

**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

**C** Name of organization: **KIDS CAN FREE THE CHILDREN**  
 C/O PAUL BATTAGLIA-JAECKLE FLEISCHMANN  
 Number and street (or P.O. box if mail is not delivered to street address): **PARK 400 ESSJAY RD CENTERPOINTE CORPORATE 320**  
 City or town, state or country, and ZIP + 4: **WILLIAMSVILLE NY 14221-8228**

**D** Employer identification number: **16-1533544**

**E** Telephone number: **416-925-5894**

**F** Accounting method:  Cash  Accrual  Other (specify) \_\_\_\_\_

**G** Website: **freethechildren.org**

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

**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.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **4,330,471**

**H** and are not applicable to section 527 organizations: **I**  
**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  
**I** Group Exemption Number: \_\_\_\_\_  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received:			
<b>a</b>	Contributions to donor advised funds	<b>1a</b>		
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	4,176,841	
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	28,227	
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>		
<b>e</b>	Total (add lines 1a through 1d) (cash \$ 3,257,415 noncash \$ 947,653 )	<b>1e</b>		4,205,068
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>		
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		28,757
<b>5</b>	Dividends and interest from securities	<b>5</b>		
<b>6a</b>	Gross rents	<b>6a</b>		
<b>b</b>	Less: rental expenses	<b>6b</b>		
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		
<b>7</b>	Other investment income (describe _____)	<b>7</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>		
<b>8d</b>				
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b>	Less: cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		96,646
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		4,330,471
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		4,114,611
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		113,207
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>		4,227,818
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		102,653
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		1,566,221
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		1,668,874

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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. (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"/>				
22b	Other grants and allocations (attach schedule) Stmt 1 (cash \$ 3,021,872 non-cash \$ 939,551) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	3,961,423	3,961,423		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)				
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
25c	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)				
26	Salaries and wages of employees not included on lines 25a, b, and c				
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	26,000	0	26,000	0
32	Legal fees	1,388	0	1,388	0
33	Supplies				
34	Telephone				
35	Postage and shipping	56	56	0	0
36	Occupancy	28,408	14,008	14,400	0
37	Equipment rental and maintenance	2,104	2,104	0	0
38	Printing and publications				
39	Travel	5,798	5,168	630	0
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	4,787	2,219	2,568	0
43	Other expenses not covered above (itemize).				
43a	a See Statement 2	197,854	129,633	68,221	0
43b	b				
43c	c				
43d	d				
43e	e				
43f	f				
43g	g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,227,818	4,114,611	113,207	0

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?

▶ HUMANITARIAN RELIEF

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

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.)

<p>a SCHOOLBUILDING FOCUSES ON BUILDING PRIMARY SCHOOLS IN KENYA, SIERRA LEONE, CHINA, SRI LANKA WITH MANY YOUTH VOLUNTEERING RIGHT ON THE BUILDING SITE.</p> <p>(Grants and allocations \$ 712,650 ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/></p>	<p>726,870</p>
<p>b MEDICAL RELIEF: PROVIDE NECESSARY MEDICAL SUPPLIES TO CHILDREN-SENT MEDICAL SUPPLIES TO WEST AFRICA TSUNAMI RELIEF: PROVIDE NECESSARY FUNDS AND SUPPLIES FOR THOSE AFFECTED BY THE TSUNAMI, ESPECIALLY IN SRI LANKA.</p> <p>(Grants and allocations \$ 1,133,293 ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/></p>	<p>1,148,375</p>
<p>c LEADERSHIP: PROVIDING YOUTH OF THE WORLD WITH NETWORKING AS WELL AS THE OPPORTUNITIES TO BECOME LEADERS OF TOMORROW.</p> <p>(Grants and allocations \$ 406,660 ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/></p>	<p>440,647</p>
<p>d PEACEBUILDING WORKS TOWARD CREATING SAFE AND PEACEFUL COMMUNITY ENVIRONMENTS AND HELP CHILDREN IMPACTED BY WARS OVERCOME THEIR PAST.</p> <p>(Grants and allocations \$ 1,606,033 ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/></p>	<p>1,689,971</p>
<p>e Other program services (attach schedule) See Stmt 3 (Grants and allocations \$ 102,787 ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/></p>	<p>108,748</p>
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	<p>4,114,611</p>

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.

Table with columns (A) Beginning of year and (B) End of year. Rows include Assets (45-59) and Liabilities (60-66). Total assets (59) is 1,952,965. Total liabilities (66) is 284,091. Net assets or fund balances (74) is 1,668,874.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Total revenue is 4,330,471.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Total expenses are 4,227,818.

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.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances.



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? <i>VOLUNTEERS.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
82b	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.) <i>NOT DETERMINABLE</i>		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <i>N/A</i>		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? <i>N/A</i>		
85a	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <i>N/A</i>		
85b	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.		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <i>N/A</i>		
85h	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? <i>N/A</i>		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a			
86b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a			
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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		<input checked="" type="checkbox"/>
88b	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		<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0		
89b	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		<input checked="" type="checkbox"/>
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<input checked="" type="checkbox"/>
89g	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?		<input checked="" type="checkbox"/>
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NY		
90b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		0
91a	The books are in care of <input type="checkbox"/> VICTOR LI 233 CARLTON STREET Located at <input type="checkbox"/> TORONTO, ON CANADA	Telephone no. <input type="checkbox"/> 416-925-5894	ZIP + 4 <input type="checkbox"/> M5A 2L2
91b	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 <input type="checkbox"/> Canada See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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

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	28,757	
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 MISCELLANEOUS INCOME					2,815
c TRAVEL & ENTERTAINMENT REIMBU					93,831
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		28,757	96,646
105 Total (add line 104, columns (B), (D), and (E))					125,403

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).
<input type="checkbox"/>	
N/A	

**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**

(a) Did the organization, during the year, receive any funds, directly or indirectly

(b) Did the organization, during the year, pay premiums, directly or indirectly

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).

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
	X

	(A) Name, address, of each controlled entity	(B) Employer ID 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
	X

	(A) Name, address, of each controlled entity	(B) Employer ID 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: *Marc Kielburger* Date: 1 April 10, 2007  
 Type or print name and title: Marc Kielburger Chief Executive Director

**Paid Preparer's Use Only**

Preparer's signature: *Ray A. Pasieka* Date: 3/22/07 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: BOY A. PASIEKA, CPA  
1026 ENGLEWOOD AVE  
KENMORE, NY 14223-2016  
 Preparer's SSN or PTIN (See Gen. Instr. X): P00366425  
 EIN: 16-1168166  
 Phone no: 716-875-4220

**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

KIDS CAN FREE THE CHILDREN

C/O PAUL BATTAGLIA-JAECKLE FLEISCHMAN

Employer identification number

16-1533544

**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 ▶ 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
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.)		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		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.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		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		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?		X
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	◆	_____
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	◆	_____

**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	
<b>Total</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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

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

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) (2004) (2003) (2002) N/A

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) (2004) (2003) (2002) N/A

Table for lines 27c-27h. 27c: Add: Amounts from column (e) for lines 15, 16, 17, 20, 21. 27d: Add: Line 27a total and line 27b total. 27e: Public support (line 27c total minus line 27d total). 27f: Total support for section 509(a)(2) test: Enter amount from line 23, column (e). 27g: Public support percentage (line 27e (numerator) divided by line 27f (denominator)). 27h: Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

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 V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	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.)	32d		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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

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

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows 36-44 include total lobbying expenditures, exempt purpose expenditures, and nontaxable amounts.

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 )

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (2006, 2005, 2004, 2003) and Total. Rows 45-50 include lobbying nontaxable amount, ceiling amount, total lobbying expenditures, and grassroots nontaxable amount.

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:

- 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.)

Table with 3 columns: Yes, No, Amount. Rows correspond to items a through i.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all rows.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A' in column (a).

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A' in column (a).



## Federal Statements

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

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn

**Federal Statements**

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

	Name Address	Relationship to Org	Class of Activity			BV Explantn	FMV Explantn
	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value		
MI			\$	\$	\$		
CE							
Total			<u>\$ 3,021,872</u>	<u>\$ 939,551</u>	<u>\$ 0</u>		

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Expenses				
ADMINISTRATIVE FEE	57,600	38,940	18,660	0
ADVERTISING & PROMOTION	40,719	40,719	0	0
BANK CHARGES	3,218	1,170	2,048	0
CONSULTANTS	54,064	36,436	17,628	0
DUES & SUBSCRIPTIONS	556	250	306	0
HANDLING FEES	12,000	12,000	0	0
OFFICE EXPENSES	717	118	599	0
FORIEGN CURR VALUATION LOSS	28,980	0	28,980	0
<b>Total</b>	<b>\$ 197,854</b>	<b>\$ 129,633</b>	<b>\$ 68,221</b>	<b>\$ 0</b>

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

Description	
HEALTH CARE, WATER AND SANITATION PUTS HEALTH KITS, CLINICS, WELLS AND OTHER CRITICAL PIECES INTO PLACE SO THAT CHILDREN GET PROPER CARE AND MAINTAIN THEIR HEALTH.	\$ 8,748
ALTERNATIVE INCOME IS ABOUT HELPING PARENTS AND FAMILIES FIND SUSTAINABLE SOURCES OF INCOME THUS FREEING THEIR CHILDREN TO GO TO SCHOOL.	\$100,000
<b>TOTAL</b>	<b>\$108,748</b>

**Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
	\$	\$	\$	\$
	707,906	25,278	707,906	30,065
	172,539	0	172,539	0
<b>Total</b>	<b>\$ 880,445</b>	<b>\$ 25,278</b>	<b>\$ 880,445</b>	<b>\$ 30,065</b>

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

Description	Beginning of Year	End of Year
	\$	\$
ACCRUED INTEREST RECEIVABLE	0	2,250
<b>Total</b>	<b>\$ 0</b>	<b>\$ 2,250</b>

**Federal Statements**

**Statement 6 - Form 990, Part V-A, Line 75b - Related Party Information**

Related Party One	Related Party Two	Relationship
CRAIG KIELBURGER FOUNDER	MARC KIELBURGER EXECDIRECTOR	SIBLINGS
CRAIG HEIMARK TREASURER	LIBBY HEIMARK SECRETARY	MARRIED
ERNAN ROMAN BOARD MEMBER	HELAINA ROMAN BOARD MEMBER	FATHER/DAUGHTER

## FORM 990, PART V, LIST OF OFFICERS, DIRECTORS AND KEY EMPLOYEES

EVA HALLER-PRESIDENT  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

CRAIG KIELBURGER-FOUNDER  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

PROF. JONATHAN WHITE-VICE PRESIDENT  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

ERNAN ROMAN  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

CRAIG HEIMARK-TREASURER  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

VIRGINIA BENDERLY  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

LIBBY HEIMARK, SECRETARY  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

JESSICA MAYBERRY-YOUTH REPRESENTATIVE  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

MARC KIELBURGER, EXECUTIVE DIRECTOR  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

RICHARD PRINS-YOUTH REPRESENTATIVE  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

MARY LEWIS  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

HAL SCHWARTZ  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

AMY ELDON  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

HELAINA ROMAN, STUDENT  
YOUTH REPRESENTATIVE  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

JOSH COHEN  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

MEGAN SIDHU, STUDENT  
YOUTH REPRESENTATIVE  
233 CARLTON STREET  
TORONTO, ONTARIO M5A 2L2 CANADA

NOTE: NONE OF THE ABOVE RECEIVE ANY COMPENSATION, CONTRIBUTION TO  
RETIREMENT PLAN OR EXPENSE REIMBURSEMENT OF ANY KIND.  
ALL OF THE ABOVE WORK THE NECESSARY HOURS AS NEEDED TO RUN THE  
ORGANIZATION.

# Depreciation and Amortization

(Including Information on Listed Property)

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

Name(s) shown on return <b>KIDS CAN FREE THE CHILDREN</b>	Identifying number <b>16-1533544</b>
--	---

Business or activity to which this form relates

**All Business Activities**

**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	108,000.00
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	430,000.00
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	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
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	

**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	4,787.52
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						
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	
				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	4,787.52
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 III - MACRS Depreciation

Asset	(a) Property Description	(b) Date In Service	(c) Tax Depr Basis	(d) Tax Period	(e) Tax Convention	(f) Tax Method	(g) Tax Depr Deduction
<u>Depreciation of MACRS Property Placed in Service In Prior Years</u>							
7	Canon BJC-85 Printer	1/04/01	305.35	5.0	Mid-qr	S/L	7.63
8	Toshiba 4300 P3 600 laptop	3/10/01	1,783.73	5.0	Mid-qr	S/L	44.58
9	Samsung Cell Phone SCH T130	6/15/01	287.16	7.0	Mid-qr	S/L	41.02
10	Viewsonic A90 19" Monitor	6/20/01	313.95	5.0	Mid-qr	S/L	23.55
11	CSP Cnotebook Laptop	10/17/01	2,030.39	5.0	Mid-qr	S/L	365.46
12	Electrocom P4 Notebook Computer	7/09/02	1,575.36	5.0	Half year	S/L	315.07
13	Vision 1700 DDR desktop Computr	7/09/02	1,355.04	5.0	Half year	S/L	271.01
14	HP OfficeJet V40 Color Multifuncti	2/25/02	284.57	5.0	Half year	S/L	56.91
15	Centrino P4M 1.6 GHZ Notebook (	5/24/03	2,464.29	5.0	Half year	S/L	492.86
17	House (1,253 Sq Ft)	1/01/04	86,525.40	39.0	Mid-mth	S/L	2,218.60
19	Projector	12/26/04	1,081.86	7.0	Mid-qr	S/L	154.55
20	HP zv5330 P4HT Laptop computer	12/31/04	2,401.81	5.0	Mid-qr	S/L	480.36
21	HP dv1420CA CNT Laptop Compu	12/26/05	1,579.60	5.0	Mid-qr	S/L	315.92
			<u>101,988.51</u>				<u>4,787.52</u>

**Form 4562 Part III Worksheet**  
**All Business Activities**

Asset	Property Description	Tax Cost	Bus Pct	Bus Portion of Cost	Tax CY Sec 179 Expense	Tax CY Bonus Ded	Tax Depr Basis	Tax Current Depreciation	Tax CY Sec 179 Expense	Tax CY Bonus Ded	Tax Depr Deduction
<u>Depreciation of MACRS Property Placed in Service In Prior Years</u>											
7	Canon BJC-85 Printer	305.35	100.00	305.35	0.00	0.00	305.35	7.63	0.00	0.00	7.63
8	Toshiba 4300 P3 600 laptop	1,783.73	100.00	1,783.73	0.00	0.00	1,783.73	44.58	0.00	0.00	44.58
9	Samsung Cell Phone SCH T130	287.16	100.00	287.16	0.00	0.00	287.16	41.02	0.00	0.00	41.02
10	Viewsonic A90 19" Monitor	313.95	100.00	313.95	0.00	0.00	313.95	23.55	0.00	0.00	23.55
11	CSP Cnotebook Laptop	2,030.39	100.00	2,030.39	0.00	0.00	2,030.39	365.46	0.00	0.00	365.46
12	Electrocom P4 Notebook Comput	1,575.36	100.00	1,575.36	0.00	0.00	1,575.36	315.07	0.00	0.00	315.07
13	Vision 1700 DDR desktop Comp	1,355.04	100.00	1,355.04	0.00	0.00	1,355.04	271.01	0.00	0.00	271.01
14	HP OfficeJet V40 Color Multifun	284.57	100.00	284.57	0.00	0.00	284.57	56.91	0.00	0.00	56.91
15	Centrino P4M 1.6 GHz Noteboob	2,464.29	100.00	2,464.29	0.00	0.00	2,464.29	492.86	0.00	0.00	492.86
17	House (1,253 Sq Ft)	86,525.40	100.00	86,525.40	0.00	0.00	86,525.40	2,218.60	0.00	0.00	2,218.60
19	Projector	1,081.86	100.00	1,081.86	0.00	0.00	1,081.86	154.55	0.00	0.00	154.55
20	HP zv5330 P4HT Laptop comput	2,401.81	100.00	2,401.81	0.00	0.00	2,401.81	480.36	0.00	0.00	480.36
21	HP dv1420CA CNT Laptop Com	1,579.60	100.00	1,579.60	0.00	0.00	1,579.60	315.92	0.00	0.00	315.92
		<u>101,988.51</u>		<u>101,988.51</u>	<u>0.00</u>	<u>0.00</u>	<u>101,988.51</u>	<u>4,787.52</u>	<u>0.00</u>	<u>0.00</u>	<u>4,787.52</u>



Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: Bldgs &amp; Improv.</b>											
17	House (1,253 Sq Ft)	1/01/04	86,525.40	0.00	0.00	4,344.76	2,218.60	6,563.36	79,962.04	S/L	39.0
	<b>Bldgs &amp; Improv.</b>		<u>86,525.40</u>	<u>0.00c</u>	<u>0.00</u>	<u>4,344.76</u>	<u>2,218.60</u>	<u>6,563.36</u>	<u>79,962.04</u>		
<b>Group: Bldgs &amp; Improv.-Main</b>											
16	Building-Main House (6,235 Sq Ft)	12/31/03	593,402.28	0.00	0.00	0.00	0.00	0.00	593,402.28	User	39.0
	<b>Bldgs &amp; Improv.-Main</b>		<u>593,402.28</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>593,402.28</u>		
<b>Group: Land</b>											
18	Land	12/31/03	172,539.32	0.00	0.00	0.00	0.00	0.00	172,539.32	Land	0.0
	<b>Land</b>		<u>172,539.32</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>172,539.32</u>		
<b>Group: Office Equipment</b>											
1	Computer-computer city	1/07/99	2,202.07	0.00	0.00	2,202.07	0.00	2,202.07	0.00	S/L	5.0
2	Fax Machine-KXFP250RF	10/16/99	175.45	0.00	0.00	175.45	0.00	175.45	0.00	S/L	5.0
3	2-Computers	12/23/99	2,925.00	0.00	0.00	2,925.00	0.00	2,925.00	0.00	S/L	5.0
4	Notebook Computer-TTXX Netboo	9/15/00	3,745.54	0.00	0.00	3,745.54	0.00	3,745.54	0.00	S/L	5.0
5	Computer-6ATH 850	12/02/00	1,107.24	0.00	0.00	1,107.24	0.00	1,107.24	0.00	S/L	5.0
6	Sony DCR-TRV900 Mini DV Camu	12/30/00	2,359.73	0.00	0.00	2,359.73	0.00	2,359.73	0.00	S/L	5.0
7	Canon BJC-85 Printer	1/04/01	305.35	0.00	0.00	297.72	7.63	305.35	0.00	S/L	5.0
8	Toshiba 4300 P3 600 laptop	3/10/01	1,783.73	0.00	0.00	1,739.15	44.58	1,783.73	0.00	S/L	5.0
9	Samsung Cell Phone SCH T130	6/15/01	287.16	0.00	0.00	189.72	41.02	230.74	56.42	S/L	7.0
10	Viewsonic A90 19" Monitor	6/20/01	313.95	0.00	0.00	290.40	23.55	313.95	0.00	S/L	5.0
11	CSP Cnotebook Laptop	10/17/01	2,030.39	0.00	0.00	1,664.93	365.46	2,030.39	0.00	S/L	5.0
12	Electrocom P4 Notebook Computer	7/09/02	1,575.36	0.00	0.00	1,102.75	315.07	1,417.82	157.54	S/L	5.0
13	Vision 1700 DDR desktop Comput	7/09/02	1,355.04	0.00	0.00	948.53	271.01	1,219.54	135.50	S/L	5.0
14	HP OfficeJet V40 Color Multifunct	2/25/02	284.57	0.00	0.00	199.19	56.91	256.10	28.47	S/L	5.0
15	Centrino P4M 1.6 GHZ Notebook (	5/24/03	2,464.29	0.00	0.00	1,232.15	492.86	1,725.01	739.28	S/L	5.0
19	Projector	12/26/04	1,081.86	0.00	0.00	173.87	154.55	328.42	753.44	S/L	7.0
20	HP zv5330 P4HT Laptop computer	12/31/04	2,401.81	0.00	0.00	540.41	480.36	1,020.77	1,381.04	S/L	5.0
21	HP dv1420CA CNT Laptop Compu	12/26/05	1,579.60	0.00	0.00	39.49	315.92	355.41	1,224.19	S/L	5.0
	<b>Office Equipment</b>		<u>27,978.14</u>	<u>0.00c</u>	<u>0.00</u>	<u>20,933.34</u>	<u>2,568.92</u>	<u>23,502.26</u>	<u>4,475.88</u>		
	<b>Grand Total</b>		<u>880,445.14</u>	<u>0.00c</u>	<u>0.00</u>	<u>25,278.10</u>	<u>4,787.52</u>	<u>30,065.62</u>	<u>850,379.52</u>		

**Statement 6 - Schedule A, Part IV-A, Line 22 - Other Income**

Description	2005	2004	2003	2002
MISCELLANEOUS INCOME	\$ 6,273	\$ 9,305	\$ 5,806	\$ 97
TRAVEL & ENTERTAINMENT REIMBURSEMENT	11,721	47,511	0	0
Total	\$ 17,994	\$ 56,816	\$ 5,806	\$ 97