

# 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

EXTENSION  
ATTACHED

Open to Public Inspection

<b>A</b> For the 2005 calendar year, or tax year beginning <u>10/1/2005</u> , and ending <u>9/30/2006</u>										
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top; font-size: 0.8em;">Please use IRS label or print or type. See Specific Instructions</td> <td style="width: 55%;"> <b>C</b> Name of organization <b>Intl Child Develop Rsch Center &amp; Good News Doctor Foundation</b> </td> <td style="width: 30%;"> <b>D</b> Employer identification number <b>59-3473087</b> </td> </tr> <tr> <td></td> <td>                 Number and street (or P O box if mail is not delivered to street address) Room/suite  <b>3800 West Eau Gallie Boulevard</b> </td> <td> <b>E</b> Telephone number <b>(321) 259-7111</b> </td> </tr> <tr> <td></td> <td>                 City or town State or country ZIP + 4  <b>Melbourne FL 32934</b> </td> <td> <b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual  <input type="checkbox"/> Other (specify) ▶             </td> </tr> </table> <p>● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>	Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization <b>Intl Child Develop Rsch Center &amp; Good News Doctor Foundation</b>	<b>D</b> Employer identification number <b>59-3473087</b>		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>3800 West Eau Gallie Boulevard</b>	<b>E</b> Telephone number <b>(321) 259-7111</b>		City or town State or country ZIP + 4 <b>Melbourne FL 32934</b>	<b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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<b>G</b> Website: ▶ <u>www.icdrc.org</u>										
<b>J</b> Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
<b>K</b> Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.										
<b>L</b> Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ <u>1,193,913</u>										
<b>M</b> Check <input type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)										

**H and I are not applicable to section 527 organizations**

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

**H(b)** If "Yes," enter number of affiliates ▶ \_\_\_\_\_

**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 ▶ \_\_\_\_\_

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

SCANNED SEP 04 2007 Revenue

<b>1</b>	Contributions, gifts, grants, and similar amounts received			
<b>a</b>	Direct public support	<b>1a</b>	218,565	
<b>b</b>	Indirect public support	<b>1b</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>	696,756	
<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ <u>915,321</u> noncash \$ _____)	<b>1d</b>		915,321
<b>2</b>	Program service revenue (including government fees and contracts (from Part VII, line 93))	<b>2</b>		113,097
<b>3</b>	Membership dues and assessments	<b>3</b>		
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		
<b>5</b>	Dividends and interest from securities	<b>5</b>		
<b>6a</b>	Gross rents	<b>6a</b>	104,000	
<b>b</b>	Less: rental expenses	<b>6b</b>	8,835	
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		95,165
<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>	61,495	
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	37,160	
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>	24,335	
<b>8d</b>				24,335
<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 1a)	<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>		
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		1,147,918
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		609,470
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		74,379
<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>		683,849
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		464,069
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		34,841
<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>		498,910

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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.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	14,573	14,573	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	8,910	8,910	
30	Professional fundraising fees	30			
31	Accounting fees	31	1,300	1,300	
32	Legal fees	32	5,000	5,000	
33	Supplies	33			
34	Telephone	34	1,888	1,888	
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37	550	550	
38	Printing and publications	38	3,464	3,464	
39	Travel	39	6,389	6,389	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	124,877	121,042	3,835
43	Other expenses not covered above (itemize)				
a	See attached statement	43a	516,898	488,428	28,470
b	.....	43b			
c	.....	43c			
d	.....	43d			
e	.....	43e			
f	.....	43f			
g	.....	43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	683,849	609,470	74,379

**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? <b>▶ Provide medical services &amp; education for children with developmental disorders</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> ICDRC and the Good News Doctor Foundation is an organization that brings together traditional science and medicine to assist families with treatment of children with developmental disorders. Education and training of parents leads to integrated therapies for the children. ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	205,985
<b>b</b> ICDRC and the Good News Doctor Foundation operate a school for children with autism and other developmental disorders. The school combines the best of educational and behavioural approaches in treatment with medical and biological intervention. Children are now being educated and mainstreamed into the public schools. ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	282,443
<b>c</b> ICDRC and the Good News Doctor Foundation obtained a grant to purchase hyperbaric chambers and oxygen concentrators. They offer treatments in the office as well as rentals of the equipment. ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	121,042
<b>d</b> ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>▶</b>	<b>609,470</b>

**Part IV Balance Sheets** (See the instructions )

				(A)		(B)
				Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
<b>Assets</b>	45 Cash—non-interest-bearing			23,240	45	4,137
	46 Savings and temporary cash investments				46	
	47 a Accounts receivable	47a	38,235			
	b Less allowance for doubtful accounts	47b		39,741	47c	38,235
	48 a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51 a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54 Investments—securities (attach schedule)	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV			54	1,048
	55 a Investments—land, buildings, and equipment: basis	55a	640,564			
	b Less accumulated depreciation (attach schedule)	55b	140,804	9,332	55c	499,760
56 Investments—other (attach schedule)				56		
57 a Land, buildings, and equipment basis	57a					
b Less accumulated depreciation (attach schedule)	57b			57c		
58 Other assets (describe _____ )				58		
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58			72,313	59	543,180	
<b>Liabilities</b>	60 Accounts payable and accrued expenses			1,285	60	
	61 Grants payable				61	
	62 Deferred revenue			11,187	62	19,270
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64 a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
65 Other liabilities (describe <input checked="" type="checkbox"/> Health Care Associates of Brevard )			25,000	65	25,000	
66 <b>Total liabilities.</b> Add lines 60 through 65			37,472	66	44,270	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted				67	
	68 Temporarily restricted				68	
	69 Permanently restricted				69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" 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			34,841	72	498,910
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			34,841	73	498,910	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73			72,313	74	543,180	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>
<b>b</b>	Amounts included on line a but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify) .....	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify) .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>
<b>b</b>	Amounts included on line a but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify) .....	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify) .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>

**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)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name James Bradstreet, Str 3800 W Eau Gallie B City Melbourne ST FL ZIP 32934	Title President Hr/WK			
Name Henry Dekker, Str 1260 Hollow Brook L City Malabar ST FL ZIP 32950	Title Director Hr/WK			
Name John Padgett, Str 10350 Log House R City Clermont ST FL ZIP 34711	Title Director Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 3		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	X
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<b>75c</b>	X
<b>d</b> Does the organization have a written conflict of interest policy?	<b>75d</b>	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
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Name N/A Str City ST ZIP				

<b>Part VI Other Information</b> <i>(See the instructions)</i>	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>77</b>	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b> If "Yes," enter the name of the organization . . . . . and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b> Enter direct and indirect political expenditures (See line 81 instructions)	<b>81a</b>	
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>81b</b>	

**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	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>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b   N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b   N/A		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b>		
<b>a</b>	Were substantially all dues nondeductible by members?		
<b>b</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		
<b>c</b>	Dues, assessments, and similar amounts from members		
	85c		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	85d		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g		
<b>h</b>	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		
<b>86</b>	<b>501(c)(7) orgs</b> Enter a Initiation fees and capital contributions included on line 12		
	86a		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	86b		
<b>87</b>	<b>501(c)(12) orgs</b> Enter a Gross income from members or shareholders		
	87a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____; section 4955 <input type="checkbox"/> _____		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____		
<b>90 a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		
	90b		
<b>91 a</b>	The books are in care of <input type="checkbox"/> Name James J Bradstreet, MD Telephone no <input type="checkbox"/> (321) 953-0277 Located at <input type="checkbox"/> 1688 Hibiscus Boulevard City _____ ST _____ ZIP + 4 <input type="checkbox"/> 32901		
<b>b</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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	Yes	No
			X
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92   N/A		

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Program Fees					6,200
b Fees from school					106,897
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					
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					95,165
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					24,335
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					232,597
105 Total (add line 104, columns (B), (D), and (E))					232,597

Note: Line 105 plus line 1d, 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)
93a, 93b	Info was provided to parents and professionals on the latest therapeutic approach to treatment of developmental disorders by speaking at conferences, working with medical & research professionals, providing a training program, promoting medical treatments combined with behavioral and nutritional therapies, and providing therapy and support for families on how to live with their situation and how to make the best of their lives McKay scholarships provided to students attending the school
93g	

**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				

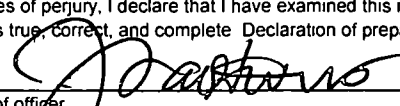
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

- (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)

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

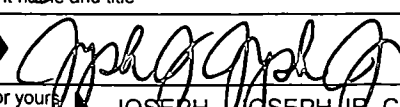
**Please Sign Here**

Signature of officer:  Date: 8/13/07

James J Bradstreet, President  
Type or print name and title

---

**Paid Preparer's Use Only**

Preparer's signature:  Date: 8/9/7

Firm's name (or yours if self-employed): JOSEPH J. JOSEPH JR, CPA, PA  
address, and ZIP + 4: 1811 S PATRICK DR, INDIAN HARBOUR BEACH, FL 32937-43

Check if self-employed:

Preparer's SSN or PTIN (See Gen Inst W): 59-2874092  
EIN: 59-2874092  
Phone no: (321) 773-6364



**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

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

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: Intl Child Develop Rsch Center & Good News Doctor Foundation  
Employer identification number: 59-3473087

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
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
N/A		
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
N/A		
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)  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		X
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
3 a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )		X
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

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 ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 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 )
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11 b  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 supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	352,823	252,709	384,718	356,063	1,346,313
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	314,806	196,336	77,381	172,655	761,178
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets		225			225
<b>23</b> Total of lines 15 through 22	667,629	449,270	462,099	528,718	2,107,716
<b>24</b> Line 23 minus line 17	352,823	252,934	384,718	356,063	1,346,538
<b>25</b> Enter 1% of line 23	6,676	4,493	4,621	5,287	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24				<b>26a</b> 26,931
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
c Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 1,346,538
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 <u>225</u> 26b _____					<b>26d</b> 225
e Public support (line 26c minus line 26d total)					<b>26e</b> 1,346,313
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 99.98%
<b>27 Organizations described on line 12:</b>	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				
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
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					
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b>
d Add Line 27a total _____ and line 27b total _____					<b>27d</b>
e Public support (line 27c total minus line 27d total)					<b>27e</b>
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b>
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b>
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 7 of the instructions )  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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 ) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions )

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

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

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44 include items like Total lobbying expenditures, Other exempt purpose expenditures, and Lobbying nontaxable amount.

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 11 of the instructions )

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows 45-50 include items like Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and 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 11 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.)

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

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 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

	Yes	No
<b>51a(i)</b>		
<b>a(ii)</b>		
<b>b(i)</b>		
<b>b(ii)</b>		
<b>b(iii)</b>		
<b>b(iv)</b>		
<b>b(v)</b>		
<b>b(vi)</b>		
<b>c</b>		

**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.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** 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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

# Depreciation and Amortization

(Including Information on Listed Property)

(Rev. January 2006)  
Department of the Treasury  
Internal Revenue Service

Attachment  
Sequence No 67

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

Name(s) shown on return Intl Child Develop Rsch Center & Good News	Business or activity to which this form relates <input type="checkbox"/> 990	Identifying number 59-3473087
---	---	----------------------------------

**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	105,000
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	420,000
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	105,000

(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 2004 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 2006. 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 certain aircraft, certain property with a long production period, and qualified NYL or GO 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 2005	17	922
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 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		See	Attached	Statement		119,387
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	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20 a 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	4,568
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	124,877
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)

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
See Statement							4,568	
<b>27</b> Property used 50% or less in a qualified business use								
						S/L -		
						S/L -		
						S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							<b>28</b>	4,568
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1							<b>29</b>	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6						
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

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

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

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2005 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2005 tax year					
<b>44</b> Total. Add amounts in column (f) See the instructions for where to report					<b>44</b>



**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a - Direct public support</b>		
1 Contributions	217,517	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)		4
5 Hormel Foods stock contrib (31 shares)	1,048	5
6		6
7		7
8		8
9		9
10 Total	218,565	10
<b>Line 1b - Indirect public support</b>		
<b>Line 1c - Government contributions (grants)</b>	696,756	



**Line 43 (990) - Other Deductions**

516,898

488,428

28,470

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Advertising	6,000		6,000	
2	Bank Service Charges	358		358	
3	Credit Card Fees	4,760		4,760	
4	Dues & Subscriptions	361		361	
5	Repairs	2,280		2,280	
6	Taxes	428		428	
7	Contract Labor	3,833		3,833	
8	Contributions	18,875	13,625	5,250	
9	Education	10,667	10,667		
10	Funded Care	87,213	87,213		
11	Medical Care / Ministry	94,480	94,480		
12	Office Supplies	5,200		5,200	
13					
14					
15	ICDRC SCHOOL EXPENSES				
16	Office Expenses	750	750		
17	Outside Services	111,249	111,249		
18	Payroll Fees	2,118	2,118		
19	Rent - School Building	47,152	47,152		
20	Curriculum Supplies	1,135	1,135		
21	Office Supplies	2,266	2,266		
22	Supplies	5,444	5,444		
23	Telephone	345	345		
24	Utilities	7,744	7,744		
25	Wages	95,544	95,544		
26	Dues & Subscriptions	40	40		
27	Equipment	75	75		
28	Insurance	3,391	3,391		
29	Licenses & Permits	150	150		
30	Maintenance & Repairs	5,040	5,040		
31					

**Line 47 (990) - Accounts receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1	39,741	38,235		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11	39,741	38,235		

**Line 54 (990) - Investments - Securities**

Check one box below to indicate how securities are reported

Cost

End of year market value (FMV)

			1,048		1,048
Securities at end of year		Number of shares/ face value	Value at time of donation	Beginning balance book value Cost	Ending balance book value Cost
1	Hormel Foods	31 00	1,048		1,048
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**Line 55 (990) - Investments land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	.....	1	
2	.....	2	
3	.....	3	
4	.....	4	
5	.....	5	
6	Total land (net of any amortization)	6	

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Office Furniture and Equipment	7	25,259	15,927	17,743
8	Computer Equipment	8			3,674
9	Hyperbaric Chambers	9			111,507
10	Oxygen Concentrators	10	39,400		7,880
11	.....	11			
12	.....	12			
13	.....	13			
14	.....	14			
15	.....	15			
16	.....	16			
17	Total buildings and equipment	17	25,259	15,927	140,804
18	Buildings and equipment (less accumulated depreciation)	18		9,332	499,760
19	Total land, buildings and equipment	19		9,332	499,760

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	.....	1		
2	.....	2		
3	.....	3		
4	.....	4		
5	.....	5		
6	.....	6		
7	.....	7		
8	.....	8		
9	.....	9		
10	.....	10		
11	Total	11		

**Line 65 (990) - Other liabilities**

		25,000	25,000
		Beginning	End
1	Health Care Associates of Brevard	25,000	25,000
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Line 22 (Sch A (990/990-EZ)) - Other Income**

Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
1		225			225
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total of Other Income		225			225



**Form 4562 Statement - 990**

Intl Child Develop Rsch Center & Good News Doctor Foundation

59-3473

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2005 Deprec	2005 Accum Deprec
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**Depreciation Detail**

**MACRS deductions for prior years (Line 17)**

1	Furniture	1/24/2000	F-11	100 00%	927			927	7	200DB	HY	804	83	887
2	Furniture	5/30/2000	F-11	100 00%	200			200	7	200DB	HY	174	18	192
3	Furniture	5/30/2000	F-11	100 00%	676			676	7	200DB	HY	584	60	644
4	Freezer	6/14/2002	F-10	100 00%	1,865			1,305	7	200DB	HY	1,457	117	1,574
5	Office Equipment - Tor	5/9/2003	F-10	100 00%	4,000			2,800	7	200DB	HY	2,776	350	3,126
7	Auditory Equipment	1/27/2004	F-7	100 00%	1,529			1,529	5	200DB	HY	489	294	783
								<b>9,197</b>	<b>7,437</b>			<b>6,284</b>	<b>922</b>	<b>7,206</b>

Total MACRS deductions for prior years (Line 17)

**GDS 5-year property (Line 19b)**

15	Hyperbaric Chambers	2/15/2006	F-7	100 00%	103,000			103,000	5	200DB	HY		20,600	20,600
16	Hyperbaric Chambers	3/14/2006	F-7	100 00%	115,185			115,185	5	200DB	HY		23,037	23,037
10	Oxygen Concentrators	4/11/2006	F-7	100 00%	8,700			8,700	5	200DB	HY		1,740	1,740
17	Hyperbaric Chambers	4/19/2006	F-7	100 00%	98,350			98,350	5	200DB	HY		19,670	19,670
11	Oxygen Concentrators	5/16/2006	F-7	100 00%	4,350			4,350	5	200DB	HY		870	870
18	Hyperbaric Chambers	5/19/2006	F-7	100 00%	43,500			43,500	5	200DB	HY		8,700	8,700
12	Oxygen Concentrators	6/15/2006	F-7	100 00%	8,700			8,700	5	200DB	HY		1,740	1,740
19	Hyperbaric Chambers	6/15/2006	F-7	100 00%	58,000			58,000	5	200DB	HY		11,600	11,600
13	Oxygen Concentrator	8/30/2006	F-7	100 00%	1,450			1,450	5	200DB	HY		290	290
20	Hyperbaric Chamber	8/30/2006	F-7	100 00%	14,500			14,500	5	200DB	HY		2,900	2,900
21	Hyperbaric Chambers	9/27/2006	F-7	100 00%	125,000			125,000	5	200DB	HY		25,000	25,000
14	Oxygen Concentrators	9/29/2006	F-7	100 00%	16,200			16,200	5	200DB	HY		3,240	3,240
								<b>596,935</b>	<b>596,935</b>			<b>119,387</b>	<b>119,387</b>	<b>119,387</b>

Total GDS 5-year property (Line 19b)

**Subtotal**

606,132	604,372	6,284	120,309	126,593
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**Listed Property**

**Listed property with more than 50% business use (Line 25 and 26)**

6	Sound Listening Equip	2/26/2003	F-8	100 00%	10,225			7,157	7	200DB	HY	7,096	894	7,990
24	3 Desktop Computers	7/26/2006	F-4	100 00%	2,998			2,998	5	200DB	HY		600	600
22	Dell Server	8/4/2006	F-4	100 00%	5,257			5,257	5	200DB	HY		1,051	1,051
23	8 Desktop Computers	8/4/2006	F-4	100 00%	6,924			6,924	5	200DB	HY		1,385	1,385
26	Color Laser Printer	8/4/2006	F-4	100 00%	269			269	5	200DB	HY		54	54
25	2 Laptop Computers	9/29/2006	F-4	100 00%	2,922			2,922	5	200DB	HY		584	584
								<b>28,595</b>	<b>25,527</b>			<b>7,096</b>	<b>4,568</b>	<b>11,664</b>

Total listed prop with > 50% business use

**Subtotal Listed Property**

28,595	25,527	7,096	4,568	11,664
634,727	629,899	13,380	124,877	138,257

**Form 4562 Reconciliation**

Annual depreciation and amortization  
 Special allowance except listed property (Line 14)  
 Listed property special allowance (Line 25)

124,877

**Form 4562 Statement - 990**

Intl Child Develop Rsch Center & Good News Doctor Foundation

59-3473087

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2005 Deprec	2005 Accum Deprec
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Section 179 deduction claimed (includes prior year disallowed)

Section 179 deduction carried forward to future year

Section 179 deduction (Line 12)

Less amortization included in total annual depreciation and amortization (Line 44)

**Form 4562, Line 22**

124,877

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only   
*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Intl Child Develop Rsch Center & Good News Doctor Foundation	59-3473087
	Number, street, and room or suite no. If a P O box, see instructions	
	1688 Hibiscus Boulevard	
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
Melbourne, FL 32901		

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ See attached worksheet

Telephone No. ▶ (321) 953-0277 FAX No. ▶

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 5/15/2007 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning 10/1/2005, and ending 9/30/2006

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

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print <small>File by the extended due date for filing the return See instructions</small>	Name of Exempt Organization Intl Child Develop Rsch Center & Good News Doctor Foundation	Employer identification number 59-3473087
	Number, street, and room or suite no If a P O box, see instructions 1688 Hibiscus Boulevard	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Melbourne, FL 32901	

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 4720                               |                                    |

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

- The books are in the care of  James Bradstreet, MD  
Telephone No  (321) 953-0277 FAX No
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 8/15/2007
- 5 For calendar year \_\_\_\_\_ or other tax year beginning 10/1/2005, and ending 9/30/2006
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return

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

**Signature and Verification**

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

Signature  Joseph J. Joseph Jr. Title  CPA Date  5/13/2007

**Notice to Applicant—To Be Completed by the IRS**

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

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

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

Type or print	Name Joseph CPA PA
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1811 S Patrick Drive
	City or town, province or state, and country (including postal or ZIP code) Indian Harbour Beach, FL 32937-4323