

990

Form

Department of the Treasury  
Internal Revenue ServiceEXTENSION GRANTED TO 11/15/07  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2006

Open to Public  
Inspection

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

A For the 2006 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

CHILDREN OF THE NATIONS

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 3970

Room/suite

City or town, state or country, and ZIP + 4

SILVERDALE, WA 98383

D Employer identification number

91-1702551

E Telephone number

(360) 698-7227

F Accounting method

☐ Cash☒ Accrual☐ Other (specify) ▶

• 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 I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? (If "No," attach a list.) N/A ☐ Yes ☐ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.COTNI.ORG

J Organization type (check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,123,664.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	3,115,089.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 3,115,089. noncash \$ )	1e	3,115,089.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	8,575.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe ▶ )	7			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
	8d				
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	3,123,664.		
Net Assets	13	Program services (from line 44, column (B))	13	1,848,678.	
	14	Management and general (from line 44, column (C))	14	306,918.	
	15	Fundraising (from line 44, column (D))	15	192,775.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	2,348,371.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	775,293.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,127,583.		
20	Other changes in net assets or fund balances (attach explanation)	20	0.		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,902,876.		

832001  
01-18-07

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

Form 990 (2006)

917-21

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 78,713.	69,660.	905.	8,148.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 597,252.	446,194.	135,386.	15,672.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b> 26,150.	9,056.	15,214.	1,880.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 22,445.		22,445.	
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 15,443.		15,443.	
<b>34</b> Telephone	<b>34</b> 18,997.		18,997.	
<b>35</b> Postage and shipping	<b>35</b> 424.		424.	
<b>36</b> Occupancy	<b>36</b> 18,232.		12,415.	5,817.
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b> 10,819.		10,819.	
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 21,815.		21,815.	
<b>43</b> Other expenses not covered above (itemize):				
a	<b>43a</b>			
b	<b>43b</b>			
c	<b>43c</b>			
d	<b>43d</b>			
e	<b>43e</b>			
f	<b>43f</b>			
g <b>SEE STATEMENT 1</b>	<b>43g</b> 1,538,081.	1,323,768.	53,055.	161,258.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 2,348,371.	1,848,678.	306,918.	192,775.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ►	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>CARE FOR ORPHANS AND DESTITUTE CHILDREN AROUND THE WORLD.</b>	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a DOMINICAN REPUBLIC: SCHOOLS, ORPHANAGE AND CLINIC.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	618,230.
<b>b FEEDING PROGRAM: SERVING STARVING CHILDREN IN AFRICA, THE CARIBBEAN AND THE USA.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	18,342.
<b>c MALAWI: ORPHANAGE AND FEEDING PROGRAM</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	669,757.
<b>d SIERRA LEONE: ORPHANAGE AND FEEDING PROGRAM.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	448,947.
<b>e Other program services (attach schedule) SEE STATEMENT 2</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	93,402.
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	1,848,678.

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**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing		45	351,719.	
	46 Savings and temporary cash investments	579,843.	46	214,348.	
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a	405,761.		
	b Less: allowance for doubtful accounts	48b			
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52	29,133.	
	53 Prepaid expenses and deferred charges		53		
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation	55b	55c			
56 Investments - other		56			
57 a Land, buildings, and equipment: basis	57a	1,396,428.			
b Less: accumulated depreciation <b>STMT 3</b>	57b	36,364.			
58 Other assets, including program-related investments (describe <input type="checkbox"/> )		58	0.		
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		1,468,033.	59	2,361,025.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	37,032.	60	65,387.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	300,000.	64b	391,759.	
	65 Other liabilities (describe <input type="checkbox"/> <b>SEE STATEMENT 4</b> )	3,418.	65	1,003.	
66 <b>Total liabilities.</b> Add lines 60 through 65		340,450.	66	458,149.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67 Unrestricted	652,093.	67	1,256,718.	
	68 Temporarily restricted	475,490.	68	646,158.	
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,127,583.	73	1,902,876.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		1,468,033.	74	2,361,025.

## Part IV-A

<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
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**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

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Part VI Other Information (continued)		Yes	No
82 a	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?		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	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85b	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	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		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. 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," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
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 holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed <u>WA</u>		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	14
91 a	The books are in care of <u>CHRISTOPHER W. CLARK</u> Telephone no. <u>(360) 698-7227</u> Located at <u>11992 CLEAR CREEK RD, PO BOX 3970, SILVERDALE, W</u> ZIP + 4 <u>98383-3970</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

**Part VI Other Information** (continued) **Yes No**

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

☐ Yes ☒ NoIf "Yes," enter the name of the foreign country **N/A**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year

92

**N/A****Part VII Analysis of Income-Producing Activities** (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue.					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,575.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		8,575.	0.
105 Total (add line 104, columns (B), (D), and (E))					8,575.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
<b>N/A</b>	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

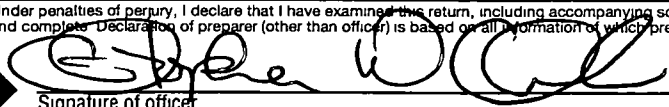
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----


Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer:  Date: **11-4-07**

Type or print name and title: **Christopher W. Clark, President**

**Paid Preparer's Use Only**

Preparer's signature:  Date: **11/06/07** Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: **HURLEY, WHITE & WILLIAMS, PS  
4312 KITSAP WAY, SUITE 102  
BREMERTON, WA 98312**

Preparer's SSN or PTIN (See Gen. Inst. X): **EIN**

Phone no.: **360-479-4611**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**

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

OMB No 1545-0047

**2006**

Name of the organization

**CHILDREN OF THE NATIONS**

Employer identification number

**91 1702551**

**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.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**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
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**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	0	

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

<b>1</b> 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 <b>►</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.	<b>1</b>		<b>X</b>
<b>2</b> 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.)			
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>		<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>		<b>X</b>
<b>3 a</b> 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.)	<b>3a</b>		<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>		<b>X</b>
<b>c</b> 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	<b>3c</b>		<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		<b>X</b>
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>		<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966?	<b>4b</b>		
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year			<b>N/A</b>
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			<b>N/A</b>
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the 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			<b>0.</b>
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			<b>0.</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10 ☐ 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.)
- 11a ☐ 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.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 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 Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> <b>▶</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A****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
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,324,726.	2,114,301.	1,266,042.	945,226.	6,650,295.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> 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	2,694.	404.	143.	183.	3,424.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	2,327,420.	2,114,705.	1,266,185.	945,409.	6,653,719.
<b>24</b> Line 23 minus line 17	2,327,420.	2,114,705.	1,266,185.	945,409.	6,653,719.
<b>25</b> Enter 1% of line 23	23,274.	21,147.	12,662.	9,454.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> N/A
<b>b</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					<b>26b</b> N/A
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> N/A
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> N/A
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> N/A %
<b>27</b> Organizations described on line 12: <b>a</b> 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." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 166,824. (2004) 420,074. (2003) 104,504. (2002) 92,647.					
<b>b</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: (2005) 0. (2004) 0. (2003) 0. (2002) 0.					
<b>c</b> Add: Amounts from column (e) for lines: 15 6,650,295. 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> 6,650,295.
<b>d</b> Add: Line 27a total 784,049. and line 27b total 0.					<b>27d</b> 784,049.
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> 5,866,246.
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ <b>27f</b> 6,653,719.					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 88.1649%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> .0515%

**28 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.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> 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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> 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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)**N/A**(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	<b>N/A</b>
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is -</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				<b>N/A</b>
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

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





## 2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	1987 CHEVROLET VAN	091702SL		5.00	17	2,423.			2,423.	1,696.		485.
2	GREEN TRUCK	010100SL		5.00	17	3,000.			3,000.	3,000.		0.
3	1996 ISUZU VAN	123003SL		5.00	17	9,765.			9,765.	4,883.		1,953.
4	TOSHIBA LAPTOP	060104SL		3.00	17	2,101.			2,101.	1,050.		700.
5	HP DV1156CL LAPTOP	041105SL		5.00	17	1,474.			1,474.	147.		295.
6	DVD+R DUPLICATOR (W/BUILT-IN 160GB HD)	042905SL		5.00	17	1,070.			1,070.	107.		214.
7	COMPAQ LAPTOP	052505SL		5.00	17	1,248.			1,248.	125.		250.
8	DELL INSPIRON 6000 LAPTOP	110105SL		5.00	17	1,716.			1,716.	172.		343.
9	LAND (SILVERDALE OFFICE)	011805L		.000		75,000.			75,000.			0.
10	BUILDINGS (MAIN OFFICE, SECONDARY OFFICE, OL SERVER (RACKMOUNT))	011805SL		39.00	17	125,296.			125,296.	3,079.		3,213.
11	(DELL 6350 4U, DUAL PR LAND (DR - NEXT TO THE CLINIC)	083105SL		5.00	17	2,900.			2,900.	290.		580.
12		052705L		.000		16,571.			16,571.			0.
13	BUS PROJECTOR/JESUS FILM	051206SL		5.00	19B	5,000.			5,000.			500.
14	PROJECT	051906SL		5.00	19B	4,092.			4,092.			409.
15	MTSILIZA LAND	011006L		.000		7,171.			7,171.			0.
16	DELL LAPTOP PROJECTOR/JESUS FILM	031706SL		5.00	19B	1,194.			1,194.			119.
17	PROJECT APPLIANCES FOR	051906SL		5.00	19B	4,092.			4,092.			409.
18	CHIWENGO GIRLS HOME	110906SL		5.00	19B	2,731.			2,731.			273.

628102  
07-28-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## 2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	MTSILITZA LAND FOR BOYS HOME	060206L		.000		4,624.			4,624.			0.
20	BANTA LAND	030206L		.000		10,784.			10,784.			0.
21	SAW FOR FARM	050106SL		5.00	19B	2,886.			2,886.			289.
22	TILLER FOR FARM	090106SL		5.00	19B	690.			690.			69.
23	99 FORD ECONOLINE	032706SL		5.00	19B	18,391.			18,391.			1,839.
24	1998 ISUZU TROOPER	041406SL		5.00	19B	11,266.			11,266.			1,127.
25	NISSAN PROJECTOR/JESUS FILM	050106SL		5.00	19B	15,820.			15,820.			1,582.
26	PROJECT	051906SL		5.00	19B	4,022.			4,022.			402.
27	HOUSE	100406SL		39.00	19I	80,655.			80,655.			431.
28	BUS	032406SL		5.00	19B	26,498.			26,498.			2,650.
29	UHF WIRELESS SYSTEM & TRANSMITTER AUDIO EQUI	090806SL		5.00	19B	8,676.			8,676.			868.
30	BOAT	092806SL		5.00	19B	2,100.			2,100.			210.
31	PROJECTOR AND CASE 1996 CHEVROLET	103106SL		5.00	19B	2,909.			2,909.			291.
32	SUBURBAN LT	122906SL		5.00	19B	3,265.			3,265.			327.
33	2001 NISSAN XTERRA	100106SL		5.00	19B	6,265.			6,265.			627.
34	LIEBERT UPSTATION GXT2 700VA 2U RACKMOUNT UP	020106SL		5.00	19B	350.			350.			35.
35	700 FEET OF 25 PAIR, 24-GAUGE TELEPHONE WIR	021506SL		5.00	19B	1,000.			1,000.			100.
36	SOAPWARE MEDICAL RECORD SOFTWARE	020106SL		5.00	19B	1,000.			1,000.			100.

628102  
07-28-08

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## 2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	50 LICENSES OF EYEBEAM 1.5 SOFTWARE	072406SL		5.00	19B	1,500.			1,500.			150.
38	U.S. WAREHOUSE	122906SL		39.00	19I	177,453.			177,453.			190.
39	RECORDING STUDIO	110906SL		39.00	19I	17,423.			17,423.			56.
40	ELECTRICITY TO REMOTE AREA	121206SL		39.00	19I	5,797.			5,797.			6.
41	FARM	100506L		.000		12,420.			12,420.			0.
42	HOUSE	012006SL		39.00	19I	6,600.			6,600.			162.
43	OFFICE CONSTRUCTION IN	090606SL		39.00	19I	75,434.			75,434.			561.
44	PROGRESS	123106		.000	16	631,756.			631,756.			0.
	* TOTAL 990 PAGE 2 DEPR					1396428.		0.	1396428.	14,549.	0.	21,815.

## FORM 990

## OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SHORT-TERM TEAMS	343,515.	343,515.		
CHILDRENS FUND	382,696.	382,696.		
EQUIPMENT	3,081.	-39.	1,560.	1,560.
INTERNS	129,676.	129,676.		
OTHER PROJECTS	116,506.	116,506.		
CLINIC	81,699.	81,699.		
FEEDING	116,419.	116,419.		
FARM	32,917.	32,917.		
VILLAGE	43,478.	43,478.		
SKILLS CENTER	28,048.	28,048.		
VEHICLES	39,690.	39,690.		
ORPHANAGE	9,163.	9,163.		
OTHER EXPENSES	53,421.		51,495.	1,926.
FUNDRAISING	157,772.			157,772.
TOTAL TO FM 990, LN 43	1,538,081.	1,323,768.	53,055.	161,258.

## FORM 990

## OTHER PROGRAM SERVICES

STATEMENT 2

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
UGANDA	0.	85,499.
INTERNS AND OTHER PROJECTS	0.	7,903.
TOTAL TO FORM 990, PART III, LINE E		93,402.

## FORM 990

## DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 3

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
1987 CHEVROLET VAN	2,423.	2,181.	242.
GREEN TRUCK	3,000.	3,000.	0.
1996 ISUZU VAN	9,765.	6,836.	2,929.
TOSHIBA LAPTOP	2,101.	1,750.	351.
HP DV1156CL LAPTOP	1,474.	442.	1,032.
DVD+R DUPLICATOR (W/BUILT-IN 160GB HD)	1,070.	321.	749.

## CHILDREN OF THE NATIONS

91-1702551

COMPAQ LAPTOP	1,248.	375.	873.
DELL INSPIRON 6000 LAPTOP	1,716.	515.	1,201.
LAND (SILVERDALE OFFICE)	75,000.	0.	75,000.
BUILDINGS (MAIN OFFICE, SECONDARY OFFICE, OLD WAREHOUSE)	125,296.	6,292.	119,004.
SERVER (RACKMOUNT) (DELL 6350 4U, DUAL PROCESSOR, WIN 2K3, 3X180GB RAI	2,900.	870.	2,030.
LAND (DR - NEXT TO THE CLINIC)	16,571.	0.	16,571.
BUS	5,000.	500.	4,500.
PROJECTOR/JESUS FILM PROJECT	4,092.	409.	3,683.
MTSILIZA LAND	7,171.	0.	7,171.
DELL LAPTOP	1,194.	119.	1,075.
PROJECTOR/JESUS FILM PROJECT	4,092.	409.	3,683.
APPLIANCES FOR CHIWENGO GIRLS HOME	2,731.	273.	2,458.
MTSILITZA LAND FOR BOYS HOME	4,624.	0.	4,624.
BANTA LAND	10,784.	0.	10,784.
SAW FOR FARM	2,886.	289.	2,597.
TILLER FOR FARM	690.	69.	621.
99 FORD ECONOLINE	18,391.	1,839.	16,552.
1998 ISUZU TROOPER	11,266.	1,127.	10,139.
NISSAN	15,820.	1,582.	14,238.
PROJECTOR/JESUS FILM PROJECT	4,022.	402.	3,620.
HOUSE	80,655.	431.	80,224.
BUS	26,498.	2,650.	23,848.
UHF WIRELESS SYSTEM & TRANSMITTER AUDIO EQUIPMENT	8,676.	868.	7,808.
BOAT	2,100.	210.	1,890.
PROJECTOR AND CASE	2,909.	291.	2,618.
1996 CHEVROLET SUBURBAN LT	3,265.	327.	2,938.
2001 NISSAN XTERRA	6,265.	627.	5,638.
LIEBERT UPSTATION GXT2 700VA 2U RACKMOUNT UPS	350.	35.	315.
700 FEET OF 25 PAIR, 24-GAUGE TELEPHONE WIRE	1,000.	100.	900.
SOAPWARE MEDICAL RECORD SOFTWARE	1,000.	100.	900.
50 LICENSES OF EYEBEAM 1.5 SOFTWARE	1,500.	150.	1,350.
U.S. WAREHOUSE	177,453.	190.	177,263.
RECORDING STUDIO	17,423.	56.	17,367.
ELECTRICITY TO REMOTE AREA	5,797.	6.	5,791.
FARM	12,420.	0.	12,420.
HOUSE	6,600.	162.	6,438.
OFFICE	75,434.	561.	74,873.
CONSTRUCTION IN PROGRESS	631,756.	0.	631,756.
TOTAL TO FORM 990, PART IV, LN 57	1,396,428.	36,364.	1,360,064.

FORM 990	OTHER LIABILITIES	STATEMENT	4
DESCRIPTION		AMOUNT	
ACCRUED INTEREST ON NOTE PAYABLE		1,003.	
DUE TO EMPLOYEE		0.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		1,003.	

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	5
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHRISTOPHER W. CLARK 12804 LAKE AVE NW POULSBO, WA 98370	PRESIDENT 40.00	51,000.	3,713.	24,000.
DR. DANIEL DIAMOND 2202 WEST RIDGE CT. SILVERDALE, WA 98383	SECRETARY 2.00	0.	0.	0.
JAMES BLESSING 516 N 62ND ST APT LOWER SEATTLE, WA 98103	TREASURER 2.00	0.	0.	0.
DEBRA CLARK 12804 LAKE AVE NW POULSBO, WA 98370	DIRECTOR 2.00	0.	0.	0.
REV. AUGUSTINE DAVIES 1050 22ND STREET ORLANDO, FL 32805	DIRECTOR 2.00	0.	0.	0.
MICHAEL CANNELL 221 TORACASO CT WINTER SPRINGS, FL 32708	DIRECTOR 2.00	0.	0.	0.
DR. MIKE JONES 1114 W. 9TH STREET PORT ANGELES, WA 98363	DIRECTOR 2.00	0.	0.	0.
DR. MIKE JUNGKEIT 17146 SCANDIA CT POULSBO, WA 98370	DIRECTOR 2.00	0.	0.	0.

CHILDREN OF THE NATIONS

91-1702551

DR. MARK DESAUTEL  
5004 JAMSINE TR  
SIOUX FALLS, SD 57108

DIRECTOR  
2.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

51,000. 3,713. 24,000.

4562

Form

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization 990**  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

**2006**Attachment  
Sequence No **67**

CHILDREN OF THE NATIONS

FORM 990 PAGE 2

91-1702551

**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.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	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	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	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	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
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.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	8,033.
18	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**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		123,747.	5 YRS.	HY	SL	12,376.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/	STATEMENT 6		MM	S/L	1,406.

**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/L	
c 40-year	/		40 yrs.	MM	S/L

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	21,815.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



**Part V****Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2006 tax year:

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**43** Amortization of costs that began before your 2006 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

FORM 4562

PART III - NONRESIDENTIAL REAL PROPERTY

STATEMENT

6

(A) DESCRIPTION OF PROPERTY	(B) MO/YR	(C) BASIS	(D) PERIOD	(G) DEDUCTION
HOUSE	10/06	80,655.	39.0 YRS	431.
U.S. WAREHOUSE	12/06	177,453.	39.0 YRS	190.
RECORDING STUDIO	11/06	17,423.	39.0 YRS	56.
ELECTRICITY TO REMOTE AREA	12/06	5,797.	39.0 YRS	6.
HOUSE	01/06	6,600.	39.0 YRS	162.
OFFICE	09/06	75,434.	39.0 YRS	561.
TOTAL TO FORM 4562, PART III, LINE 19I		363,362.		1,406.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>	<b>Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy.	
<b>Type or print</b>  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	CHILDREN OF THE NATIONS	91-1702551
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 3970	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SILVERDALE, WA 98383	

**Check type of return to be filed** (File a separate application for each return):

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **CHRISTOPHER W. CLARK**  
 Telephone No. **(360) 698-7227**      FAX No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007.**

5 For calendar year **2006**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return    ☐ Final return    ☐ Change in accounting period

7 State in detail why you need the extension  
**TAXPAYER IS WAITING FOR INFORMATION FROM THIRD PARTIES AND NEEDS ADDITIONAL TIME IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <b>N/A</b>

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date

### Notice to Applicant. (To Be Completed by the IRS)

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

<b>Type or print</b>	Name
	HURLEY, WHITE & WILLIAMS, PS
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	4312 KITSAP WAY, SUITE 102
	City or town, province or state, and country (including postal or ZIP code)
	BREMERTON, WA 98312