

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.

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
CROSS INTERNATIONAL AID, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
600 SW 3RD STREET 2201

City or town, state or country, and ZIP + 4
POMPANO BEACH FL 33060-6931

D Employer identification number
65-1086387

E Telephone number
954-657-9000

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).

and are not applicable to section 527 organizations. I

G Website: **CROSSINTERNATIONAL.ORG**

J Organization type
(check only one) 501(c) (**3**) (insert no.) 4947(a)(1) or 527

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

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

K 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.

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 1 **80,740,546**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

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	80,661,949	
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 \$ 2,903,881 noncash \$ 77,758,068)	1e		80,661,949
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		
5	Dividends and interest from securities	5		78,597
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		
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 contributions reported on line 1b) of			
b	Less: direct expenses other than fundraising expenses	9a		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9b		
9c				
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
10c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			
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		80,740,546
13	Program services (from line 44, column (B))	13		80,043,952
14	Management and general (from line 44, column (C))	14		319,493
15	Fundraising (from line 44, column (D))	15		498,113
16	Payments to affiliates (attach schedule)	16		
17	Total expenses. Add lines 16 and 44, column (A)	17		80,861,558
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-121,012
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		463,445
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		342,433

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. (See the instructions.)

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) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) STMT 1 (cash \$ 1,291,696 non-cash \$ 77856969) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22b	79,148,665	79,148,665	
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 2	25a	39,491	36,477	1,974
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 persons described in section 4958(c)(3)(B) (attach schedule)	25c	SEE STATEMENT 3		12,254
26 Salaries and wages of employees not included on lines 25a, b, and c	26	206,789	140,041	41,924
27 Pension plan contributions not included on lines 25a, b, and c	27	5,967	5,967	
28 Employee benefits not included on lines 25a - 27	28	40,879	21,055	15,507
29 Payroll taxes	29	22,054	13,375	5,806
30 Professional fundraising fees	30	103,668	30,522	17,376
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	10,075	130	9,619
34 Telephone	34	26,797	2,285	22,022
35 Postage and shipping	35	400,931	354,943	25,337
36 Occupancy	36	27,183	14,172	13,011
37 Equipment rental and maintenance	37	1,435	136	1,299
38 Printing and publications	38	201,435	31,618	15,820
39 Travel	39	45,315	31,867	1,916
40 Conferences, conventions, and meetings	40	5,463	2,559	2,875
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	18,589	18,589	
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 4	43a	544,568	216,107	120,451
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	80,861,558	80,043,952	319,493

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 _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general _____; and (iv) the amount allocated to Fundraising \$ _____

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?

▶ **SEE STATEMENT 5**

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.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a FOOD AND NOURISHMENT PROGRAMS FOR UNDERPRIVILEGED NATIONS

(Grants and allocations \$ **966,767**) If this amount includes foreign grants, check here

966,767

b MEDICAL CARE PROGRAMS FOR UNDERPRIVILEGED NATIONS

(Grants and allocations \$ **65,888,184**) If this amount includes foreign grants, check here

65,888,184

c ORPHANS PROGRAMS FOR UNDERPRIVILEGED NATIONS

(Grants and allocations \$ **7,738,216**) If this amount includes foreign grants, check here

7,738,216

d NATURAL DISASTER RELIEF FOR UNDERPRIVILEGED NATIONS

(Grants and allocations \$ **34,500**) If this amount includes foreign grants, check here

34,500

e Other program services (attach schedule) SEE STMT 6

(Grants and allocations \$ **4,520,998**) If this amount includes foreign grants, check here

5,416,285

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

80,043,952

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		
Assets	45	Cash-non-interest-bearing	345,535	45	326,679	
	46	Savings and temporary cash investments		46		
	47a	Accounts receivable	11,019			
	b	Less: allowance for doubtful accounts		47c	11,019	
	48a	Pledges receivable	340,690			
	b	Less: allowance for doubtful accounts		48c	340,690	
	49	Grants receivable		49		
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b		
	51a	Other notes and loans receivable (attach schedule)				
	b	Less: allowance for doubtful accounts		51c		
	52	Inventories for sale or use	162,577	52	108,342	
	53	Prepaid expenses and deferred charges	5,893	53	4,938	
	54a	Investments—publicly-traded securities SEE STATEMENT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	264,985	54a	320,693	
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
	55a	Investments—land, buildings, and equipment: basis				
	b	Less: accumulated depreciation (attach schedule)		55c		
	56	Investments—other (attach schedule)		56		
	57a	Land, buildings, and equipment: basis	129,656			
	b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 8	33,422	57c	96,234	
58	Other assets, including program-related investments (describe SEE STATEMENT 9)	800	58	568		
59	Total assets (must equal line 74). Add lines 45 through 58	931,596	59	1,209,163		
Liabilities	60	Accounts payable and accrued expenses	148,965	60	110,583	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)		64a		
	b	Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe SEE STATEMENT 10)	319,186	65	756,147	
66	Total liabilities. Add lines 60 through 65	468,151	66	866,730		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	92,743	67	-302,431	
	68	Temporarily restricted	137,702	68	411,864	
	69	Permanently restricted	233,000	69	233,000	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	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	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	463,445	73	342,433		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	931,596	74	1,209,163		

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		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 applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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 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		
b	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," attach a statement explaining each transaction	89b	X
c	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	0	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	20
91a	The books are in care of TIMOTHY HOY 600 SW 3RD STREET Located at POMPANO BEACH, FL	Telephone no. 33060-6931 ZIP + 4 33060-6931	
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: 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)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country: _____
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92

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) Exclusion 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		
96 Dividends and interest from securities			14	78,597	
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			14		
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 MISCELLANEOUS			41		
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		78,597	0
105 Total (add line 104, columns (B), (D), and (E))					78,597

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).
103A	DELIVERING FOOD, SHELTER, MEDICAL SUPPLIES AND HOPE TO UNDERPRIVILEGED NATIONS

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
N/A	%			
	%			
	%			
	%			

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).

				Yes	No
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.					X
(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

				Yes	No
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.					X
(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

				Yes	No
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?					

Please Sign Here

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.

Signature of officer: James J. Cavnar Date: 7/11/07

Type or print name and title: JAMES J CAVNAR PRESIDENT

Paid Preparer's Use Only

Preparer's signature: FRANK J. HORKEY Date: 7/11/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: HORKEY & ASSOCIATES, P.A.
7770 W OAKLAND PARK BLVD STE 470
SUNRISE, FL 33351-6779

Preparer's SSN or PTIN (See Gen. Instr. X): P00178221
EIN: 65-0266803
Phone no.: 954-742-3001

**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**

OMB No. 1545-0047

2006

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

CROSS INTERNATIONAL AID, INC.

Employer identification number
65-1086387

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) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other 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
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		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.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	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	X	
e	Transfer of any part of its income or assets?	2e		X
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
c	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
d	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		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

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 Intergrated
 - 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	
Total					

- 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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	70,720,335	45,585,573	29,564,538	12,013,309	157,883,755
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		17,017	986		18,003
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 its 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 public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets STMT 12		-1,813	-662	386	-2,089
23 Total of lines 15 through 22	70,720,335	45,600,777	29,564,862	12,013,695	157,899,669
24 Line 23 minus line 17	70,720,335	45,600,777	29,564,862	12,013,695	157,899,669
25 Enter 1% of line 23	707,203	456,008	295,649	120,137	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	0
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	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 0 (2004) 0 (2003) 0 (2002) 0		
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		
c Add: Amounts from column (e) for lines: 15 <u>157,883,755</u> 16 _____ 17 _____ 20 _____ 21 _____	27c	157,883,755
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	157,883,755
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	157,899,669
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	99.9899%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0.0114%

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.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

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

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				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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.)

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:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h .)			

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

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Date of Gift	Relationship to Org	Description of Property	Class of Activity			BV Explantr	FMV Explantr
				Cash Contrib	NonCash Contrib	Book Value		
ALL GOD'S LITTLE CHILDREN GEORGETOWN GUYANA GEORGETOWN GY	7/01/06		NONE FOOD, HOME GOODS,	\$	\$ 273,362	\$		
CALVARY BAPTIST CHURCH PORT-AU-PRINCE, HAITI PORT-AU-PRINCE HA	7/01/06		NONE	354,710				
DISASTER RELIEF COMMITTEE GEORGETOWN, GUYANA GEORGETOWN GY	7/01/06		NONE FOOD, HOME GOODS,		128,344			
EGLISE DE DIEU CLINIQUE CAYES LES CAYES, HAITI LES CAYES HA	7/01/06		NONE FOOD, MEDICAL, CLO		2,900			
FE VIVA ORC EL JAPON, HONDURAS EL JAPON HO	7/01/06		NONE FOOD		13,092			
NW HAITI WATER PROJECT PORT-DE-PAIX, HAITI	7/01/06		NONE	11,947				

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explntr
Date of Gift	Description of Property						
PORT-DE-PAIX HA			\$	\$	\$		
SALVATION ARMY MOZAMBIQUE 7/01/06	NONE		2,712				
MAPUTO, MOZAMBIQUE							
MAPUTO MZ							
SHOWERS OF BLESSING 7/01/06	NONE	FOOD		179,700			
CHOO LAIMEDU, CHENNAI, INDIA							
CHENNAI IN							
CALVARY BAPTIST CHURCH 7/01/06	NONE		81,190				
PORT-AU-PRINCE, HAITI							
PORT-AU-PRINCE HA							
EGLISE TABERNACLE 7/01/06	NONE	MEDICAL		19,474,929			
YAMO USSOUKRO, COTE D'IVOIRE							
YAMO USSOUKRO IV							
FIRST UNITED METHODIST 7/01/06	NONE	MEDICAL		235,000			
FLORIDA, USA							
FLORIDA							
HAITIAN HEALTH FOUNDATION 7/01/06	NONE		91,171				

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr
JEREMIE, HAITI					\$	\$	\$		
JEREMIE HA									
HEALING HANDS FOR HAITI			7/01/06	NONE	3,875				
PORT AU PRINCE, HAITI									
PORT AU PRINCE HA									
KAPES / RED CROSS			7/01/06	NONE		2,868,669			
PYONGYANG, PYONGYANG				MEDICAL					
PYONGYANG KN									
KUNHAR HOSPITAL			7/01/06	NONE		11,137,187			
KUNHAR, PAKISTAN				HOME GOODS					
KUNHAR PK									
MISSIONARY OF THE POOR SISTERS			7/01/06	NONE		3,385,130			
NAGA CITY, PHILIPPINES				MEDICAL					
NAGA CITY RP									
NIJRAB DISTRICT HOSPITAL			7/01/06	NONE		14,216,052			
KABUL, AFGHANISTAN				HOME GOODS					
KABUL AF									

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Date of Gift	Relationship to Org	Description of Property	Class of Activity			BV Explantr	FMV Explntr
				Cash Contrib	NonCash Contrib	Book Value		
PARTNERS IN HEALTH CANGE, HAITI CANGE HA	7/01/06		NONE	\$ 4,505	\$			
PARTNERS IN HEALTH CANGE, HAITI CANGE HA	7/01/06		NONE MEDICAL, BUILDING		196,876			
ST. THERESA'S CLINIC PORT DE PAIX, HAITI PORT DE PAIX HA	7/01/06		NONE	1,500				
UNIVERSITY TEACHING HOSPITAL LUSAKA, ZAMBIA LUSAKA ZA	7/01/06		NONE MEDICAL		14,192,100			
CITY OF GOD ORPHANAGE PORT-AU-PRINCE, HAITI PORT-AU-PRINCE HA	7/01/06		NONE	50				
ANGLICAN DIOCESE KITWE, ZAMBIA	7/01/06		NONE	49,833				

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explntr
KITWE ZA					\$	\$	\$		
ATANT			7/01/06	NONE	1,000				
THOMONDE, HAITI									
THOMONDE HA									
ESPWA			7/01/06	NONE	25				
LES CAYES, HAITI									
LES CAYES HA									
FRANCISCAN SISTERS FOR SOCIAL			7/01/06	NONE	45				
LUANSHYA, ZAMBIA									
LUANSHYA ZA									
HECC			7/01/06	NONE	150				
MIREBALAIS, HAITI									
MIREBALAIS HA									
GRACE MINSTRIES ZAMBIA			7/01/06	NONE		7,594,304			
LUSAKA, ZAMBIA				MEDICAL					
LUSAKA ZA									
GRACE MINSTRIES ZAMBIA			7/01/06	NONE	25,292				

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of		Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr
			Gift	Property						
LUSAKA, ZAMBIA						\$	\$	\$		
LUSAKA ZA										
HINCHE ORPH. FOR GIRLS			7/01/06		NONE		650			
HINCHE, HAITI					CLOTHES					
HINCHE HA										
SALVATION ARMY KENYA			7/01/06		NONE	49,500				
NAIROBI, KENYA										
NAIROBI KE										
SALVATION ARMY MOZAMBIQUE			7/01/06		NONE	15,867				
MAPUTO, MOZAMBIQUE										
MAPUTO MZ										
OUTREACH FOR JESUS ORPHANS			7/01/06		NONE		1,500			
CAP HAITIAN, HAITI					FOOD					
CAP HAITIAN HA										
CHRIST UNITED METHODIST CHURCH			7/01/06		NONE	7,500				
MOBILE, AL										
MOBILE										

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Date of Gift	Relationship to Org	Description of Property	Class of Activity		Book Value	BV Explantr	FMV Explntr
				Cash Contrib	NonCash Contrib			
ATANT ORGANIZATION THOMONDE, HAITI THOMONDE HA	7/01/06		NONE	\$ 225	\$			
COMMON GARMENTS NEBO, KY NEBO	7/01/06		NONE	9,185				
COUPLES FOR CHRIST MANILA, PHILIPPINES MANILA RP	7/01/06		NONE	5,000				
DIOCESE OF SINGAPORE HOCHI MENH CITY HOCHI MENH CITY CI	7/01/06		NONE	7,500				
MISSIONARY OF THE POOR SISTERS NAGA CITY, PHILIPPINES NAGA CITY RP	7/01/06		NONE	1,050				
REENCONTRO MAPUTO, MOZAMBIQUE	7/01/06		NONE	1,000				

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr
Date of Gift	Description of Property						
MAPUTO MZ			\$	\$	\$		
ST PETER CLAVER PARISH 7/01/06 PUNTA GORDA, BELIZE	NONE		161				
PUNTA GORDA BH							
ST. FRANCIS FRIARY-KITWE 7/01/06 KITWE, ZAMBIA	NONE		1,280				
KITWE ZA							
IMMOKALEE CHURCHES 7/01/06 FLORIDA, USA	NONE		1,599				
FLORIDA							
AMICUMO 7/01/06 MAPUTO, MOZAMBIQUE	NONE CLOTHING			54,600			
MAPUTO MZ							
1ST INTERDENOM. EGLISE 7/01/06 PORT-AU-PRINCE, HAITI	NONE FOOD, CLOTHING			35,897			
PORT-AU-PRINCE HA							
BETHEL BAPTISTE EGLISE 7/01/06 FOOD	NONE			264			

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of		Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantrn	FMV Explntn
			Gift							
CAP HAITIAN, HAITI						\$	\$	\$		
CAP HAITIAN HA										
BETHEL EGLISE DE DIEU HINCHE HINCHE, HAITI	NONE		7/01/06		FOOD, HOME GOODS		13,766			
HINCHE HA										
BETHESDA MINISTRIES GONAIVES, HAITI	NONE		7/01/06		FOOD		24,812			
GONAIVES HA										
BON SAMARITAN SALEM PORT AU PRINCE, HAITI	NONE		7/01/06		HOME GOODS, CLOTHI		18,780			
PORT AU PRINCE HA										
BOYS AND GIRLS CLUB FLORIDA, USA	NONE		7/01/06		MEDICAL		5,390			
FLORIDA										
BREAD OF LIFE BUCHAREST, ROMANIA	NONE		7/01/06		HOME GOODS		670,534			
BUCHAREST RO										

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity		BV Explantrn	FMV Explntn
				Cash Contrib	NonCash Contrib		
CALVARY BAPTIST CHURCH 7/01/06	7/01/06	NONE		\$ 3,250	\$		
CBC CHURCH SUPPORT CBC CHURCH SUPPORT HA							
CASA DE VIDA 7/01/06	7/01/06	NONE		3,000			
GUATEMALA, GUATEMALA GUATEMALA GT							
CENTRE CHRETIEN HAITIEN 7/01/06	7/01/06	NONE HOME GOODS			481,266		
PORT-AU-PRINCE, HAITI PORT-AU-PRINCE HA							
CHIKANKATA HOSPITAL 7/01/06	7/01/06	NONE		37,000			
CHIKANKATA, ZAMBIA CHIKANKATA ZA							
CORNERSTONE ZION INT'L 7/01/06	7/01/06	NONE HOME GOODS			10,845		
NASSAU, BAHAMAS NASSAU BF							
DOMINGOS JOAO NHOCUE 7/01/06	7/01/06	NONE		3,950			
MAPUTO, MOZAMBIQUE							

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explntr
Date of Gift	Description of Property						
MAPUTO MZ			\$	\$	\$		
EGLISE BAPTISE BERE	CAP HAITI	NONE					
7/01/06	FOOD, HOME GOODS,			65,950			
CAP HAITIAN, HAITI							
CAP HAITIAN HA							
EL SHADDAI		NONE					
7/01/06			24,000				
LES CAYES, HAITI							
LES CAYES HA							
EL SHADDAI		NONE					
7/01/06			6,000				
LES CAYES, HAITI							
LES CAYES HA							
EVANGELICAL POWER MINISTRIES		NONE					
7/01/06	CLOTHES, HOME GOOD			10,412			
WEST PALM BEACH, FL							
WEST PALM BEACH							
FE VIVA ORC		NONE					
7/01/06			3,990				
EL JAPON, HONDURAS							
EL JAPON HO							
FIRST BAPTISTE MOISE CHURCH		NONE					
7/01/06			11,200				

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explntr
PORT-AU-PRINCE, HAITI					\$	\$	\$		
PORT-AU-PRINCE HA									
FIVE TALENTS			7/01/06	NONE	27,000				
NEW DELHI, INDIA									
NEW DELHI IN									
FRIENDSHIP TABERNACLE CREOLE			7/01/06	NONE					
FREEPORT, BAHAMAS				SCHOOL SUPPLIES		1,275			
FREEPORT BF									
FUND CRISTIANOS POR LA DEMOCR.			7/01/06	NONE					
SANTO DOMINGO, DOMINICAN REPUBLIC				CLOTHING, SCHOOL S		13,251			
SANTO DOMINGO DR									
HAITIAN EVANG. CHRISTIAN CHURC			7/01/06	NONE	11,120				
MIREBALAIS, HAITI									
MIREBALAIS HA									
HAITIAN EVANG. CHRISTIAN CHURC			7/01/06	NONE					
MIREBALAIS, HAITI				CLOTHING		23,875			
MIREBALAIS HA									

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			BV Explantrn	FMV Explntrn
				Cash Contrib	NonCash Contrib	Book Value		
IGLESIA EVANGELICA PENTECOSTAL VALPARAISO, CHILE VALPARAISO CH	7/01/06	MEDICAL	NONE	\$	\$ 392,068	\$		
JESUS SOULS MINISTRY LUSAKA, ZAMBIA LUSAKA ZA	7/01/06	MEDICAL	NONE		471,226			
KONDANANI CHILDREN'S VILLAGE BLANTYRE, MALAWI BLANTYRE MI	7/01/06		NONE	12,500				
LASAINTE EGLISE DE PELERIN PELERIN, HAITI PELERIN HA	7/01/06	CLOTHING	NONE		4,475			
LES MINISTERES TET KOLE NAN KR CANAAN, HAITI CANAAN HA	7/01/06		NONE	17,100				
MENNONITE COMMITTEE ST. GEORGES, GRENADA	7/01/06		NONE	5,000				

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr
Date of Gift	Description of Property						
ST. GEORGES VC			\$	\$	\$		
MISSION EVANGELIQUE BAPTISTE 7/01/06 LA ROMANA, DOMINICAN REPUBLIC	NONE		48,650				
LA ROMANA DR							
MISSION EVANGELIQUE BAPTISTE 7/01/06 LES CAYES, HAITI	NONE		90,200				
LES CAYES HA							
NEW TESTAMENT BAPTIST CHURCH 7/01/06 PHILIPSBURG, ST. MARTIN	NONE		7,200				
PHILIPSBURG NT							
NOUVELLE EGLISE DE DIEU 7/01/06 CLOTHING PORT-AU-PRINCE, HAITI	NONE			5,200			
PORT-AU-PRINCE HA							
NW HAITI WATER PROJECT 7/01/06 FOOD, BUILDING SUP PORT-DE-PAIX, HAITI	NONE			243			
PORT-DE-PAIX HA							
OPERATION DOUBLE HARVEST 7/01/06 SCHOOL SUPPLIES	NONE			17,415			

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr
Date of Gift	Description of Property						
CROIX DE BOUQUETS, HAITI			\$	\$	\$		
CROIX DE BOUQUETS HA							
ORPHELINAT LE BON BERGER 7/01/06	FOOD	NONE		10,400			
PORT-AU-PRINCE, HAITI							
PORT-AU-PRINCE HA							
ST. THERESA'S CLINIC 7/01/06	FOOD, HOME GOODS	NONE		580			
PORT DE PAIX, HAITI							
PORT DE PAIX HA							
OVERCOMING FOI EGLISE 7/01/06	HOME GOODS	NONE		3,520			
CARREFOUR, HAITI							
CARREFOUR HA							
OVERFLOWING LIFE MINISTRIES 7/01/06		NONE	9,430				
THICKVILLAGE, TRINIDAD							
THICKVILLAGE TD							
PASTOR BACHEW 7/01/06		NONE	25,000				
PORT OF SPAIN, TRINIDAD							
PORT OF SPAIN TD							

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Date of Gift	Relationship to Org	Description of Property	Class of Activity			BV Explantr	FMV Explntn
				Cash Contrib	NonCash Contrib	Book Value		
PRES CHURCH MADAGASCAR ANTANANARIVO, MADAGASCAR	7/01/06		NONE HOME GOODS	\$	\$ 392,044	\$		
ANTANANARIVO MA RCHCC	7/01/06		NONE	25,000				
ST. GEORGETOWN, GUYANA ST. GEORGETOWN GY								
RUSSIAN FDN OF CHARITY &HEALTH CITY OF VLADIKAVKAZ, RUSSIA	7/01/06		NONE CLOTHING		551,694			
CITY OF VLADIKAVKAZ RS SCHOOL OF THE GOOD SOWER PORT-AU-PRINCE, HAITI	7/01/06		NONE	28,960				
PORT-AU-PRINCE HA TABERNACLE DE LOUANGE CAP HAITIAN, HAITI	7/01/06		NONE FOOD, HOME GOODS,		7,634			
CAP HAITIAN HA TOGETHERNESS IN CHRIST MONTROUIS, HAITI	7/01/06		NONE	129,782				

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Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explntr
Date of Gift	Description of Property						
MONTRUIS HA			\$	\$	\$		
UNION OF EVANG CHRISTIANS 7/01/06	CLOTHING	NONE		172,675			
MINSK, BELARUS							
MINSK BO							
UNIVERSAL AIDE SOCIETY 7/01/06	CLOTHING	NONE		15,600			
GABRIOLA, CANADA							
GABRIOLA CA							
VARIOUS 7/01/06	FOOD, HOME GOODS,	NONE		48,508			
VARIOUS							
HAITI HA							
WESLEYAN CHURCH 7/01/06		NONE	4,800				
SOLOLA, GUATEMALA							
SOLOLA GT							
WORD OF LIFE 7/01/06	CLOTHING	NONE		101,228			
KIEV UKRAINE							
KIEV UP							
WORLD HARVEST MISSION OUTREACH 7/01/06	FOOD, CLOTHING, ME	NONE		83,097			

Federal Statements

Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr
GEORGETOWN, GUYANA					\$	\$	\$		
GEORGETOWN GY									
WORLD HARVEST MISSION OUTREACH PORT-AU-PRINCE, HAITI	NONE		7/01/06		29,692				
PORT-AU-PRINCE HA									
WORLD HARVEST MISSION OUTREACH PORT-AU-PRINCE, HAITI	NONE		7/01/06	FOOD, CLOTHING, ME		248,650			
PORT-AU-PRINCE HA									
TOTAL					<u>\$ 1,291,696</u>	<u>\$77,856,969</u>	<u>\$ 0</u>		

Federal Statements

Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
BRIAN SCHUTT COMPENSATION	18,195	958	13
JAMES CAVNAR COMPENSATION	18,282	1,016	1,027
TOTAL	<u>\$ 36,477</u>	<u>\$ 1,974</u>	<u>\$ 1,040</u>

Statement 3 - Form 990, Part II, Line 25c - Compensation of Disqualified Persons

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
JIMMY DODD COMPENSATION			12,254
TOTAL	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 12,254</u>

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
MARKETING AND PUBLIC RELATION	407,935	204,123	1,589	202,223
DATA PROCESSING	62,809		62,796	13
CONSULTANTS				
EDUCATION				
EMPLOYEE TRAINING	353		353	
BAD DEBT				
LEGAL AND PROFESSIONAL	18,907		18,907	
MISCELLANEOUS	4,235	600	3,053	582
BANK AND CREDIT CARD FEES	21,834		18,871	2,963
NEWSLETTER	124	124		
AMORTIZATION	800		800	
MEMBERSHIPS AND SUBSCRIPTIONS				
REGISTRATIONS	10,891		10,891	
GOODS DISTRIBUTED	4,025	4,025		
GRAPHIC DESIGN	1,333	851	416	66
OTHER & ROUNDING	840	2	839	-1
PHOTOGRAPHIC EXPENSES	159	91	68	
AIRTIME				
WEBSITE	4,710	3,335		1,375
RADIOTHON TOOL KITS	412	180	52	180
WEB ADVERTISING	65	65		
AD PLACEMENT	3,536	2,711	216	609
MEMBERSHIP & SUBSCRIPTION	1,031		1,031	
LICENSES	569		569	
PENSION PLAN EXPENSE				
VIDEOS				
TOTAL	<u>\$ 544,568</u>	<u>\$ 216,107</u>	<u>\$ 120,451</u>	<u>\$ 208,010</u>

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

DELIVERING FOOD, MEDICINE, SHELTER AND HOPE TO
UNDERPRIVILEGED NATIONS

Statement 6 - Form 990, Part III, Line e - Other Program Services

Description

MISSION OPERATIONS AND SUPPLIES FOR UNDERPRIVILEGED
NATIONS

MISSION EDUCATION PROGRAM FOR UNDERPRIVILEGED NATIONS

MINISTRY PROGRAM FOR UNDERPRIVILEGED NATIONS

WATER PROJECTS FOR UNDERPRIVILEGED NATIONS

OTHER PROJECTS FOR UNDERPRIVILEGED NATIONS

Federal Statements**Statement 7 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT	\$	\$	
CORPORATE STOCK			
HARTFORD VARIABLE ANNUITY CONTRACT			MARKET
INVESTMENT RAYMOND JAMES	264,985	320,693	MARKET
CORPORATE BONDS			
TOTAL	<u>\$ 264,985</u>	<u>\$ 320,693</u>	

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
	\$ 70,561	\$ 14,833	\$ 129,656	\$ 33,422
TOTAL	<u>\$ 70,561</u>	<u>\$ 14,833</u>	<u>\$ 129,656</u>	<u>\$ 33,422</u>

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
ORGANIZATION EXPENSES	\$ 800	\$
FIXED ASSETS NOT PLACED IN SERVICE		568
TOTAL	<u>\$ 800</u>	<u>\$ 568</u>

Statement 10 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE - RELATED PARTY	\$ 319,183	\$ 756,147
LIFE INSURANCE PREM PAYABLE	3	
TOTAL	<u>\$ 319,186</u>	<u>\$ 756,147</u>

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
MARK KIELAR 370 W CAMINO BOCA RATON FL 33432	CHAIRMAN	0	0	0	0
JAMES J CAVNAR 600 SW 3RD ST. POMPANO BEACH FL 33060-6931	PRESIDENT	6.2	20,324	2,958	0
DR JOE WHITE 1353 LAKESHORE DRIVE BRANSON MO 65615	SECRETARY	0	0	0	0
JIMMY DODD PO BOX 850333 SHAWNEE MISSION KS 66201	DIRECTOR	5.0	12,254	0	0
CLARENCE HARVEY 2077 E HOUGHTON LAKE DR HOUGHTON LAKE MI 48629	DIRECTOR	0	0	0	0
REV SAM JACOBS PO BOX 7417 ALEXANDRIA VA 71306	DIRECTOR	0	0	0	0
BRIAN SCHUTT 600 SW 3RD ST. POMPANO BEACH FL 33060-6931	KEY EMPLOYEE	6.2	19,166	2,931	0
BOB HODGDON 21405 W 73RD TERRACE SHAWNEE KS 66218	DIRECTOR	0	0	0	0
LINDA KOONTZ 8900 VISCOUNT BLVD EL PASO TX 79925-5897	DIRECTOR	0	0	0	0

Federal Statements

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
BRETT STEPTELTON 5110 N FEDERAL HWY FT LAUDERDALE FL 33308	DIRECTOR	0	0	0	0
MARK CONKLIN 5200 BUFFINGTON RD ATLANTA GA 30349-2998	DIRECTOR	0	0	0	0
MICHAEL HOOVER 53402 CR 13 ELKHART IN 46514	DIRECTOR	0	0	0	0

Statement 12 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
MISCELLANEOUS	\$	\$	\$ 1,214	\$ 386
LOSS ON SALES OF STOCKS		-1,813	-1,876	
TOTAL	\$ 0	\$ -1,813	\$ -662	\$ 386

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return **CROSS INTERNATIONAL AID, INC.** Identifying number **65-1086387**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

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 (see instructions)	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.) (See instructions.)

14	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	
16	Other depreciation (including ACRS)	16	4,668

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	10,006
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 <input type="checkbox"/>		

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	6,314	5.0	HY	200DB	1,263
c	7-year property	4,887	7.0	HY	200DB	699
d	10-year property					
e	15-year property	45,479	15.0	HY	S/L	1,516
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	
				MM	S/L	

Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/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	18,152
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	

For Paperwork Reduction Act Notice, see separate instructions.

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? 24b If "Yes," is the evidence written? 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 (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

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.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 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 (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 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 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) 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

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