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

Α	For the	2006 calendar year, or tax year beginning , and ending			
В		applicable use IRS label or		D	Employer identification number 57 - 0967054
$\overline{\Box}$	Name cl	lada de Christian World Adontion		E	Telephone number
$\overline{\sqcap}$	Initial ref	turn See Number and street (or PO box if mail is not delivered to street address	ss) Room/suite	<u> </u>	828-693-7007
Ħ	Final ret	Specific /// South Allen Road		F	Accounting method:
H		instruc- City or town, state or country, and ZIP + 4	1		Accrual Other (specify)
\vdash	Amende			ten 52	
Ш	Applicat	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 	H and are not applicable to sec H(a) Is this a group return fo		
G	Websit	te: > www.cwa.org	H(b) If "Yes," enter number of		, <u> </u>
J		ization 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 ins		
<u> </u>	Check h		H(d) Is this a separate return		
•		are normally not more than \$25,000. A return is not required, but if the organization chooses	organization covered by	/ a groυ	up ruling? Yes No
		return, be sure to file a complete return	I Group Exemption N	umbei	r 🕨
_			_	e orga	anization is not required
177777		receipts: Add lines 6b, 8b, 9b, and 10b to line 12 7, 204, 683	<u></u>		0, 990-EZ, or 990-PF).
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Ba	llances (See the instru	ction	<u>1s.)</u>
	1	Contributions, gifts, grants, and similar amounts received:	1		
	a	Contributions to donor advised funds	1a 00 70	_	
	b	Direct public support (not included on line 1a)	1b 82,70	끡	
Ž	C.	Indirect public support (not included on line 1a)	1c	\dashv	
	d	Government contributions (grants) (not included on line 1a) Total (add lines 1a through 1d) (cash \$ 82,700 noncash \$	1d	\dashv ,	e 82,700
7	9 2	Total (add lines 1a through 1d) (cash \$82,700 noncash \$ Program service revenue including government fees and contracts (from Part VII, line			$\frac{82,700}{2}$ 7,120,083
\sim	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments	•	-	4
=	5	Dividends and interest from securities	• •		5
_	6a	Gross rents	6a		
3	ь	Less rental expenses	6b		
2	С	Net rental income or (loss) Subtract line 6b from line 6a		6	ic
Ž 2 0	7	Other investment income (describe)		7	7
Revenue	8a	Gross amount from sales of assets other (A) Securities	(B) Other	_	
₹		than inventory .	8a 1,90		
	b	Less: cost or other basis and sales expenses	8b 2,11	_	
	С	Gain or (loss) (attach schedule)	8c -21	_	
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)	See Stmt 1	8	-211
	9	Special events and activities (attach schedule) If any amount is from gaming, check	k nere 🚩 📋		
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a		
	ь	Less: direct expenses other than fundraising expenses	9b	\dashv	
	C	Net income or (loss) from special events Subtract line 9b from line 9a		و 🏲	oc
	10a	· · · · · · · · · · · · · · · · · · ·	10a		
	ь	· · · · · · · · · · · · · · · · · · ·	10b		
	C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from	m line 10a	10)c
	11	Other revenue (from Part VII, line 103)		_1	1
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	PAPILIES	1	7,202,572
	13	Program services (from line 44, column (B))	EUEIVED	1	3 6,263,262
186	14	Management and general (from line 44, column (C))	SO		538,991
Expenses	15		Y 1 4 2007 9		5
Щ	16	Payments to amiliates (attach schedule)	Y 1 4 2007 O		6 6 902 253
	17	Total expenses. Add lines 16 and 44, column (A) Excess or (deficit) for the year. Subtract line 17 from line 12		_	6,802,253 8 400,319
Net Assets	18		الا ۱۷٫۷۱	_	
Asi	19	Net assets or fund balances at beginning of year (from line 73, column (A)) Other changes in net assets or fund balances (attach explanation)	• •	_	9 727,752
Net	20	Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18, 19, and 20	• • •		1,128,071
For	21 Privacy	y Act and Paperwork Reduction Act Notice, see the separate			Form 990 (2006)
ins(ruction	is.) Silli 330 (2000)

Form 990 (2006) Christian World Adoption

JIIII 330 (Z	000) CHILLBUIGH	HOTTA HAODETON	57-0907034	Page z
Part II	Statement of	All organizations must compl	ete column (A). Columns (B), (C), and (D) are required for	r section 501(c)(3) and (4)
(5	Functional Expans	organizations and section 49	47(a)(1) nonexempt charitable trusts but optional for othe	rs. (See the instructions.)

- I dileticilal Expelience	110 3600			it optional for outers. (
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)	 				
non-					
(cash \$) If this amount includes foreign grants, check here	222				
22b Other grants and allocations (attach schedule) Stmt 2	22a				
(cash \$ 650,000 non-cash \$)					
If this amount includes foreign grants, check here 🕨 🔲	22b	650,000	650,000		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach	 	·			
schedule)	24				
25a Compensation of current officers, directors,					
key employees, etc. listed in Part V-A (attach					
schedule) See Statement 3	25a	226,026	172,119	53,907	
b Compensation of former officers, directors,		·		• • • •	
key employees, etc listed in Part V-B (attach					
schedule)	25b				
c Compensation and other distributions, not included above, to					
disqualified persons (as defined under section 4958(f)(1)) and	1 1				
persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included					
on lines 25a, b, and c	26	864,773	772,379	92,394	
27 Pension plan contributions not included on					
lines 25a, b, and c	27	40,136	39,414	722	
28 Employee benefits not included on lines					
25a – 27	28	43,166	37,554	5,612	
29 Payroll taxes	29	80,180	69,530	10,650	
30 Professional fundraising fees	30			22.22	· · · · · · · · · · · · · · · · · · ·
31 Accounting fees	31	20,021		20,021	
32 Legal fees	32	42 015		42 015	
33 Supplies	33	43,915	F7 003	43,915	
34 Telephone	34	57,803	57,803		
35 Postage and shipping	35	84,642 88,861	84,642 66,646	22,215	
36 Occupancy	36	55,669	00,040	55,669	
37 Equipment rental and maintenance38 Printing and publications	37	45,275	45,275	33,003	
39 Travel	39	128,518	128,518		
40 Conferences, conventions, and meetings	40	114,094	114,094		
41 Interest	41	1,419	111,001	1,419	
42 Depreciation, depletion, etc. (attach schedule)	42	88,118	0	88,118	
43 Other expenses not covered above (itemize)					
a See Statement 4	43a	4,169,637	4,025,288	144,349	
b	43b				
C	43c		_		-
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing					
columns (B)-(D), carry these totals to lines					
13-15)	44	6,802,253	6,263,262	538,991	0
Joint Costs. Check ▶ ☐ If you are following SOP 98-2.					
Are any joint costs from a combined educational campaign and	fundrai	sing solicitation reporte	ed in (B) Program serv	ices?	▶ ☐ Yes X No
If "Yes," enter (i) the aggregate amount of these joint costs \$			nt allocated to Program ser		
(iii) the amount allocated to Management and general \$, and (iv) the amou	nt allocated to Fundraising	\$	
			·		000

Part III	Statement of Pro	gram Serv	ice Accomp	lishments (See the in	structions.)

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.

oro	grams and accomplishme	ents.	·			_
All of c	clients served, publications	t 5 be their exem s issued, etc.	pt purpose achievements ir Discuss achievements that	n a clear and concise manner. State the number are not measurable (Section 501(c)(3) and (4) enter the amount of grants and allocations to others.)		Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	children in States of A	variou merica.	us countries b Aproximatel	ne adoption of over 300 by families in the United by 600 family registrations re received in 2006.		
	(Grants and allocations	\$	650,000)	If this amount includes foreign grants, check here	٦	6,263,262
b						
	••					
	(Grants and allocations	\$		If this amount includes foreign grants, check here	floor	
С			· · · · · · · · · · · · · · · · · · ·			
	(Grants and allocations	\$)	If this amount includes foreign grants, check here	1	
d				· ·		
					_	
	(Grants and allocations	\$)	If this amount includes foreign grants, check here	4	
e	Other program services (ıle)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٦	
f	(Grants and allocations Total of Program Service		should equal line 44, colum	If this amount includes foreign grants, check here Inn (B), Program services)	 	6,263,262

	art IV	Balance Sneets (See the Instructions.)					
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	in the	description	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing			944,103	45	1,392,598
	46	Savings and temporary cash investments	•	·		46	
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b		27,310	47c	
	48a	Pledges receivable	48a				
	b	Less. allowance for doubtful accounts	48b			48c	
	49	Grants receivable			· · · · · · · · · · · · · · · · · · ·	49	
	50a	Receivables from current and former officers, directors	, truste	es, and			
	•	key employees (attach schedule)		-		50a	
	b	Receivables from other disqualified persons (as define		r section 4958(f)(1)) and			
		persons described in section 4958(c)(3)(B) (att. schedu	ıle)			50b	
	51a	Other notes and loans receivable (attach	1	1			
s		schedule)	51a				
Assets	b	Less: allowance for doubtful accounts	51b			51c	
Ä,	52	Inventories for sale or use			14 154	52	16 506
	53 54a	Prepaid expenses and deferred charges			14,154	53	16,596
	ь	securities Investments—other securities		Cost FMV		54a	
		(attach schedule)		Cost FMV		54b	
	55a	Investments-land, buildings, and equipment: basis	55a				
	b	Less accumulated depreciation (attach					
		schedule) .	55b			55c	
	56	Investments-other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a	760,373			
	b	Less: accumulated depreciation (attach					
		schedule) See Statement 6	57b	370,008	273,777	57c	390,365
	58	Other assets, including program-related investments			45 450		22.125
		(describe ▶ See Statement 7	47,150		23,195		
	59	Total assets (must equal line 74). Add lines 45 through	า 58		1,306,494		1,822,754
	60	Accounts payable and accrued expenses			128,100		137,241
	61	Grants payable		tatament 0	30E 106	61	529,950
	62	•		tatement 8	395,106	62	529,950
ies	63	Loans from officers, directors, trustees, and key employ	yees (a	ttacn		-	
Liabilitie	640	schedule) Tax-exempt bond liabilities (attach schedule)		 		63	
Lia	64a b	Mortgages and other notes payable (attach schedule)		 		64a 64b	
	65	Other liabilities (describe See Statemen	+ 9		55,536	65	27,492
	05	Outer habilities (describe > Dec Deac.cimeza) -	337330	- 03	27,132
	66	Total liabilities. Add lines 60 through 65			578,742	66	694,683
			nd com	plete lines	3,0,,02		
		67 through 69 and lines 73 and 74.		,			
9	67	Unrestricted			727,752	67	1,128,071
<u>و</u>	68	Temporarily restricted		Ī	·	68	
ala	69	Permanently restricted				69	
<u>_</u>	Orga	nizations that do not follow SFAS 117, check here	• 🗍 ,	and			
[]		complete lines 70 through 74	_				
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds	. [70		
at	71	Paid-in or capital surplus, or land, building, and equipm	ent fur	d į [71	
4ss	72	Retained earnings, endowment, accumulated income,	or othe	r funds		72	
<u></u>	73	Total net assets or fund balances (add lines 67 through	gh 69 c	or lines			
z		70 through 72. (Column (A) must equal line 19 and col					
		equal line 21)			727,752		1,128,071
	74	Total liabilities and net assets/fund balances. Add lin	es 66 a	and 73	1,306,494	74	1,822,754

Form	1 990 (2006)								Page
P	nt IV-A	Reconciliation of Revenue per Audited	Financial S				Retu	rn (See th	ne
		instructions.)				•			
а	Total revenu	ie, gains, and other support per audited financial stater	ments .				_ a_	7,	202,572
b	Amounts inc	sluded on line a but not on Part I, line 12:			i				
1	Net unrealiz	ed gains on investments		ļ	_b1				
2		vices and use of facilities			b2		_	!	
3		of prior year grants			b3		_		
4	Other (speci	fy):							
				Į	b4		1		
	Add lines b1	•					ь	ļ	
C		b from line a					С	7,	202,572
d .		luded on Part I, line 12, but not on line a:			1				
1		expenses not included on Part I, line 6b	-	- 1	_d1		4		
2	Other (speci	fy).		Ī					
				L	d2		1		
	Add lines d1						_d_	<u> </u>	
e		ue (Part I, line 12). Add lines c and d	 	-		<u>▶</u>	е		202,572
	irt IV-B	Reconciliation of Expenses per Audited	Financial	Stater	nents Witl	h Expenses pe	r Re		
a		ses and losses per audited financial statements			•		<u>a</u>	6,	802,253
b		luded on line a but not Part I, line 17		1	1				
1		vices and use of facilities			b1	4.	1		
2		ljustments reported on Part I, line 20	•		b2		4		
3		rted on Part I, line 20			b3		┨		
4	Other (speci	ry): .							
				L	<u>b4</u>		4		
_	Add lines b1	- · ·			-		Ь	_	200 050
C		b from line a					<u>c</u>	6,	802,253
d		luded on Part I, line 17, but not on line a:		1	1				
1		expenses not included on Part I, line 6b			d1		1		
2	Other (specif	ry):							
		and 40		L	d2		┨.		
_	Add lines d1			•	•		d		000 050
0 -	rt V-A	ses (Part I, line 17) Add lines c and d Current Officers, Directors, Trustees, ar	d Kov Em			<u></u>	e		802,253
x 4	3 C V - 2 - X	or key employee at any time during the year even if the	nev were not co	omnens	s (List each) ated) (See th	person wno was al he instructions)	1 OTICE	er, airector, t	rustee,
		The state of the s					(D)(Contributions to	(E) Evenes
		(A) Name and address		Title and	average hours per	(C) Compensation (If not paid, enter	emplóye deferre	ee benefit plans &	account and other
		- 		WCCK GC	voted to position	-0}	 	plans	allowances
Se	e Statemen	 + 10							
	<u> </u>			1					
						1			
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	990 (2006) Christian World Adoption	<u> 57-096</u>				P	age 6
P	at V-A Current Officers, Directors, Trustees, and Key Em	ployees (continu	ed)			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on	-					
	meetings	. ▶.1					
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part						
	employees listed in Schedule A, Part I, or highest compensated professional a	•					
	contractors listed in Schedule A, Part II-A or II-B, related to each other through				[.	
	relationships? If "Yes," attach a statement that identifies the individuals and ex			ement 11	75b	X	
	Do any officers, directors, trustees, or key employees listed in Form 990, Part	_	see stat	ement ii			
٠	compensated employees listed in Schedule A, Part I, or highest compensated	-	r				
	independent contractors listed in Schedule A, Part II-A or II-B, receive compen	=	•				
	organizations, whether tax exempt or taxable, that are related to the organization	= = = = = = = = = = = = = = = = = = =	ns for				
	the definition of "related organization."				75c		X
	If "Yes," attach a statement that includes the information described in the instru	 uctions		•			
d	Does the organization have a written conflict of interest policy?				75d	X	
Pá	rt V-B Former Officers, Directors, Trustees, and Key Em	ployees That Red	ceived Con	pensation or O	ther	Bene	fits
	(If any former officer, director, trustee, or key employee received of	ompensation or other	benefits (desc	ribed below) during th	ne yea	r, lıst t	hat
	person below and enter the amount of compensation or other ben	efits in the appropriate					
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions to employ benefit plans & deferred		E) Expe	
	t y mano and desired	(2) 254115 4114 / 157411565	enter -0-)	compensation plans		allowan	
N/I	·				-		
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					$+\!-$		
73.	rt VI Other Information (See the instructions.)	<u> </u>	L	<u> </u>		V	Na
 F-¢ 76	Did the organization make a change in its activities or methods of conducting a	ectivities? If "Ves " atta				Yes	No
70	detailed statement of each change	icuviues: ii Tes, alta	on a		76		X
77	Were any changes made in the organizing or governing documents but not rep	orted to the IRS?	•		77		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 covere	ed by				
	this return?	5 ,	•		78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		•	•	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction duri	ng the year? If "Yes,"	attach	•			
	a statement			_	79		X
80a	is the organization related (other than by association with a statewide or nation	wide organization) thr	ough	•			
	common membership, governing bodies, trustees, officers, etc., to any other e	xempt or nonexempt					
	organization?		_		80a	X	
b		World Four		Inc.			
	• •	ck whether it is X e		nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions.)		81a				
b	Did the organization file Form 1120-POL for this year?				81b	- 990	<u>X</u>
						. uuil	12000

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P	art VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no cha	rge	i		
	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.				
	(See instructions in Part III)	82b	_		
83a	Did the organization comply with the public inspection requirements for returns and exemption applicat		83a	X	↓
þ	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	ļ	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	gifts were not tax deductible?	N/A	84b		╙
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a		↓
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b	ļ	ļ
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organia	ation			
	received a waiver for proxy tax owed for the prior year.				
С	Dues, assessments, and similar amounts from members	85c	4		
d	Section 162(e) lobbying and political expenditures	85d	4		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	4		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	4		
g	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				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	N/A	85h	ļ	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	4		
b	Gross receipts, included on line 12, for public use of club facilities	86b	4		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other				
	sources against amounts due or received from them)	87b	4		
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		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	_			٠.
	meaning of section 512(b)(13)? If "Yes," complete Part XI	•	88b		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			
Ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," atta				1
	a statement explaining each transaction	N/A	89b	ļ	
С	Enter: Amount of tax imposed on the organization managers or disqualified	-			
	persons during the year under sections 4912, 4955, and 4958	0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	·			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	ii	00-	1	_
	transaction?	ontroot?	89e	 	X
t	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance of	ontract?	89f	ļ	├
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	4			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business hold	ungs		1	
	at any time during the year?		89g	<u> </u>	X
90a	List the states with which a copy of this return is filed None None				
b	Number of employees employed in the pay period that includes March 12, 2006 (See	المصا			30
04 -	Instructions.) The basis are of A. Christian World Adoption	90b Telephone no. ▶ 828	603	-70	7
91a	The books are in care of ▶ Christian World Adoption 777 South Allen Road	••	- 033	- / U	<i>u ,</i>
	Located at ▶ Flat Rock, N.C., NC	ZIP + 4 ▶ 28731			
b	At any time during the calendar year, did the organization have an interest in or a signature or other au	thonty			—-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	cıal		Yes	No
	account)?		91b	ļ	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.			L	<u> </u>
				aan	1 (000

*****	990 (200	<u>6) Christian Worl</u>	<u>a Adoption</u>		57-09	0/054			—Р	age 8
Pa	rt VI	Other Information (con	tinued)						Yes	No
C	At any ti	me during the calendar year, did th	e organization mainta	ain an office ou	tside of the United S	tates?		91c		X
	If "Yes,"	enter the name of the foreign coun	itry ►							
92	Section -	4947(a)(1) nonexempt charitable tr	usts filing Form 990 i	n lieu of Form	1041- Check here	•	·			ightharpoonup
	and ente	er the amount of tax-exempt interes	t received or accrued	during the tax	year .	•	▶] 92			_
Pa	rt VII	Analysis of Income-Pro	ducing Activitie	s (See the i	nstructions.)	-				
Note:	Enter gr	oss amounts unless otherwise			business income	Excluded	by section 512, 513, or 514		E)	
ndica	ited.			(A)	(B) Amount			Rela	ted or	
93	Program	service revenue:		Business code	Amount	(C) Exclusion code	(D) Amount	exempt	tunctic ome	on
а		Statement 12	ļ				-	7,12		083
b					*					
c						1				
q						1 1				
•		<u> </u>						-		
	Modioar	e/Medicaid payments				+				
'						+ +		-		
		d contracts from government agend	cies			- 				
94		ship dues and assessments	· · · · · · · · · · · · · · · · · ·	-		+ +				
95		on savings and temporary cash inv	estments .			+				
96		ls and interest from securities	. -			-				
97		al income or (loss) from real estate	ļ.			<u> </u>				
а		nced property	}							
ь		financed property				1				
98		al income or (loss) from personal p	roperty							
		vestment income				1				
100	Gain or (loss) from sales of assets other that	an inventory			1	-211			
101	Net inco	me or (loss) from special events								
102	Gross pr	ofit or (loss) from sales of inventor	y . L				····			
103	Other re	venue. a								
b						<u> </u>				
C										
d										
e										
104	Subtotal	(add columns (B), (D), and (E))			(-211	7,12	20,0	083
105	Total (ad	dd line 104, columns (B), (D), and (E))				•	7,1	19,8	872
Note:	Line 105	plus line 1e, Part I, should equal t	he amount on line 12.	, Part I.						
	rt VIII	Relationship of Activitie			of Exempt Purp	oses (Se	ee the instructions	s.)		
Lir	ne No.	Explain how each activity for w								
	▼	of the organization's exempt pu	irposes (other than by	y providing fund	s for such purposes	s).	,			
93	a	The Organization	s main pur	pose is	the coord	inatio	on and			
		promotion of ado								
	İ	by couples in th	e United S	tates.						
Pa	rt IX	Information Regarding	Taxable Subsidi	aries and D	isregarded Ent	ities (Se	e the instructions	;.)		
<u> </u>	F. F. F. F.	(A) iress, and EIN of corporation,	(B) Percentage of		(C)		(D) Total income	(E)	
N	ame, add	lress, and EIN of corporation, ship, or disregarded entity	Percentage of ownership interest	, Na	ature of activities		Total income	End-of- ass		
	N/A		Owner Sing Title Co	%					213	
	/			%						
			+	_						
			· · · · · · · · · · · · · · · · · · ·	%						
	4 V	Information Department	Transfers Asses	%						
	rt X	Information Regarding								
•	•	e organization, during the year, rec	•	•						
	•	e organization, during the year, pay		_						
N	ote: If "Ye	es" to (b), file Form 8870 and Form	1 4720 (see instruction	ns)						

Form 990 (2			57-0967054			Р	age 9
Part XI	Information Regarding Transfers To			/ if the o	rganizatio	on	
	is a controlling organization as defin	ed in section 512(b)	(13)			V	T
106 Did	the reporting organization make any transfers to a co	introlled entity as defined in	section 512(h)(13) of			Yes	No
	Code? If "Yes," complete the schedule below for each	<u>-</u>	10000011012(0)(10)01				x
	(A)	(B)	(C)		T	(D)	
	Name, address, of each	Employer ID	Description of		Amount	(D) t of tra	ansfer
_	controlled entity	Number	transfer				
a							
ь	· · · · · · · · · · · · · · · · · · ·			- S			
c							-
	Totals						
						Yes	No
	the reporting organization receive any transfers from	-					x
312	(b)(13) of the Code? If "Yes," complete the schedule I	(B)	(C)		<u>;</u>		
	Name, address, of each	Employer ID	Description of			(D)	
_	controlled entity	Number	transfer		Amount	or tra	anster
а							
+							
ь							
7							
1					<u> </u>		
c							
	Totals						
	*	<u></u>			.4	Yes	No
108 Did	the organization have a binding written contract in eff	ect on August 17, 2006, co	vering the interest.			163	NO
	s, royalties, and annuities described in question 107 a	_					
	Under penalties of penjury deciare that I have examined	this return, including accompar	nying schedules and statements, and to	the best of n	ny knowledge		
Please	and belief, it is true, correct, and complete Declaration of	preparer (other than officer) is	based on all information of which prepar	er has any k	nowledge		
Sign	Total A	or en		100			
Here	Signature of officer	or South	īn ·	-7646 T	107		
	Type or prnt name and title	10 dec por	<u></u>				
	Surveyer A A		Date Check if	···	Preparer's S		
Paid	Preparer's signature law and amount	, CPA	5/09/07 self- employed		(See Gen Ir P0017		
Preparer'	Webb & Sene	L		EIN	20-3		
Use Only	if self-employed),	St., Suite I	3	Phone			
	address, and ZIP + 4 Hendersonvi	lle, NC 2879	92	no > {	828-69	6-2	324

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

or 4947(a)(1) Nonexempt Charitable Trust

2006

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 **Employer identification number** 57-0967054 Christian World Adoption 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 Part II-A 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 Oscar Robles GT 566,076 Attorney Mirella de Werner 532,805 Attorney China Center for Adoptive Affairs 330,340 **Facilitators** Luis Armando Gonzalez GT Attorney 180,000 Enrique Gonzalez Attorney 133,780 Total number of others receiving over \$50,000 for professional services 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 (c) Compensation (b) Type of service NONE Total number of other contractors receiving over

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

Schedule A (Form 990 or 990-EZ) 2006

\$50,000 for other services

<u>Sch</u>	edule A (Form 990 or 990-EZ) 2006 Christian World Adoption 57-0967054		F	age 2
þ	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		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	2a	Î	x
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)? See Part V, Form 990	2d	х	
е	Transfer of any part of its income or assets?	2e		х
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		x
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	3c		x
ď	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		x
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		x
b	Did the organization make any taxable distributions under section 4966?	4b		_
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			
θ	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

P:	art l	V Reason for Non-Private Founda	ation Status (See բ	pages 4 through 7	of the inst	ructions.)			
l cer 5	tify th	nat the organization is not a private foundation be A church, convention of churches, or associatio		•	box)				
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V)							
7		A hospital or a cooperative hospital service orga	anization. Section 170(b)(1)(A)(III)					
8		A federal, state, or local government or government	mental unit Section 170((b)(1)(A)(v).					
9		A medical research organization operated in co	njunction with a hospital	. Section 170(b)(1)(A)(ı	ıi). Enter the I	nospital's name	, city,		
		and state				•			
10		An organization operated for the benefit of a col (Also complete the Support Schedule in Part IV		d or operated by a gove	ernmental unit.	Section 170(b)(1)(A)(ıv).		
11a		An organization that normally receives a substation 170(b)(1)(A)(vi) (Also complete the Support Sc		rom a governmental un	it or from the g	jeneral public S	ection		
11 b		A community trust Section 170(b)(1)(A)(vi) (Als	so complete the Suppor	t Schedule in Part IV-A	n.)				
12	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:								
		Type I Type II	Type III-Functionally Into	ergrated Typ	e III-Other				
		Provide the following informa	ation about the suppor	ted organizations. (Se	e page 7 of th	e instructions)			
		(a)	(b)	(c)	(d)	(e)		
		Name(s) of supported organization(s)	Employer	Type of	Is the su	upported	Amount of		
			identification	organization	organizati	on listed in	support		
			number (EIN)	(described in lines	the sup	porting			
				5 through 12	organiz	zation's			
				above or IRC section)	governing o	documents?			
					Yes	No	<u>. </u>		
_					-				
Tota	1		<u> </u>		-	•			
4.4	\Box	An assessment and an assessment to the	for public cofoty Coeffee	n 500(n)(4), (C	7 of the	-t\			

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

	: You may use the worksheet in the instruc						() T : : : 1
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions received (Do	400	5,511	7,706			13,617
16	not include unusual grants. See line 28) Membership fees received.	400		7,700			13,017
17	Gross receipts from admissions, merchandise	·					
••	sold or services performed, or furnishing of					ļ	
	facilities in any activity that is related to the						
	organization's charitable, etc., purpose	5,260,709	4,506,966	3,690,373	3.815.	488	17,273,536
18	Gross income from interest, dividends,	0,200,.05	2,000,000	3,320,010			_,,_,_,
. •	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		8	1,187	3,	428	4,623
19	Net income from unrelated business						
	activities not included in line 18						0
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on						
	ıts behalf						0
21	The value of services or facilities furnished to						
	the organization by a governmental unit without charge. Do not include the value of						
	services or facilities generally furnished to the						•
22	public without charge .	······································					0
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets Stmt 14	21,500					21,500
23		5,282,609	4,512,485	3,699,266	3 818	916	17,313,276
24	Total of lines 15 through 22 . Line 23 minus line 17	21,900				428	39,740
25	Enter 1% of line 23	52,826	45,125		38,		
26	Organizations described on lines 10 or				•	26a	0
b	Prepare a list for your records to show the						
	governmental unit or publicly supported of	rganization) whose tota	al gifts for 2002 throug	h 2005 exceeded the			
	amount shown in line 26a. Do not file thi	s list with your return	. Enter the total of all the	hese excess amounts	•	26b	
c	Total support for section 509(a)(1) test ⁻ E	nter line 24, column (e)		•	26c	
d	Add: Amounts from column (e) for lines:	18					
		22	26b			26d	
е	Public support (line 26c minus line 26d to	tal)				26e	
f	Public support percentage (line 26e (nu				<u> </u>	26f	%
27	Organizations described on line 12:			d 17 that were received			_
	person," prepare a list for your records to			ed in each year from, ea	ach "disqualified	perso	n "
	Do not file this list with your return. En (2005) 0 (2	ter the sum of such am 004)	ounts for each year: 0 (2003)	. 7 '	706 (2002)		0
.	For any amount included in line 17 that w	•	•	•	•		
Ü	show the name of, and amount received		,		-		
	(Include in the list organizations describe		-	• •			
	the difference between the amount receiv	-		•	-		• •
	amounts) for each year:			(-),		•	
		004)	0 (2003))	0 (2002))	0
С	Add Amounts from column (e) for lines:	15 1 3	3,617 16				
	17 17,273,5		21		•	27c	17,287,153
d	77		total		. •	27d	7,706
0	Public support (line 27c total minus line 2	•	-		•	27e	17,279,447
f	Total support for section 509(a)(2) test E	nter amount from line 2	23, column (e)	▶ 27f 17	<u>,313,276</u>		
g	Public support percentage (line 27e (nu	-	•	•	>	27g	99.8046%
<u>h</u>					•	27h	0.0267%
28	Unusual Grants: For an organization des			-			
	prepare a list for your records to show, fo					er	
	description of the nature of the grant. Do	not file this list with y	our return. Do not incl	lude these grants <u>in line</u>	2 10.		

P	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			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	162	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	23		
JU	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30]	ĺ
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			
	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	1		
	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	ļ	ļ
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	. The second of			
33	Does the organization discriminate by race in any way with respect to:			
33	Does the organization discriminate by face in any way with respect to.			
а	Students' rights or privileges?	33a	<u> </u>	ĺ
_				
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
		1		
e	Educational policies?	33e		<u> </u>
	Lles of feether?	225		
T	Use of facilities?	33f		
g	Athletic programs?	33g		
9	Authorito programo	009		
h	Other extracurncular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
	·			
			1	
	B. the second of			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
L	Has the organization's right to such aid ever been revoked or suspended?	34b		
b	If you answered "Yes" to either 34a or b, please explain using an attached statement	340	ļ	
	ii you answerou 165 to either ord or b, picase 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		

<u>Scr</u>	<u>1eaule A (Form 990 or 990-EZ) 2006 C</u>	mristian wor	TO AGODETO	<u> </u>		<u> </u>	- 090	7054	Page	Ö
F		litures by Electing						ons.)		
		ONLY by an eligib					N/A		101	_
Cno	Limits or	ngs to an affiliated group Lobbying Expend	ditures	<u> </u>	ir you che	(a) agroup tals	ed contro	(b) To be completed for all electing organizations	
		tures" means amounts p			 +					_
	Total lobbying expenditures to influence	·			36				·	_
	Total lobbying expenditures to influence	- ,	ct lobbying)		37					_
	Total lobbying expenditures (add lines	36 and 37)			38					_
	Other exempt purpose expenditures	H.P 00 100		•	39					_
	Total exempt purpose expenditures (ad	•			40	·····				_
41	Lobbying nontaxable amount. Enter the		•							
	If the amount on line 40 is-	• •	taxable amount is-							
	Not over \$500,000	20% of the amount or	•	,						
	Over \$500,000 but not over \$1,000,000	·	the excess over \$500,00	L	41			ı		
	Over \$1,000,000 but not over \$1,500,000	·	the excess over \$1,000,							-
	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$1,000,000	the excess over \$1,500,0							
12	Grassroots nontaxable amount (enter 2	• •	•		42			Ī		
	Subtract line 42 from line 36. Enter -0-	•	e 36		43					-
	Subtract line 41 from line 38. Enter -0-		•	•	44					-
	Subulatinia 41 nom mie 66. Enter -6-1	in line 41 is more than lin	C 00	•	1 77 1					-
	Caution: If there is an amount on eithe	r line 43 or line 44 you n	nust file Form 4720.							
_			ging Period Und	er Secti	on 501	(h)				_
	(Some organization	ons that made a section	•				e columi	ns below	<i>1</i> .	
	, , , , ,	See the instructions for	• ,		•					
										_
			Lobbying Expe	nditures D	uring 4-	Year Averag	ging Per	iod		_
	Calendar year (or	(a)	(b)		(c)		(d)		(e)	
	fiscal year beginning in)	2006	2005	20	004		2003		Total	_
A E	Lobbung postavable amount	ļ								
	Lobbying nontaxable amount Lobbying ceiling amount (150% of									-
40	, , , ,									
	line 45(e))									_
47	Total lobbying expenditures									
	· · · · · · · · · · · · · · · · · · ·					- i				_
48	Grassroots nontaxable amount									
_	Grassroots ceiling amount (150% of									_
	line 48(e))									
50	Grassroots lobbying expenditures									
P		by Nonelecting P								
		y by organizations	***			<u>) (See pa</u>	<u>ige 13</u>	of the	instructions.)	_
	ing the year, did the organization attemp				ig any		Yes	No	Amount	
atte	mpt to influence public opinion on a legi	slative matter or referen	dum, through the use	of				<u> </u>		
а	• •							X		
b	• ,	mpensation in expenses	s reported on lines c t	hrough h.				X		
C								X		_
d		•					\vdash	X		_
9	• •	•						X		_
f	Grants to other organizations for lobb							X		_
g	_	-					-	X		_
h			ctures, or any other m	eans				Х		_
İ	Total lobbying expenditures (Add line	- ·					L		. <u> </u>	_
	If "Yes" to any of the above, also atta	ch a statement giving a c	ietailed description of	the lobby	ing activi	ies.				_

57-0967054

Federal Statements

5/9/2007 12:53 PM

FYE: 12/31/2006

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc										
How Rec'd	Whom Sold	Date Acquired	Date Sold		Sale Price	Cost & Expense	_	Deprec	_	Gain/ -Loss
Sony Wireless Laptop-T-Lee Purchase		12/02/04	11/07/06	\$_	1,900	\$ 3,424	. \$	1,313	\$	-211
Total				\$_	1,900	\$ 3,424	\$	1,313	\$_	-211

57-0967054

Federal Statements

5/9/2007 12:53 PM

FYE: 12/31/2006

Statement 2 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Relatio to O		Class of Activity			
Date ofGift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explntn
Christian World Foundation, Inc. 4/06/06	Common Mngt	:/Director \$ 400,000 \$	3	\$		
777 South Allen Road				·		
Flat Rock NC 28731						
Christian World Foundation, Inc. 12/22/06	Common Mngt	:/Director 250,000				
777 South Allen Road		250,000				
Flat Rock NC 28731						
Total		\$ 650,000	50	\$ 0		

Federal Statements

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FYE: 12/31/2006

Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management &General	Fundraising
Expenses	\$	\$	\$
Anita Thomas			
Compensation	38,218	9,555	
Benefit Plan Contribution	3,384	846	
Robert Harding			
Compensation	44,305	14,769	
Benefit Plan Contribution	15,000	5,000	
Tomilea Harding			
Compensation	59,962	19,987	
Benefit Plan Contribution	11,250	3,750	
Total	\$ 172,119	\$ 53,907	\$0

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Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Russia International Expenses	466,105	466,105		
Guatemala International Exp.	1,626,738	1,626,738		
China International Expenses	413,100	413,100		
Romania International Exp.	1,789	1,789		
Ukraine International Exp.	102,300	102,300		
Mongolia International Exp.	6,926	6,926		
Peru International Exp.	14,340	14,340		•
China Civil Affairs	94,795	94,795		
Ethiopia International Expens	106,617	106,617		
Ethiopia Development Expense	204,982	204,982		
Translation	44,210	44,210		
Advertising	49,471	49,471		
Kazakhstan International Exp.	241,613	241,613		
Kyrgyzstan International Exp.	59,300	59,300		
International Program Develop	1,250	1,250		
Abroad and Back	5,054	5,054		
Contributions - Prog. Dev.	15,248	15,248		
In-Country	97,177	97,177		
DNA/Post Adoption Exp.	52,055	52,055		
Contract Labor	6,920	6,920		
Orphanage Relief Exp.	170,123	170,123		
Photography	4,707	4,707		
Home Study	75,715	75,715		
Adoption Advisors Expense	83,409	83,409		
Outreach	3,459	3,459		
Reunion Expenses	12,685	12,685		
Program Expenses - Other	65,200	65,200		
Property Taxes	9,664	,	9,664	
Insurance - Business	68,427		68,427	
Dues and Subscriptions	10,718		10,718	
Utilities	17,146		17,146	
Computer Consultant	16,171		16,171	
Automobile Expense	22,223		22,223	
Bank Charges	96		96	
Miscellaneous	-96		-96	
Total	\$ 4,169,637	\$ 4,025,288		\$ 0

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Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose

The Organization's primary purpose is the coordination and promotion of the adoption of children from foreign countries by families in the United States of America. The adoption fee income comes from and supports the exempt purpose of the Organization.

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Description		Beginning of Year	_	Accum Deprec		End of Year	_	Accum Deprec
Property and Equipment	\$	604,060	\$		\$	760,373	\$	
Accumulated Depreciation	_		_	330,283	_	,	_	370,008
Total	\$_	604,060	\$_	330,283	\$_	760,373	\$_	370,008

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

Description	 Beginning of Year	 End of Year
Security Deposit Other Receivables -Software Dev.Cost	\$ 7,150 40,000	\$ 7,150
Due from Related Party	 	 16,045
Total	\$ 47,150	\$ 23,195

Statement 8 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	_	End of Year
Deferred Revenue - International	\$ 395,106	\$	529,950
Total	\$ 395,106	\$_	529,950

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

Description	 Beginning of Year	 End of Year
Due to Related Parties Refundable Fees	\$ 26,536 29,000	\$
Long-term Debt	 	 27,492
Total	\$ 55,536	\$ 27,492

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Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Beth Ansel 3452 Billings Street Mt. Pleasant SC 29466	Director	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
Terry Fries 4228 Congressional Drive Myrtle Beach SC 29579	Director	0	0	0	0
Sandra Watkins 5 Argent Court Simpsonville SC 29681	Director	0	0	0	0
Lynn Turnage 1372 Thayer Hall Drive Mt. Pleasant SC 29464	Director	0	0	0	0
Anita Thomas 3455 Ridge Road Hendersonville NC 28792	Officer	40+	47,773	4,230	0
Robert Harding 3463 Henrietta Hartford Road Mt. Pleasant SC 29466	CFO	40+	59,074	20,000	0
Tomilea Harding 3463 Henrietta Hartford Road Mt. Pleasant SC 29466	CEO	40+	79,949	15,000	0

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Statement 10 - 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

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Statement 11 - Form 990, Part V-A, Line 75b - Related Party Information

Related Party One

Tomilee Harding Christian World Adoption Exec Direct. Related Party Two

Robert Harding Christian World Adoption CFO Married

Relationship

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Statement 12 - Form 990, Part VII, Line 93 - Program Service Revenue

Description	Business _Code	_	Unrelated Amount	Exclusion Code	า 	Exclusion Amount	 Related Income
Russia International Fees		\$			\$		\$ 732,473
Ukraine International Fees							69,944
Agency Fees							2,333,995
Guatemala International Fee							1,685,348
China Intl/Program Fees							797,808
Post Placement Fees							163,625
Translation Fees							91,642
Romania International							10,000
Peru International							8,730
Civil Affairs							95,152
DNA							36,509
Orphanage Relief Fees							168,977
Ethiopia International Fees							371,916
Kazakhstan International Fe							278,978
Kyrgyzstan International Fe							68,900
Mongolia International Fees							2,500
Home Study							200,779
Reunion Income		_					 2,807
Total		\$_	0		\$	0	\$ 7,120,083

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Statement 13 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

Description

See Part V - Form 990

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Statement 14 - Schedule A, Part IV-A, Line 22 - Other Income

Description		2005	 2004		2003	_	2002
Gain from sale of assets Insurance proceeds	\$	3,500 18,000	\$	\$		\$	
Total	\$ <u></u>	21,500	\$ 0	\$_	0	\$_	0

Form **8824**

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

OMB No 1545-1190

Department of the Treasury Internal Revenue Service Name(s) shown on tax return

► Attach to your tax return.

Attachment Sequence No 109

Identifying number

C	hristian World Adoption		57-0967	054	
P	art Information on the Like-Kind Exchange				
1	Note: If the property described on line 1 or line 2 is real or personal property local Description of like-kind property given up ▶ Nissan Ar		dicate the countr	у	
2	Description of like-kind property received ► 2004 VW T	ouareg			
3	Date like-kind property given up was originally acquired (month, day, year)		. 3	2/	16/04
4	Date you actually transferred your property to other party (month, day, year)		4	1/	11/06
5	Date like-kind property you received was identified by written notice to another paday, year). See instructions for 45-day written notice requirement	arty (month,	5		
6	Date you actually received the like-kind property from other party (month, day, ye	ear) See instructions	6		
7	Was the exchange of the property given up or received made with a related part (such as through an intermediary)? See instructions. If "Yes," complete Part II If	-		Yes	X No
P	art II Related Party Exchange Information				
8	Name of related party	Relationship to you	Related	party's identifyii	ng number
	Address (no , street, and apt , room, or suite no , city or town, state, and ZIP code)				
9	During this tax year (and before the date that is 2 years after the last transfer of pexchange), did the related party directly or indirectly (such as through an intermediate of the like-kind property received from you in the exchange?	· ·		Yes	☐ No
10	During this tax year (and before the date that is 2 years after the last transfer of pexchange), did you sell or dispose of any part of the like-kind property you receive			Yes	☐ No
	If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. year of the exchange, stop here If either line 9 or line 10 is "Yes," complete Part gain or (loss) from line 24 unless one of the exceptions on line 11 applies				
11	If one of the exceptions below applies to the disposition, check the applicable bo	x·			
а	The disposition was after the death of either of the related parties.				
b	The disposition was an involuntary conversion, and the threat of conversion	occurred after the exchange.			
С	You can establish to the satisfaction of the IRS that neither the exchange no principal purpose. If this box is checked, attach an explanation (see instruction	•	ce as its		
or	Paperwork Reduction Act Notice, see page 5.			Form 8	324 (2006)

 $\label{lem:name} \textbf{Name(s) shown on tax return } \ \ \textbf{Do not enter name and social security number if shown on other side}$

Your social security number

	nristian World Adoption		<u> 57-096705</u>	<u>4 </u>
_P	art III Realized Gain or (Loss), Recognized Gain, and Basis of I	Like-Kind Property F	Received	
	Caution: If you transferred and received more than one group of like-kind properties of	or (a) (b) cash or other (no	t like-kind) property,	
	see Reporting of multi-asset exchanges in the instructions.			
	Note: Complete lines 12 through 14 only if you gave up property that was not like-kind	d. Otherwise, go to line 15		
12	Fair market value (FMV) of other property given up	12		
13	Adjusted basis of other property given up	13		
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Re	eport the]]	
	gain or (loss) in the same manner as if the exchange had been a sale		14	
	Caution: If the property given up was used previously or partly as a home, see Prope	rty used	1 1	
	as home in the instructions			
15	Cash received, FMV of other property received, plus net liabilities assumed by other p	party, reduced		
40	(but not below zero) by any exchange expenses you incurred (see instructions)	•	15	
16 47	FMV of like-kind property you received		16	
17 40	Add lines 15 and 16		. 17	
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus	s any	40	22,119
19	exchange expenses not used on line 15 (see instructions) Realized gain or (loss). Subtract line 18 from line 17	•	18	-22,119
20	Enter the smaller of line 15 or line 19, but not less than zero		20	0
20 21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see ins	etructions)	21	
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here an	·	21	
	D or Form 4797, unless the installment method applies (see instructions)	id on Schedule	22	0
23	Recognized gain. Add lines 21 and 22	•	23	
24	Deferred gain or (loss). Subtract line 23 from line 19 If a related party exchange, see	instructions	24	-22,119
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 2	•	25	22,119
	art IV Deferral of Gain From Section 1043 Conflict-of-Interest S			
	copy of your certificate. Keep the certificate with your records.)			
27	Description of divested property ▶ .	•		
28	Description of replacement property			
	•	• •		•
29	Date divested property was sold (month, day, year)	1 1	29	
30	Sales price of divested property (see instructions)	30		
31	Basis of divested property	31		
,,	Lasis of divested property	317		
32	Realized gain. Subtract line 31 from line 30	1 1	. 32	
3	Cost of replacement property purchased within 60 days after date			
	of sale			
34	Subtract line 33 from line 30. If zero or less, enter -0-		34	0
15	Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see ins	structions)	35	
36	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here an	· ·		
	Schedule D or Form 4797 (see instructions)		36	0
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32		37	
38	Basis of replacement property. Subtract line 37 from line 33		38	0004

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 Sequence No 67

Identifying number Name(s) shown on return Christian World Adoption 57-0967054 Business or activity to which this form relates Indirect Depreciation Part F **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 108,000 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 430,000 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-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 10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562 10 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 13 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.) Part II 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) 14 15 Property subject to section 168(f)(1) election 15 33,462 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 20,293 17 17 MACRS deductions for assets placed in service in tax years beginning before 2006 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 (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in service (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property 167,892 5.0 HY 200DB 34,363 b 5-year property 7-year property C d 10-year property e 15-year property 20-year property 25 <u>yrs.</u> 25-year property Residential rental S/L 27.5 yrs. MM property MM 27.5 yrs S/L MM Nonresidential real 39 yrs. property MM S/L Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System Class life 20a 12 yrs S/L b 12-year 40-year S/L 40 yrs. MM 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. 22 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr. 88,118 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs