ef	ile GR	APHIC	print - D	O NOT PROCESS	As Filed Data -			DLN	N: 93490227004708
	00			Return of Ora	anization Exem	ot From	Income T	ax	OMBNo 1545-0047
		U	Under	•					2007
G			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black benefit trust or private foundation)						2007
	artmen	t of the	► The ore	ganization may have to	use a copy of this returr	ı to satısfv s	tate reporting	reaurement	Open to Public
	asury ernal Re	venue		g,,,					• Inspection
_	vice	2007			01.01.2007	. 12 21 200	-		
		r	endar yeal	r, or tax year beginning C Name of organization	01-01-2007 and endin	g 12-31-200	/	D Employer	identification number
	hecк if aj ddress ch	pplicable	Please use IRS	Invest ın Kıds				84-1455	282
_	ame cha		label or print or		) box if mail is not delivered	to street addre	ess) Room/suite	E Telephone	
_	nitial retu		type. See Specific	1775 Sherman St				(303)83	9-1808
	inal retur		Instruc-	City or town, state or cou	ntry, and ZIP + 4			F Accounting	method 🔽 Cash 🔽 Accrual
_	mended		tions.	Denver, CO 80203				C Other (	specify) 🕨
		_					-		
ΙA	pplication	n pending	E Soction	501(c)(3) organizations	and 4947(a)(1) nonexemp	t charitable	H and I are n	ot applicable to	o section 527 organizations
					chedule A (Form 990 or 9		H(a) Is this a	a group return	for affiliates? 🔽 Yes 🔽 No
G١	Neb site	e:⊨ N/A							r of affiliates 🕨
							- H(c) Are all		, ,
J (	Organiza	ation type	(check only	one) 🕨 🔽 💆 501(c) (3) ·	🖣 (Insert no ) 🦵 4947(a)(	L) or 🔽 527			See instructions ) urn filed by an organization
κ	Check her	re 🕨 🦵 ıf	the organizat	ion is not a 509(a)(3) suppo	rting organization <b>and</b> its gros If the organization chooses to	s receipts are		d by a group n	
			plete return	A return is not required, but	ir the organization chooses to	nie a return,	I Group	Exemption	Number 🕨
				h 0h 0h and 10h ha h					rganization is <b>not</b> required to
_				b, 8b, 9b, and 10b to li		. Fund Dal			990, 990-EZ, or 990-PF)
	art I			s, grants, and similar ar	es in Net Assets or	FUNG Ba	lances (See	<u>tne instr</u>	
	a			onor advised funds	····	1a			
	Ь				1a)	1b	56	5,281	
	c	Direct public support (not included on line 1a) <b>1b</b> 565,28 Indirect public support (not included on line 1a) <b>1c</b>						- /	
	d	Government contributions (grants) (not included on line 1a) 1d							
	e	Total (add lines 1a through 1d) (cash \$ 562,285 noncash \$ 2,996 )						1e	565,281
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .							426,255
	3	Membership dues and assessments							
	4	Interest on savings and temporary cash investments				4	29,368		
	5	Dıvıden	is and interest from securities				. 5	13,696	
	6a	Gross r	ents			6a			
	b	Less re	ntal expen	ses		6b			
	C				b from line 6a			6c	
en Lie	7					• • •		7	
Revenue	8a			n sales of assets 	(A) Securities		<b>(B)</b> O ther		
_	L .			ry		63 8a			
	b c			ach schedule)	1,6 •••	00 8b 37 8c			
	d				ns (A) and (B)			. 8d	- 37
	9	-			edule) If any amount is				
	a				_		,,	'	
				t including \$ rted on line 1b) 😼 .	of	9a	4	6,713	
	ь		-	ses other than fundrais		9b		8,930	
	c	Netinco	ome or (los	s) from special events	Subtract line 9b from lin	e 9a		. 9c	37,783
	10a	Gross s	ales of inve	entory, less returns and	allowances	10a			
	Ь	Less c	ost of good	ssold		10b			
	с	Gross pro	fıt or (loss) fr	rom sales of inventory (attac	h schedule) Subtract line 10b	from line 10a		10c	
	11		-						10,454
	12				, 7 , 8d, 9c, 10c, and 11				1,082,800
	13				3))				· · · · · · · · · · · · · · · · · · ·
ŝ	14	-	-		olumn (C )) • • • • •				7
Exp∈n:	15								· · · · ·
ŵ	16							16	
	17				mn (A )			17	, ,
els S	18				ne 17 from line 12				,
lessé	19				of year (from line 73, co				· · · · · ·
Nel	20		-		ices (attach explanation	•			, , , , , , , , , , , , , , , , , , , ,
Ear	21				r Combine lines 18, 19, see the separate instru		 Cat No 11282		1,422,523 Form <b>990</b> (2007)

Form 990 (2007)

#### 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 \$) If this amount includes foreign grants, check here <b>F</b>	22a				
22b	Other grants and allocations (attach schedule) (cash \$noncash \$) If this amount includes foreign grants, check here	22Ь				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	81,904	61,858	12,142	7,904
Ь	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25Ь				
с	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salarıes and wages of employees not ıncluded on lınes 25a, b and c	26	548,810	412,557	81,176	55,077
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	28,445	23,125	3,694	1,626
29	Payroll taxes	29	48,044	39,031	6,240	2,773
30	Professional fundraising fees	30				
31	Accounting fees	31	8,482		8,482	
32	Legal fees	32				
33	Supplies	33	14,223	12,843	843	537
34	Telephone	34	16,035	13,148	1,764	1,123
35	Postage and shipping	35	3,052	2,502	336	214
36	Occupancy	36	65,733	53,901	7,231	4,601
37	Equipment rental and maintenance	37	6,691	5,487	736	468
38	Printing and publications	38	9,212	7,554	1,013	645
39	Travel	39	55,870	54,420	886	564
40	Conferences, conventions, and meetings	40	41,087	41,087		
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	7,673	6,292	844	537
43	Other expenses not covered above (Itemize)					
а	See Additional Data Table	43a				
Ь		43b				
с		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals	44	1 100 267	070.064	120.092	99 221
Joint	to lines 13–15)		1,190,267	970,964	130,982	88,321
Arean If "Ye	ny joint costs from a combined educational campaign and fundraisin s," enter (i) the aggregate amount of these joint costs \$	, (i	•	llocated to Pro	gram services \$	- [ Yes   No ,

Page **2** 

#### 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.

Wh		acilitate the implementation of high quality arch based programs for low-income children up ne age of five, and their families	Program Service Expenses (Required for 501(c)(3) and
pub	organizations must describe their exempt purpose achievements in a discussion of the second sec	(Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	(4) orgs , and 4947(a)(1) trusts, but optional for others )
а	The Incredible Years program is a three part program w parents, and teachers It has been implemented in 50 s	which is designed to help with skill building for children, sites in 16 Colorado counties and one Indian Reservation	
		this amount includes foreign grants, check here 🕨 🦵	514,611
b		0 first time families in 52 of Colorado's 64 counties This natically reduce child abuse and neglect, juvenile crime,	
	(Grants and allocations \$ ) If	this amount includes foreign grants, check here 🕨 🦵	456,353
с			
d	(Grants and allocations \$ ) If	this amount includes foreign grants, check here 🕨 🦵	
u			
	(Grants and allocations \$ ) If	this amount includes foreign grants, check here 🕨 🦵	
e	Other program services (attach schedule) (Grants and allocations \$ ) If	this amount includes foreign grants, check here 🕨 🦵	
f	Total of Program Service Expenses (should equal line 44	4, column (B), Program services) 🕨	970,964

Form **990** (2007)

Part IV Balance Sheets (See the instructions.)

#### Where required, attached schedules and amounts within the description (A) (B) Note: column should be for end-of-year amounts only. End of year Beginning of year -10.418 25.168 45 45 989.970 1.173.351 46 46 Savings and temporary cash investments . . . . . . . 63.284 47a Accounts receivable . 47a b Less allowance for doubtful accounts 47h 148 962 47c 63 284 Pledges receivable 48a 48a Less allowance for doubtful accounts 48b **48c** b 40 000 246,700 49 Grants receivable . . . . . . . . . . . . . . . . 49 50a Receivables from current and former officers, directors, trustees, and 50a key employees (attach schedule) . . . . . . . . . . Receivables from other disgualified persons (as defined under section h 50h 51a Other notes and loans receivable (attach schedule) . . . . . . . . 51a Ь Less allowance for doubtful accounts 51b 51c Assets 52 Inventories for sale or use . . . . . 52 . 2 481 8 483 53 Prepaid expenses and deferred charges . . . . . . . 53 54a Investments—publicly-traded securities . ► Cost FMV 54a Ь Investments—other securities (attach schedule) 🕨 🦵 Cost 🖵 FMV 54b 55a Investments-land, buildings, and equipment basis . . . . 55a b Less accumulated depreciation (attach schedule) . . . . . . . . 55b 55c 562 Ð 56 Investments—other (attach schedule) . 56 . . . . . . . 57a Land, buildings, and equipment basis 57a 59.555 Less accumulated depreciation (attach b 50,179 10,624 仞 9,376 57b 57c schedule) . . . . . . . . 58 Other assets, including program-related investments (describe 🕨 5.740 58 1.222.945 59 1,491,338 59 Total assets (must equal line 74) Add lines 45 through 58 . . . 43 274 46 295 60 60 Accounts payable and accrued expenses . . . 61 61 Grants payable . . . . . . . . . . . . 247,916 62 62 Deferred revenue . . . . . . . . . . . . . . 63 Loans from officers, directors, trustees, and key employees (attach Ŷ schedule) . . . . . . . . . . . . 63 :: 64a 64a Tax-exempt bond liabilities (attach schedule) . . . . Mortgages and other notes payable (attach schedule) . . . 64b b 25.454 22.520 65 Other liablilities (describe 🕨 65 ਿ 316.644 68.815 66 Total liabilities Add lines 60 through 65 66 Organizations that follow SFAS 117, check here 🕨 🔽 and complete lines 67 through 69 and lines 73 and 74 713 598 938 631 Balances 67 Unrestricted . . . . . . . 67 483,892 192 703 68 Temporarily restricted . . . . . 68 . . . . . . 69 Permanently restricted . . . . . . . . 69 . Fund Organizations that do not follow SFAS 117, check here 🕨 🦵 and complete lines 70 through 74 70 Capital stock, trust principal, or current funds . . . . . . 70 Ъ As sets 71 Paid-in or capital surplus, or land, building, and equipment fund . 71 72 Retained earnings, endowment, accumulated income, or other funds 72 73 Total net assets or fund balances Add lines 67 through 69 or lines 70 Net through 72 (Column (A ) $\boldsymbol{must}$ equal line 19 and column (B) $\boldsymbol{must}$ equal 906,301 1,422,523 line 21) . . . . . . . 73 1,222,945 1,491,338 74 74 Total liabilities and net assets / fund balances Add lines 66 and 73 Form 990 (2007)

Form 9	90 (200	)7)						Page <b>5</b>
Part	IV-A	<b>Reconciliation of Reven</b> the instructions.)	ue per Audited Finar	ncial Sta	tements V	Vith Reven	ue per	Return (See
а	Total	revenue, gains, and other suppo	rt per audited financial sta	tements			а	1,082,800
b	A mou	nts included on line <b>a</b> but not on	Part I, line 12					
1	Netur	nrealized gains on investments		b1				
2	Donat	ed services and use of facilities		b2				
3	Recov	eries of prior year grants		b3				
4	Other	(specify)		b4				
	u bh A	nes <b>b1</b> through <b>b4</b>		-			ь	
с		act line <b>b</b> from line <b>a</b>				• •	c	1,082,800
d		nts included on Part I, line 12, b		•••				1,002,000
1		tment expenses not included on		1	1			
-		• • • • •	r arc r, mie	d1				
2	Other	(specify)						
				. d2				
	Add li	nes <b>d1</b> and <b>d2</b>					d	
е		revenue (Part I, line 12) Add lin						1,082,800
Dart		Reconciliation of Expension		ncial St	atomonto	With Expo	e	r Boturn
a		expenses and losses per audited					a	1,190,267
b		nts included on line <b>a</b> but not on				•••		1,150,207
1		ed services and use of facilities		b1	1			
2		year adjustments reported on Pa						
-		••••		b2				
3		s reported on Part I, line						
	20.			b3				
4	Other	(specify)		b4				
	u bb A	nes <b>b1</b> through <b>b4</b>			I		ь	
с		act line <b>b</b> from line <b>a</b>					c	1,190,267
d		nts included on Part I, line 17, b						
1		tment expenses not included on		1	1			
-		· · · ·		d1				
2	Other	(specify)						
				. d2				
		nes <b>d1</b> and <b>d2</b>		• • •		• •	d	
e		expenses (Part I, line 17) Add li					e	1,190,267
Part	V-A	<b>Current Officers</b> , Directo	rs, Trustees, and Ke					
		director, trustee, or key em	ployee at any time dur	ing the y	ear even ıf	they were r	not comp	pensated.) <i>(See the</i>
		instructions.)		1		(D) Contribu	itions to	
	(A)	Name and address	(B) Title and average hours		mpensation	employee bene deferred com	efit plans &	(E) Expense account and other
			per week devoted to position	(If not pa	id, enter -0)	plan:	•	allowances
	rine Goo		Board Member					
	Sherma er, CO 8	n St Suite 2075 30203	1 00		0			
	Scarbo							
1775	Sherma	n St Suite 2075	Board Member 1 00		0			
	r,CO 8	30203						
Eric H 1775		n St Suite 2075	Board Member		0			
	r,CO 8		1 00		-			
-	ry Kana		Board Member		_			
	Sherma er, CO 8		1 00		0			
	Phelan							
		n St Suite 2075	Treasurer 1 00		0			
	er, CO 8 Lemon	30203						
•		n St Suite 2075	Board Member		0			
Denve	r,CO ٤	30203	1 00					
Robert			Board Member		0			
	Sherma er, CO 8	n St Suite 2075 30203	1 00		0			
John V	,		Chairman					
		n St Suite 2075	4 00		0			
	er, CO8 er VAtl							
		er n St Suite 2075	Executive Direc		74,750		3,610	
Denve	r,CO 8	30203	32 00					
								1

Form **990** (2007)

Page 6 Current Officers, Directors, Trustees, and Key Employees (continued) Part V-A Yes No 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board **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) . 75b Νo c 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 the organization? See the instructions for the definition of "related 75c Νo If "Yes," attach a statement that includes the information described in the instructions 75d Yes

Form 990 (2007)

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Part V-B 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>B</b> ) Loans and Advances	<b>(C)</b> Compensation (If not paid enter -0- )	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Par	t VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a			
	detailed statement of each change	76		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? $$ . $$ .	77		No
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? • • •	78a		No
b	b If "Yes," has it filed a tax return on Form 990-T for this year?			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach			
	a statement	79		No
80a	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?	80a	Yes	
b	If "Yes," enter the name of the organization 🕨 Invest In Kids Action			
	and check whether it is 🔽 exempt <b>or</b> Г nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) 81a			
b	Did the organization file Form 1120-POL for this year?	81b		No

Form 990 (2007)

Form	990 (2007)			Page <b>7</b>
Par	t 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?	82a		No
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)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? $$ . $$ .	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gıfts were not tax deductıble?	84b		No
85	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a		No
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		No
	If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
С	Dues assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b>			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		No
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		No
86	501(c)(7) orgs. Enter <b>a</b> Initiation fees and capital contributions included on line 12 <b>86a</b> 0			
Ь	Gross receipts, included on line 12, for public use of club facilities 86b 0			
87	501(c)(12) orgs. Enter <b>a</b> Gross income from members or shareholders <b> 87a</b> 0			
Ь	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	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI			
		88b		No
89a	501(c)(3) organizations       Enter       A mount of tax imposed on the organization during the year under         section 4911       , section 4912       , section 4955			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 🛛 . 🔹 🕨			
е	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		No
a	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting	091		
y	organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?			
		89g		No
90a	List the states with which a copy of this return is filed 🌬			
Ь	Number of employees employed in the pay period that includes March 12, 2007 (See       90b         instructions )       .			13
91a	The books are in care of 🕨 The Organization Telephone no 🕨 (303)	839-1	808	
	1775 Sherman St 2075 Located at ▶ Denver, CO ZIP + 4 ▶ 80203			
L	Located at $\mathbf{P}$ ZIP + 4 $\mathbf{P}$ ZIP +			
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			

| | Form **990** (2007)

Form 990 (2007)									Page <b>8</b>
Part VI Other Information (con	tinued)							Yes	No
<b>c</b> At any time during the calendar year	r, dıd the organizatio	on maintain a	n office outside	of the United	States?		91c		No
If "Yes," enter the name of the foreig									L
<b>92</b> Section 4947(a)(1) nonexempt charital		990 in lieu o	F Form 1041_C	heck here					<b>.</b> –
and enter the amount of tax-exempt						 92	• •	• • •	- 1
Part VII Analysis of Income-Pr					• •	52			
lote: Enter gross amounts unless otherwis			business income	Excluded by s	ection 512	, 513, o	r 514	(E)	)
	e marcacea.	(A)	(B)	(C)		(D)		Relate exempt f	d or
		Business code	Amount	Exclusion code		nount		incor	
93 Program service revenue									
a Training & TA Revenue									72,283
<b>b</b> Other Contracts									14,259
c Indirect Cost									57,057
d									
e									
f Medicare/Medicaid payments .									
g Fees and contracts from governme	ŀ								282,656
94 Membership dues and assessment:	J								202,030
95 Interest on savings and temporary cash inv	•			14		29	,368		
96 Dividends and interest from securit	ŀ			14			,696		
97 Net rental income or (loss) from rea						,			
<b>a</b> debt-financed property	ŀ								
<b>b</b> non debt-financed property	ŀ								
98 Net rental income or (loss) from personal p	ŀ								
99 Other investment income									
<b>100</b> Gain or (loss) from sales of assets other th	ŀ			18			-37		
<b>101</b> Net income or (loss) from special e	· · ·			1		37	,783		
<b>102</b> Gross profit or (loss) from sales of									
<b>103</b> Other revenue <b>a</b> Miscellaneous									10,454
b									,
c									
d									
e									
-						80	,810		436,709
<ul> <li>Subtotal (add columns (B), (D), and</li> <li>Total (add line 104, columns (B), (D)</li> </ul>	L					- 00, 	,010	F	17,519
lote: Line 105 plus line 1e, Part I, should ed		ne 12 Part I			• •				17,519
				ant During a g	(6	. +6 -	inchu		
Part VIII Relationship of Activ Line No. Explain how each activity for whi									
of the organization's exempt pur						/			
93 Program service revenue directl	y related to the O rg	anızatıon's ex	kempt purpose						
103(b) Miscellaneous income related to	the primary exemp	t purpose							
Part IX Information Regarding		idiaries ai	nd Disregar	ded Entitie	s (See	the i	nstruc		
<b>(A)</b> Name, address, and EIN of corporation,	(B) Percentage of		(C) Nature of activitie	c		( <b>D)</b> income		<b>(E</b> ) End-of-	
partnership, or disregarded entity	ownership interest			-		income		asse	ts
	%								
	%								
	%								
Part X Information Regarding	g Transfers Ass	sociated w	ith Persona	l Benefit Co	ontract	s (Se	e the		
instructions.)									
(a) Did the organization, during the year, receiv			•			•••	• •		✓ No
(b) Did the organization, during the year	, pay premiums, dir	ectly or indire	ectly, on a pers	onal benefit co	ontract?	• •	•	🗌 Yes	∽ No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

					Yes	No			
106	Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity								
	(A ) Name and address of each cont rolled ent it y	(B) Employer Identification Number	(C) Description of transfer	(I A mount o	D) If transf	fer			
а									
b									
с									
	Totals								

		Yes	No
107	Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity		Νο

	(A) Name and address of each controlled entity	(B) Employer Ident if icat ion Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
с				
	Totals			

							۱	Yes	No
108		•	a binding written contrac escribed in question 107		on Augus	t 17, 2006 covering the interests, rents,	,		No
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any								
Please	k.	*****	***** 2008-08-14						
Sign	7	Signature of officer							
Here	k	Jennifer V Atler Executi	Executive Director						
	<b>,</b>	Type or print name and	l tıtle						
Paid	 .'		lagruder	D	ate				
Prepa Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 JDS PROFESSIONAL GROUP		PAS						
			5670 GREENWOOD PLAZA BLV	/D SUITE 200					
			ENGLEWOOD, CO 80111						

SCHEDULE A	Organi	zation Exempt Under	er Section 501(	c)(3)	OMBNº 1545-004
Form 990 or	(Except	t Private Foundation) and Sect	ion 501(e), 501(f), 501	L(k),	
501(n), or 4947(a)(1) Nonexempt Charitable Trust         990EZ)       Supplementary Information—(See separate instructions.)					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•	-	2007
epartment of the	MUST be complete	d by the above organizations a	nd attached to their Fo	orm 990 or 990-EZ	
reasury nternal Revenue					
ervice				1	
ame of the organizati ivest in Kids	on			Employer identific	ation number
				84-1455282	
		Highest Paid Employee			and Trustees
(See pa		ns. List each one. If there a I		(d) Contributions	
	ess of each employee	(b) Title and average hours	(c) Compensation	to employee benefit	(e) Expense account and othe
paid more t	han \$50,000	per week devoted to position	(-,	plans & deferred compensation	allowances
Courtney Thomas 🖅				compensation	
.775 Sherman St Su	te 2075	Consultant 32 00	69,783	0	
enver,CO 80203		52.00			
1argaret F Rerucha		Accountant			
.775 Sherman St Sui Denver, CO 80203	te 2075	40 00	57,942	11,397	
11chelle Neal					
1775 Sherman St Su	te 2075	Nurse Consul	68,496	0	
Denver, CO 80203	-	40 00			
Catherine M Morrisse	у <b>53</b>	Parent Trainer			
775 Sherman St Su	te 2075	32 00	58,494	4,894	
Denver, CO 80203					
ica Marlina 🕮					
	te 2075	Deputy Director	76,006	3.202	
1775 Sherman St Su	te 2075	Deputy Director 32 00	76,006	3,202	
1775 Sherman St Sur Denver, CO 80203 Fotal number of other 50,000 Part II-A Con (See "Nor	employees paid over pensation of the f page 2 of the instru ne.")	32 00 Five Highest Paid Indepo Inctions. List each one (whet	endent Contractor her individual or firr	r <b>s for Profession</b> ns). If there are no	al Services one, enter
775 Sherman St Sur Denver, CO 80203 Total number of other 550,000 Part II-A Con (See "Nor (a) Name and addres	employees paid over pensation of the f page 2 of the instru ne.")	32 00 Five Highest Paid Indepo	endent Contractor her individual or firr	s for Profession	al Services one, enter
2775 Sherman St Sur Denver, CO 80203 Total number of other 50,000 Part II-A Con (See "Nor (a) Name and addres	employees paid over pensation of the f page 2 of the instru ne.")	32 00 Five Highest Paid Indepo Inctions. List each one (whet	endent Contractor her individual or firr	r <b>s for Profession</b> ns). If there are no	al Services one, enter
1775 Sherman St Sur Denver, CO 80203 Total number of other \$50,000 <b>Part II-A Con</b> (See "Nor (a) Name and addres	employees paid over pensation of the f page 2 of the instru ne.")	32 00 Five Highest Paid Indepo Inctions. List each one (whet	endent Contractor her individual or firr	r <b>s for Profession</b> ns). If there are no	al Services one, enter
1775 Sherman St Sur Denver, CO 80203 Total number of other \$50,000 <b>Part II-A Con</b> (See "Nor (a) Name and addres	employees paid over pensation of the f page 2 of the instru ne.")	32 00 Five Highest Paid Indepo Inctions. List each one (whet	endent Contractor her individual or firr	r <b>s for Profession</b> ns). If there are no	al Services one, enter
2775 Sherman St Sur Denver, CO 80203 Total number of other 50,000 Part II-A Con (See "Nor (a) Name and addres	employees paid over pensation of the f page 2 of the instru ne.")	32 00 Five Highest Paid Indepo Inctions. List each one (whet	endent Contractor her individual or firr	r <b>s for Profession</b> ns). If there are no	al Services one, enter
775 Sherman St Sur Denver, CO 80203 Total number of other 550,000 Part II-A Con (See "Nor (a) Name and addres	employees paid over pensation of the f page 2 of the instru ne.")	32 00 Five Highest Paid Indepo Inctions. List each one (whet	endent Contractor her individual or firr	r <b>s for Profession</b> ns). If there are no	al Services one, enter
2775 Sherman St Sur Denver, CO 80203 Total number of other 50,000 Part II-A Con (See "Nor (a) Name and addres	employees paid over pensation of the f page 2 of the instru ne.")	32 00 Five Highest Paid Indepo Inctions. List each one (whet	endent Contractor her individual or firr	r <b>s for Profession</b> ns). If there are no	al Services one, enter
2775 Sherman St Sur Denver, CO 80203 Total number of other 50,000 Part II-A Con (See "Nor (a) Name and addres	employees paid over pensation of the f page 2 of the instru ne.")	32 00 Five Highest Paid Indepo Inctions. List each one (whet	endent Contractor her individual or firr	r <b>s for Profession</b> ns). If there are no	al Services one, enter
775 Sherman St Sur Denver, CO 80203 Total number of other 550,000 Part II-A Con (See "Nor (a) Name and addres None	employees paid over	32 00 Five Highest Paid Indepo Ictions. List each one (whet contractor paid more than \$50,	endent Contractor her individual or firr	r <b>s for Profession</b> ns). If there are no	al Services
775 Sherman St Sur Denver, CO 80203 Total number of other 50,000 Part II-A Con (See "Nor (a) Name and addres None	employees paid over	32 00 Five Highest Paid Indepo Ictions. List each one (whet contractor paid more than \$50,	endent Contractor her individual or firr	r <b>s for Profession</b> ns). If there are no	al Services one, enter
Total number of other Sonoe Part II-A (See "Nor (a) Name and addres None Total number of other professional services Part II-B Con	employees paid over  pensation of the F page 2 of the instru ne.") s of each independent c s receiving over \$50,00  pensation of the F	32 00 Five Highest Paid Indepondent inctions. List each one (whet contractor paid more than \$50, contractor paid more than \$	endent Contractor her individual or firm 2000 (b) Typ	rs for Profession ns). If there are no e of service	al Services one, enter (c) Compensation
Total number of other Sonoe Part II-A (See "Nor (a) Name and addres None Total number of other professional services Part II-B Con (List	employees paid over  page 2 of the instru ne.") s of each independent o s receiving over \$50,00  pensation of the F each contractor who	32 00         Five Highest Paid Indepoint         ictions. List each one (whether the state of the state	endent Contractor her individual or firm 2000 (b) Typ	rs for Profession ns). If there are no e of service	al Services one, enter (c) Compensation
775 Sherman St Sur Denver, CO 80203 Total number of other (Sec "Nor (a) Name and addres None Total number of other professional services Part II-B Con (List firm	employees paid over  pensation of the f page 2 of the instru ne.") s of each independent c s receiving over \$50,00  pensation of the f each contractor who s. If there are none,	32 00 Five Highest Paid Independent inctions. List each one (whet contractor paid more than \$50, contractor paid more than	endent Contractor her individual or firm 000 (b) Typ	<b>rs for Profession</b> ns). If there are no e of service <b>e of service</b> <b>rs for Other Serv</b> ervices, whether in	al Services one, enter (c) Compensation
775 Sherman St Sur Denver, CO 80203 Total number of other 50,000 Part II-A Con (See "Nor (a) Name and address Ione Total number of other rofessional services Part II-B Con (List firm (a) Name and address	employees paid over  pensation of the f page 2 of the instru ne.") s of each independent c s receiving over \$50,00  pensation of the f each contractor who s. If there are none,	32 00         Five Highest Paid Indepoint         ictions. List each one (whether the state of the state	endent Contractor her individual or firm 000 (b) Typ	rs for Profession ns). If there are no e of service	al Services one, enter (c) Compensation
775 Sherman St Sur Denver, CO 80203 Total number of other 50,000 Part II-A Con (See "Nor (a) Name and addres Ione Total number of other professional services Part II-B Con (List firm (a) Name and addres	employees paid over  pensation of the f page 2 of the instru ne.") s of each independent c s receiving over \$50,00  pensation of the f each contractor who s. If there are none,	32 00 Five Highest Paid Independent inctions. List each one (whet contractor paid more than \$50, contractor paid more than	endent Contractor her individual or firm 000 (b) Typ	<b>rs for Profession</b> ns). If there are no e of service <b>e of service</b> <b>rs for Other Serv</b> ervices, whether in	al Services one, enter (c) Compensation
775 Sherman St Sur Denver, CO 80203 Total number of other 50,000 Part II-A Con (See "Nor (a) Name and addres Ione Total number of other professional services Part II-B Con (List firm (a) Name and addres	employees paid over  pensation of the f page 2 of the instru ne.") s of each independent c s receiving over \$50,00  pensation of the f each contractor who s. If there are none,	32 00 Five Highest Paid Independent inctions. List each one (whet contractor paid more than \$50, contractor paid more than	endent Contractor her individual or firm 000 (b) Typ	<b>rs for Profession</b> ns). If there are no e of service <b>e of service</b> <b>rs for Other Serv</b> ervices, whether in	al Services one, enter (c) Compensation
775 Sherman St Sur Denver, CO 80203 Total number of other 50,000 Part II-A Con (See "Nor (a) Name and addres Ione Total number of other professional services Part II-B Con (List firm (a) Name and addres	employees paid over  pensation of the f page 2 of the instru ne.") s of each independent c s receiving over \$50,00  pensation of the f each contractor who s. If there are none,	32 00 Five Highest Paid Independent inctions. List each one (whet contractor paid more than \$50, contractor paid more than	endent Contractor her individual or firm 000 (b) Typ	<b>rs for Profession</b> ns). If there are no e of service <b>e of service</b> <b>rs for Other Serv</b> ervices, whether in	al Services one, enter (c) Compensation
Total number of other Total number of other (See "Nor (a) Name and addres None Total number of other professional services Part II-B Con (List firm (a) Name and addres	employees paid over  pensation of the f page 2 of the instru ne.") s of each independent c s receiving over \$50,00  pensation of the f each contractor who s. If there are none,	32 00 Five Highest Paid Independent inctions. List each one (whet contractor paid more than \$50, contractor paid more than	endent Contractor her individual or firm 000 (b) Typ	<b>rs for Profession</b> ns). If there are no e of service <b>e of service</b> <b>rs for Other Serv</b> ervices, whether in	al Services one, enter (c) Compensation
Total number of other Total number of other (See "Nor (a) Name and addres None Total number of other professional services Part II-B Con (List firm (a) Name and addres	employees paid over  pensation of the f page 2 of the instru ne.") s of each independent c s receiving over \$50,00  pensation of the f each contractor who s. If there are none,	32 00 Five Highest Paid Independent inctions. List each one (whet contractor paid more than \$50, contractor paid more than	endent Contractor her individual or firm 000 (b) Typ	<b>rs for Profession</b> ns). If there are no e of service <b>e of service</b> <b>rs for Other Serv</b> ervices, whether in	al Services one, enter (c) Compensation
Total number of other Total number of other (See "Nor (a) Name and addres None Total number of other professional services Part II-B Con (List firm (a) Name and addres	employees paid over  pensation of the f page 2 of the instru ne.") s of each independent c s receiving over \$50,00  pensation of the f each contractor who s. If there are none,	32 00 Five Highest Paid Independent inctions. List each one (whet contractor paid more than \$50, contractor paid more than	endent Contractor her individual or firm 000 (b) Typ	rs for Profession ns). If there are no e of service s for Other Serv ervices, whether in	al Services one, enter (c) Compensation
1775 Sherman St Sur Denver, CO 80203 Total number of other \$50,000 Part II-A Con (See "Nor (a) Name and addres None Total number of other professional services Part II-B Con (List firm (a) Name and addres	employees paid over  pensation of the f page 2 of the instru ne.") s of each independent c s receiving over \$50,00  pensation of the f each contractor who s. If there are none,	32 00 Five Highest Paid Independent inctions. List each one (whet contractor paid more than \$50, contractor paid more than	endent Contractor her individual or firm 000 (b) Typ	rs for Profession ns). If there are no e of service s for Other Serv ervices, whether in	al Services one, enter (c) Compensation
\$50,000 Part II-A Con (See "Nor (a) Name and addres None Total number of other professional services Part II-B Con (List firm	employees paid over  pensation of the f page 2 of the instru ne.") s of each independent c s receiving over \$50,00  pensation of the f each contractor who s. If there are none,	32 00 Five Highest Paid Independent inctions. List each one (whet contractor paid more than \$50, contractor paid more than	endent Contractor her individual or firm 000 (b) Typ	rs for Profession ns). If there are no e of service s for Other Serv ervices, whether in	al Services one, enter (c) Compensation
1775 Sherman St Sur Denver, CO 80203 Fotal number of other \$50,000 Part II-A Con (See "Nor (a) Name and addres None Fotal number of other professional services Part II-B Con (List firm (a) Name and addres None	employees paid over  pensation of the f page 2 of the instru ne.") s of each independent c s receiving over \$50,00  pensation of the f each contractor who s. If there are none,	32 00         Five Highest Paid Indepond         ictions. List each one (whether the structure of the structur	endent Contractor her individual or firm 000 (b) Typ	rs for Profession ns). If there are no e of service s for Other Serv ervices, whether in	al Services one, enter (c) Compensation

Schedule A (Form 990 or 990-EZ) 2007

year

Part III Statements About Activities (See page 2 of the instructions.) Yes No During the year, has the organization attempted to influence national, state, or local legislation, include any attempt 1 to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in (Must equal amounts on line 38, Part VI-A, or line connection with the lobbying activities **b**\$ 15,000 i of Part VI-B) 1 Yes 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 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any 2 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.) Sale, exchange, or leasing property? Νo 2a Lending of money or other extension of credit? 2b Νo Furnishing of goods, services, or facilities? 2c No С Payment of compensation (or payment or reimbursement of expenses if more than \$1.000)? 🍠 2d Yes d Transfer of any part of its income or assets? 2e Νo e Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation 3a of how the organization determines that recipients gualify to receive payments ) 3a Νo Did the organization have a section 403(b) annuity plan for its employees? 3b Yes Ь  $m{c}$  Did the organization receive or hold an easement for conservation purposes, including easements to preserve open 3c Νo space, the environment, historic land areas or structures? If "Yes" attach a detailed statement 3d d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? Νo Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4a 4a Νo 4f and 4a b Did the organization make any taxable distributions under section 4966? 4b Νo Did the organization make a distribution to a donor, donor advisor, or related person? **4c** Νo Enter the total number of donor advised funds owned at the end of the tax year d 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

Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax

Page **2** 

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 331/3% 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 331/3% 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         13       ✓       Type II       Type III - Functionally Integrated       Type III - Other         (c)       (d)         Name(s) of supported organization(s)       (b)         (a)       (b)       Employer identification number       (c)       (c) <t< th=""><th></th><th></th><th>Foundation Status</th><th>· · · -</th><th></th><th>· · · ·</th><th></th></t<>			Foundation Status	· · · -		· · · ·		
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)(iii)         9       A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii)         9       A morganization 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)         10       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)(v) (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)(v) (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 331/3% 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 331/3% 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       A n organization that is n	certify th	hat the organization is not a private four	ndation because it is (P	lease check only <b>C</b>	NE applicable bo	ox)		
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)(III)         9       A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III)         9       A modical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III)         10       An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(IVI) (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)         11a       ✓       An organization that normally receives (1) more than 331/3% 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 331/3% 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 disgualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of organization isted in the supported organization (described in float the support of the instructions.)         (a)	5  [	A church, convention of churches, or	association of churches	Section 170(b)(1	)(A )(I)			
<ul> <li>A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)</li> <li>A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, and state ▶</li> <li>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)</li> <li>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)</li> <li>A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)</li> <li>A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)</li> <li>An organization that normally receives (1) more than 331/3% 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 331/3% of its support from contributions, membership fees, and gross acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)</li> <li>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 II = Type III = Type III = Functionally Integrated [C Type for organization is the support?</li> <li>Name(s) of supported organization(s)</li> <li>(a)</li> <li>Name(s) of supported organization(s)</li> </ul>	6	A school Section 170(b)(1)(A)(II) (A	(Iso complete Part V )					
9       A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III) Enter the hospital's name, 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)(III) (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)(III) (Also complete the Support Schedule in Part IV-A)         11b       ✓ A community trust Section 170(b)(1)(A)(III) (Also complete the Support Schedule in Part IV-A)         11b       ✓ A organization that normally receives (1) more than 331/3% 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 331/3% 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         13       ✓ An organization information about the supported organizations. (see page 7 of the instructions.)         (c)       (type of organization (described in lines 5 through 12 above or granization isted in the support?         Name(s) of supported organization(s)       (b)	7	A hospital or a cooperative hospital s	ervice organization Sec	ction 170(b)(1)(A)	(111)			
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 331/3% 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 331/3% 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 disgualified 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 II [ Type III - Functionally Integrated [ Type III - Other         (c) Type of (b) Employer identification number         (a) Name(s) of supported organization(s) (a) Name(s) of supported organization(s)           (b) Employer identification	8  [	A federal, state, or local government	or governmental unit Se	ection 170(b)(1)(A	)(v)			
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 331/3% 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 331/3% 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 II       Type III - Functionally Integrated       Type III - Other         Provide the following information about the supported organizations. (see page 7 of the instructions.)       (e)         (a)       (b)       Employer identification number       Is the supported organization is sed in the support for granization is sed in the support for granization is downent?       (e) <td< td=""><td>9</td><td colspan="7">A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III) Enter the hospital's name, city, and state 🕨</td></td<>	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 🕨						
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 331/3% 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 331/3% 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         Image: Type I       Type II       Type III - Functionally Integrated       Type III - Other         (a)       (b)         Name(s) of supported organization(s)       (b)       Employer identification number       (c)       (d)       Is the supported organization's governing documents?       (e)         Name(s) of supported organization(s)       (b)       Employer identification number       Is above or       (c)       Is the supported organization's support?	10		-		ated by a govern	mental unit		
12       An organization that normally receives (1) more than 331/3% 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 331/3% 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 III       Type III - Functionally Integrated       Type III - Other         (c)         (d)         (c)         (d)         (c)         (d)         See section organizations. (see page 7 of the instructions.)         (c)         Type II         Type of organization (d)         (c)         (d)         Name(s) of supported organization(s)         (b)         Employer identification number         identification number	11a 🔽	- · ·	•		overnmental uni	t or from the gen	eral public	
receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and (2) no more than 331/3% its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A) 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization Type I Type II Type III - Functionally Integrated Type III - O ther Provide the following information about the supported organizations. (see page 7 of the instructions.) (a) (b) (b) (b) (c) (c) (c) (d) (c) (d) (c) (d) (c) (d) (c) (d) (c) (c) (d) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	116 🦵	A community trust Section 170(b)(1	)(A)(vı) (Also complete	the Support Schee	<b>lule</b> in Part IV - A	)		
requirements of section 509(a)(3) Check the box that describes the type of supporting organization          Type I       Type III       Type III - Functionally Integrated       Type III - O ther         (a)         (a)       (b)         Employer       (c)       (d)         Identification       Image: block the support of supp	12	receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and (2) no more than 331/3% of						
Provide the following information about the supported organizations. (see page 7 of the instructions.)(a)(b)(c)(d)(a)(b)Type oforganizationName(s) of supported organization(s)(b)Employer(described inidentificationidentificationlines 5 throughgoverning documents?12 above or(b)(c)(c)	13  [						e meets the	
(a)(b)(c)(d)(a)Employer identification numberIs the supported organization (described in lines 5 through 12 above orIs the supported organization listed in the supporting organization's governing documents?(e)		ГТуре I ГТуре II ГТур	e III - Functionally Inte	grated 🔽 T	ype III - Other			
(a)(b)Type of organizationIs the supported organization listed in the supporting organization's governing documents?(e)Name(s) of supported organization(s)Employer identification numberidentification lines 5 through 12 above orType of organization listed in the supporting organization's governing documents?(e)		Provide the following informa	tion about the supporte	ed organizations. (s	ee page 7 of the	e instructions.)	•	
	Name		Employer ident if icat ion	Type of organization (described in lines 5 through	Is the supported organization listed in the supporting organization's		(e) A mount of support?	
				IRC section)				
Total	Total					Þ		

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

Schedule A (	(Form	990	or 990-	EZ)	2007

Page **4** Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Part IV-A

	You may use the worksheet in the instructions for condar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2	003	(e) Total
15	Gifts, grants, and contributions received (Do not				() -		
	include unusual grants See line 28 )	1,045,445	784,918	895,498		924,500	3,650,361
16	Membership fees received						0
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of		29,620	27,083		6,907	63,610
	facilities in any activity that is related to the organization's charitable, etc , purpose						
18	Gross income from interest, dividends, amounts						
10	received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and	30,798	8,678	3,512		2,566	45,554
	unrelated business taxable income (less section	50,798	8,078	5,512		2,500	45,554
	511 taxes) from businesses acquired by the						
10	organization after June 30, 1975 Net income from unrelated business activities						
19	not included in line 18						0
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						0
	behalf						
21	The value of services or facilities furnished to						
	the organization by a governmental unit without						0
	charge Do not include the value of services or facilities generally furnished to the public without						0
	charge						
22	Other income Attach a schedule Do not include						
_	gaın or (loss) from sale of capıtal assets 🛛 📆						0
23	Total of lines 15 through 22	1,076,243	823,216	926,093		933,973	3,759,525
24	Line 23 minus line 17	1,076,243	793, 596	899,010		927,066	3,695,915
25	Enter 1% of line 23	10,762	8,232	9,261		9,340	
26	Organizations described on lines 10 or 11: a Er	iter 2% of amount	ın column (e), lın	ie 24 🕨 🕨	26a		73,918
c	of all these excess amounts Total support for section 509(a)(1) test Enter line	e 24, column (e)		*	26b 26c		1,732,323 3,695,915
d	Add Amounts from column (e) for lines 18	45,554	19	0			
	22		26b	1,732,323	26d		1,777,877
e	Public support (line 26c minus line 26d total)			▶	26e		1,918,038
f	Public support percentage (line 26e (numerator) d	ivided by line 26c	(denominator))	►	26f		5190 00 %
27	Organizations described on line 12: a For amou	ints included in lin	es 15, 16, and 1	7 that were receiv	ed from	a "dısqua	lified person,"
	prepare a list for your records to show the name of	, and total amount	s received in eac	h year from, each	"dısqua	lified pers	on "
	Do not file this list with your return. Enter the sun			. ,	•	•	
	(2006) (2005)		(2004)		(2003)		
ŀ	For any amount included in line 17 that was receiv		· · ·		`´_	pare a list	for your
L	records to show the name of, and amount received						
	or (2) \$5,000 (Include in the list organizations de						
							-
	return. After computing the difference between the		and the larger an		(1) 01 (	<b>z</b> , enter t	ine sum of
	these differences (the excess amounts) for each y		(2004)		(2002)		
	(2006)(2005)		(2004)		(2003)_		
c	Add Amounts from column (e) for lines 15		16		_		
	17 20		21			27c	0
	Add Line 27a total	and line 27b tota	al		•	27d	
e	Public support (line 27c total minus line 27d total)	)			•	27e	
f	Total support for section 509(a)(2) test Enter am	ount from line 23,	column (e) 🕨	27f			
a	Public support percentage (line 27e (numerator) d	ivided by line 27f	(denominator))	•	27g	İ	
ĥ	Investment income percentage (line 18, column (e			denominator)) 🕨	27h		
28	Unusual Grants: For an organization described in li				iring 200	02 throual	n 2005,
	prepare a list for your records to show, for each ye		-	-	-	-	
	prepare a list for your records to show, for each ye						DITCI

Sche	dule A (Form 990 or 990-EZ) 2007		Pa	age <b>5</b>
Ра	rt V Private School Questionnaire (See page 7 of the instructions.)			
29	(To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
25	other governing instrument, or in a resolution of its governing body?	29	103	
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?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
•	basis?	32b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
, c	with student admissions, programs, and scholarships?	32c		
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
Ľ	•			
	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?	33a		
Ł	Admissions policies?	33b		
c	: Employment of faculty or administrative staff?	33c		
c	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
ç	Athletic programs?	33g		
ł	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
Ŀ	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35	j	İ

Schedule A (Form 990 or 990-EZ) 2007

organizations

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)							
(To be completed <b>ONLY</b> 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	<b>(a)</b> Affiliated group	<b>(b)</b> To be completed					
(The term "expenditures" means amounts paid or incurred )	totals	for all electing					

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)
37	Total lobbying expenditures to influence a legislative body (direct lobbying)

- 38 Total lobbying expenditures (add lines 36 and 37)
- 39 Other exempt purpose expenditures
- 40 Total exempt purpose expenditures (add lines 38 and 39)
- 41 Lobbying nontaxable amount Enter the amount from the following table-

If the amount on line 40 is—	The lobbying nontaxable amount is—
Not over \$500,000	20% of the amount on line 40
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**42** Grassroots nontaxable amount (enter 25% of line 41)

- 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36
- 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38

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  $501(\bar{h})$  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 )

36

37

38

39

40

41

42

43

44

		Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginni	ng in) 🏲	(a) 2007	<b>(b)</b> 2006	(c) 2005	<b>(d)</b> 2004	<b>(e)</b> Total	
45 Lobbying nontaxab	le amount						
46 Lobbying ceiling ar	nount (150% of line 45(e))						
47 Total lobbying exp	enditures						
<b>48</b> Grassroots nontax	able amount						
49 Grassroots ceiling	amount (150% of line 48(e))						
50 Grassroots lobbyir	g 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	L of th	e inst	ructions.)
	ng the year, did the organization attempt to influence national, state or local legislation, including any mpt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	A mount
а	Volunteers		No	
b	Paid staff or management (Include compensation in expenses reported on lines ${f c}$ through ${f h}.)$		No	
с	Media advertisements		No	
d	Mailings to members, legislators, or the public		No	
е	Publications, or published or broadcast statements		No	
f	Grants to other organizations for lobbying purposes		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		15,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i	Total lobbying expenditures (Add lines <b>c</b> through <b>h.</b> )			15,000
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activit	ies		

Schedule A (Form 990 or 990-EZ) 2007

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	Part VII	Information Regarding Transfers	To and Transaction	s and Relationships with Noncl	harita	ble
		Exempt Organizations (See page 1	.2 of the instructions.)			
5	<ol> <li>Did the re</li> </ol>	reporting organization directly or indirectly eng	age in any of the following	with any other organization described ir	nsectio	'n
	501(c) of	of the Code (other than section 501(c)(3) orga	nızatıons) or ın section 52	7, relating to political organizations?		
	a Transfers	s from the reporting organization to a nonchari	table exempt organization	of	Yes	No

$_{a}$ l ransfers from the reporting organization to a noncharitable exempt organization of		Yes	No
(i) Cash	51a(i)		No
(ii) Otherassets	a(ii)		No
<b>b</b> Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		No
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		No
(iii) Rental of facilities, equipment, or other assets	b(iii)		No
(iv) Reimbursement arrangements	b(iv)		No
(v) Loans or loan guarantees	b(v)		No
(vi) Performance of services or membership or fundraising solicitations	b(vi)		No
${f c}$ Sharing of facilities, equipment, mailing lists, other assets, or paid employees	с		No

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

<b>(a)</b> Line no	<b>(b)</b> A mount involved	(c) Name of noncharitable exempt organization	<b>(d)</b> Description of transfers, transactions, and sharing arrangements				
Ela La tha	52. Is the preparation directly or indirectly offlicted with or related to one or more tay, event ergonizations						

ectly 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?	Γ	Yes	ন	No
h If "Yes " complete the following schedule				

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

#### **Additional Data**

# Software ID: 07000211 Software Version: 2007v2.4 EIN: 84-1455282 Name: Invest in Kids

Form 990, Part II, Line 43 - Other expenses not covered above (itemize
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Form 990, Part II, Line 43 - Other Expenses not covered above (itemize).					
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> Program materials	43a	26,200	26,200		
<b>b</b> Program evaluation	43b	138,026	138,026		
<b>c</b> Insurance	43c	2,826	2,317	311	198
d Event planning & costs	43d	10,805			10,805
e Education and advocacy	43e	28,435	23,733	4,165	537
f Dues & subscriptions	43f	2,436	1,998	268	170
<b>g</b> Consultant expenses	43g	8,218	6,825	851	542
<b>h</b> Community grants	43h	38,060	38,060		

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#### TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name:	Invest in Kids	
EIN:	84-1455282	
Software ID:	07000211	
Software Version:	2007v2.4	
Gross Sales Price:		1,563
Basis:		1,600
Sales Expenses:		
Total (net):		

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#### **TY 2007 Investments - Other Schedule**

Name: Invest in Kids EIN: 84-1455282

Software ID: 07000211

Description	Book Value	Cost/FMV	
Misc.	562	F	

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#### **TY 2007 Investments - Securities Schedule**

 Name:
 Invest in Kids

 EIN:
 84-1455282

 Software ID:
 07000211

 Software Version:
 2007v2.4

Description	Book Value	Cost/FMV	
Misc.	562	F	

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#### TY 2007 Land etc. Schedule

Name:	Invest in Kids	
EIN:	84-1455282	
Software ID:	07000211	

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Furniture and Fixtures	59,555	50,179	9,376

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#### TY 2007 Other Changes in Net Assets Schedule

 Name:
 Invest in Kids

 EIN:
 84-1455282

 Software ID:
 07000211

 Software Version:
 2007v2.4

Description	Amount
Restatement of prior period	623,689

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#### **TY 2007 Other Liabilities Schedule**

	Nam	ie:	Invest	ın	Kıds
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**EIN:** 84-1455282

**Software ID:** 07000211

Description	<b>Beginning of Year Amount</b>	End of Year Amount
Deferred rent	25,454	22,520

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### TY 2007 Special Events Schedule

	Name	: Invest	ın	Kıds
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**EIN:** 84-1455282

**Software ID:** 07000211

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Kites for Kids	15,118		15,118		15,118
Jane-A-Thon	31,595		31,595	8,930	22,665

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	
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#### **TY 2007 Employee Compensation Explanation**

 Name:
 Invest in Kids

 EIN:
 84-1455282

 Software ID:
 07000211

Employee	Explanation
Courtney Thomas	
Margaret F Rerucha	
Michelle Neal	
Catherine M Morrissey	
Lisa Merlino	