (Form 990 or 990-EZ) 2006 CHIISCIAN WOLLD FOUNDACTION, INC. 57-1046124		<u></u> -	<u>'age</u>
P	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		х
b	Lending of money or other extension of credit?	2b		X
С	Furnishing of goods, services, or facilities?	2c		x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		х
е	Transfer of any part of its income or assets?	2e		х
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	-	x
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		<u>x</u>
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g  Did the organization make any taxable distributions under section 4966?	4a 4b		x
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Ρ,	art i	Reason for Non-Private Found	ation Status (See	pages 4 through i	of the inst	ructions.)	
cer 5	tify th	at the organization is not a private foundation be A church, convention of churches, or association	•	• • • • • • • • • • • • • • • • • • • •	e box.)		
6		A school. Section 170(b)(1)(A)(II). (Also complete	ete Part V.)				
7		A hospital or a cooperative hospital service org	anızation. Section 170(b	o)(1)(A)(III).			
8		A federal, state, or local government or govern	mental unit. Section 170	(b)(1)(A)(v)			
9		A medical research organization operated in co	onjunction with a hospita	I Section 170(b)(1)(A)(	ııı). Enter the I	nospital's name	, city,
		and state ▶					
10		An organization operated for the benefit of a co (Also complete the <b>Support Schedule</b> in Part I'		d or operated by a gove	ernmental unit	Section 170(b)(	1)(A)(iv).
11a		An organization that normally receives a substated 170(b)(1)(A)(vi). (Also complete the <b>Support Set</b>		rom a governmental ur	it or from the g	general public S	ection
11b		A community trust. Section 170(b)(1)(A)(vi) (Ale	so complete the Suppor	t Schedule in Part IV-A	<b>A.</b> )		
12		An organization that normally receives: (1) mor from activities related to its charitable, etc., fund from gross investment income and unrelated by organization after June 30, 1975. See section 5	ctions-subject to certain ( usiness taxable income (	exceptions, and <b>(2) no</b> (less section 511 tax) fr	more than 33 om businesse:	1/3% of its suppose acquired by the	ort
13	X	An organization that is not controlled by any dis requirements of section 509(a)(3). Check the bo		e of supporting organiz		rwise meets the	
		Provide the following inform					
		(a)	(b)	(c)		d) [	(e)
		Name(s) of supported organization(s)	Employer	Type of		ipported	Amount of
			identification number (EIN)	organization (described in lines	l	on listed in	support
			number (EIN)	5 through 12	l	porting ation's	
				above or IRC section)		locuments?	
<u> </u>	h -n i	stian World Adoption	<del></del>		Yes	No	
		ascian world Adoption		12		х	
ota				·		. •	
14		An organization organized and operated to test	for public safety. Section	n 509(a)(4). (See page	7 of the instru	ctions.)	

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2004 (c) 2003 (d) 2002 (e) Total Gifts, grants, and contributions received (Do 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 chantable, 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 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income Attach a schedule Do not gain or (loss) from sale of capital assets 23 Total of lines 15 through 22 Line 23 minus line 17 25 Enter 1% of line 23 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 person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts Total support for section 509(a)(1) test Enter line 24, column (e) 26c Add: Amounts from column (e) for lines: 18 22 26d Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." N/A Do not file this list with your return. Enter the sum of such amounts for each year (2004)(2003)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005)(2004)(2002)Add: Amounts from column (e) for lines 27c d Add: Line 27a total and line 27b total 27d Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test Enter amount from line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27a h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2006 Christian World Foundation, Inc. 57-1046124 Page 5 Private School Questionnaire (See page 9 of the instructions.)

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/2	<u></u>	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	١,		
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory		l i	
	basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
ď	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	33a		
_	Administration of the control of the	00.		
þ	Admissions policies?	33b		
_	Employment of faculty or administrative stoff?	222		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
•	Contour simps of outer inhamour assistance:	334		
A	Educational policies?	33e		
•		-		
f	Use of facilities?	33f		
		-		
g	Athletic programs?	33g	ŀ	
_				
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	$\longrightarrow$	
		,		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc_75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

1143 05/09/2007 4 15 PM								
Schedule A (Form 990 or 990-EZ) 2006 C						-104		
Part VI-A Lobbying Expend (To be completed	•	_		_		N/A	•	
Check a if the organization below						•		trol" provisions apply.
Limits on	Lobbying Expe	nditures	<del></del>	700 0		a) d group	50 557	(b) To be completed for all electing organizations
	ures" means amounts	•		,				Organizations
36 Total lobbying expenditures to influence				36				
37 Total lobbying expenditures to influence	• • •	rect lobbying)		37				
38 Total lobbying expenditures (add lines 3	6 and 37)			38				
<ul><li>39 Other exempt purpose expenditures</li><li>40 Total exempt purpose expenditures (add</li></ul>	d lines 29 and 20)			39 40				
41 Lobbying nontaxable amount. Enter the	•	wing table		1				
If the amount on line 40 is-		ontaxable amount is-						
Not over \$500,000	20% of the amount							
Over \$500,000 but not over \$1,000,000		of the excess over \$500,0	000					
Over \$1,000,000 but not over \$1,500,000		of the excess over \$1,000	L	41				
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% o	of the excess over \$1,500,	000					
Over \$17,000,000	\$1,000,000							
42 Grassroots nontaxable amount (enter 25	5% of line 41)			42				
43 Subtract line 42 from line 36. Enter -0- if		•		43				
44 Subtract line 41 from line 38. Enter -0- if	line 41 is more than I	ine 38		44				
Caution: If there is an amount on either			dan Caatia	- F04	/L\			
-	ns that made a section	aging Period Und n 501(h) election do no or lines 45 through 50 o	ot have to co	mplete	all of the five	colum	ns belo	ow.
		Lobbying Expe				ing Pe	riod	
Calendar year (or	(a)	(b)	(c	;)		(d)		(e)
fiscal year beginning in)	2006	2005	200	04		2003		Total
45 Lobbying nontaxable amount								
46 Lobbying ceiling amount (150% of								
line 45(e))								-, <u>-,-</u>
47 Total lobbying expenditures								
40. G								
48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of				··········				<del></del>
line 48(e))		`						
50 Grassroots lobbying expenditures							- }	
Part VI-B Lobbying Activity	by Nonelectina	Public Charities	_					
			nolete Par	rt VI-A	) (See pag	ae 13	of th	e instructions.) N/A
During the year, did the organization attempt					, , pu			
attempt to influence public opinion on a legis		-	-	•		Yes	No	Amount
a Volunteers		-						
<b>b</b> Paid staff or management (Include con	mpensation in expens	es reported on lines c	through h.)			L		
c Media advertisements		••				L		

- d Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities
--

<del></del>
<del>-</del>
<del></del>
<del></del>

Schedule A (Form 990 or 990-EZ) 2006

114	3 05/09/2007 4 15 PM						
	orms		ner Notes Payable				
9	90 / 990-PF	l					2006
L Nan		] For cale	endar year 2006, or	tax year beginning	, and ending	Employer Identifi	ication Number
14011						Linployer identil	Cauch Number
	hristian Wor	ld Fo	undation,	Inc.		57-10461	24
_F	orm 990, Par	t IV,	Line 64b	- Addition	al Information		
		Name o	f lender		Relationship to o	squalified person	
(1)	Wachovia Ba			<u> </u>			
(2)	Wachovia Ba	ink Lo	an				
(3)							
( <u>4</u> ) ( <u>5</u> )	<del></del>						
(6)							
(7)							
(8)	·						
(9)						<del>-</del>	
(10)						<del></del>	
	0	т.		B.JLL.	T		T 1-4
	Original amount borrowed		Date of loan	Matunty date	Repayment terms		Interest rate
(1)	400,0	00	8/01/04	7/01/19	P&I fixed interes	t rate	5.840
(2)	200,0		5/19/05	5/19/08	P&I 20 yr amortiz		6.070
(3)				1			
(4)							
<u>(5)</u>						· · · · · · · · · · · · · · · · · · ·	
<u>(6)</u>							-
<u>(7)</u>							+
(8) (9)				<del></del>			
(10)						<del> </del>	<del>                                     </del>
		······································					
	0.	••	that be become				
			vided by borrower		Purpose		
(1)	Deed of tru				Construction line Acquisition of pro		
(2) (3)	Deed OI CIC	IB C			Acquisition of pro	percy	
(4)							
(5)							
(6)							
<u>(7)</u>							
(8)							
<u>(9)</u>	<u>.</u>						
(10)	······						
	Conside	eration furn	ished by lender		Balance due at beginning of year		e due at if year
<u>(1)</u>	00/13/06				20gming of your		358,598
(2)	·						191,568
(3)							
(4)							
<u>(5)</u>							
<u>(6)</u>	<del></del>					<del> </del>	
<u>(7)</u>						<del> </del>	
<u>(8)</u>						<u> </u>	

550,166

(9) (10)

Totals

FYE: 12/31/2006

57-1046124

Federal Statements

## Statement 1 - Form 990, Part I, Line 6b - Rental Expenses

Description	Deduction
South Allen Rd., Flat Rock	
Interest	21,830
Depreciation	13,038
Total	34,868

# Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	_	Amount
Rental expenses	\$	34,868
Rental expenses		-34,868
To match beginning bal per financial statements		-1
Total	\$_	-1

1143 Christian World Foundation, Inc.
Federal Statements

FYE: 12/31/2006

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	E	Total Expenses	 Program Service		Mgt & General	Fund- Raising
	\$		\$	\$		\$
Expenses						
Investment Depreciation		6,387			6,387	
Temp restricted contributions		108,949	108,949			
Unrestricted contributions		167,845	167,845			
Contributions - Other		1,125	1,125			
Funds Given by Board for Adop		183,753	183,753			
Advertising						
Temp Restricted Contributions						
Unrestricted Contributions						
Dues and Subscriptions						
Bank Charges		3,498			3,498	
Professional Fees		1,650			1,650	
Automobile expense		70	70		•	
Repairs		16,160			16,160	
Total	\$	489,437	\$ 461,742	, \$	27,695	\$ 0

57-1046124

Federal Statements

FYE: 12/31/2006

#### Statement 4 - 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.

57-1046124

**Federal Statements** 

FYE: 12/31/2006

5/9/2007 4:15 PM

#### Statement 5 - 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 Building	\$	241,689 \$ 711,818		\$	241,689 711,818	\$	
Accumulated Depreciation Equipment		111,010	26,239		2,600		45,664
Total	\$_	953,507 \$	26,239	\$_	956,107	\$_	45,664

#### Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	i	Beginning of Year	 End of Year
Due from CWA Investments Held For Sale	\$	22,249 4,952	\$ 5,080
Total	\$ <u></u>	27,201	\$ 5,080

# Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	 Beginning of Year	 End of Year
Due to CWA:Registration & Other Fees Current Portion Notes Payable Wachovia Note Payable	\$ 27,310 24,114 549,979	\$ 11,995
Deferred Rental Income-Related Party	 3,575	 3,575
Total	\$ 604,978	\$ 15,570

1143 Christian World Foundation, Inc.
Federal Statements

FYE: 12/31/2006

Statement 8 - Form	990, Part IV-A - Othe	r Revenue Included o	on Financial Statements

Description		Amount
Rental expenses	\$_	34,868
Total	\$_	34,868

# Form 990, Part IV-B - Other Expenses included on Financial Statements

Description	 Amount
Rental expenses	\$ 34,868
Total	\$ 34,868

57-1046124

FYE: 12/31/2006

# **Federal Statements**

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# Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Robert Harding 3463 Henrietta Mt. Pleasant SC 29466	CFO	0	0	0	0
Tomilee Harding 3463 Henrietta Mt. Pleasant SC 29466	CEO	0	0	0	0
Bart Bingham 1200 Cedar Street Elwood IN 46036	Director	0	0	0	0
Jane Byrum 3645 Gaston Day School Road Gastonia NC 28056	Director	0	0	0	0
Terrence Fries 4228 Congressional Drive Myrtle Beach SC 29579	Director	0	0	0	0
Lynn Turnage 1372 Thayer Hall Drive Mt. Pleasant SC 29464	Director	0	0	0	0
Sandra Watkins 5 Argent Court Simpsonville SC 29681	Director	0	0	0	0
Elizabeth Ansel 3452 Billings St. Mt. Pleasant SC 29466	Director	0	0	0	0
Anita Thomas 3455 Ridge Road Hendersonville NC 28792	Officer	0	0	0	0

57-1046124 FYE: 12/31/2006

# **Federal Statements**

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Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Jim Kirkland 149 Rugby Forest Lane Hendersonville NC 28791	Director	0	0	0	.0
Jim Izant 41 River Club Drive Hilton Head Island SC 29926	Director	0	0	0	0
Maria Moore 123 Estate Drive Hendersonville NC 28739	Director	0	0	0	0

57-1046124

# **Federal Statements**

5/9/2007 4:15 PM

FYE: 12/31/2006

# Statement 10 - Form 990, Part V-A, Line 75b - Related Party Information

Related Party One	Related Party Two	Relationship
Robert Harding Christian World Foundation CEO,Director	Tomilee Harding Christian World Fou CFO,Director	Married
Tomilee Harding Christian World Fou CFO, Directo	Robert Harding Christian World Fou CEO, Directo	Married

# Statement 11 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations

Payee Name		Related Organization Name1		Related Organization Name2		
	Organization EIN	Relationship	Compensation	Benefits	Expenses	Compensation Description
Robert Harding	Chris	stian World Adoption				
Tomilee Harding	57-0967054 Common Mgmt/Director Christian World Adoption			20,000	0 Salary/401k	
Anita Thomas		Common Mgmt/Director stian World Adoption		15,000	0 8	Salary/401k
		Common Mgmt/Director		4,230	0 5	Salary/401k

# Form **4562**

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 2006

Attachment 67

Identifying number Name(s) shown on return Christian World Foundation, Inc. 57-1046124 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 108,000 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 430,000 3 Threshold cost of section 179 property before reduction in limitation 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2005 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 19,426 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2006 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (a) Classification of property year placed in service (e) Convention (husiness/investment use (f) Method (a) Depreciation deduction period only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM property MM S/L 27 5 yrs MM Nonresidential real S/L 39 yrs property MM S/L Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/I S/L 40-year MM 40 yrs Part IV Summary (see instructions) Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 19,426 Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

#### Christian World Foundation, Inc. 57-1046124 Schedule A (Form 990 or 990-EZ) 2006 Page 3 Reason for Non-Private Foundation Status (See Pages 4 through 7 of the instructions.) Part IV I certify that the organization is not a private foundation because it is. (Please check only ONE applicable box.) 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)(iv). (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 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 receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) X An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type I Type II Type III-Functionally Intergrated Type III-Other Provide the following information about the supported organizations. (See page 7 of the instructions. (b) (c) (d) (e) Name(s) of supported organization(s) **Employer** Type of is the supported Amount of identification organization organization listed in support (described in lines number (EIN) the supporting 5 through 12 organization's above or IRC governing documents? section) Yes No Christian World Adoption 57-0967054 12 X 515,477 AUG 0 2 2007 OGDEN. UT 515,477 Total