

**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)

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2005 calendar year, or tax year beginning **APR 1, 2005** and ending **MAR 31, 2006**

<b>B</b> Check if applicable: <input 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	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>FOUNDATION FOR CHILDREN IN NEED</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1417 E. MINER STREET</b> City or town, state or country, and ZIP + 4 <b>ARLINGTON HEIGHTS, IL 60004</b>	<b>D</b> Employer identification number <b>32-0015758</b> <b>E</b> Telephone number <b>847-255-8309</b> <b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

*Hand I are not applicable to section 527 organizations.*

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ **N/A**

**G** Website: ▶ **HTTP://FCNINDIA.ORG**

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

**K** Check here  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.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **435,674.** **M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

	<p><b>1</b> Contributions, gifts, grants, and similar amounts received:</p> <p><b>a</b> Direct public support <span style="float:right">1a <b>434,012.</b></span></p> <p><b>b</b> Indirect public support <span style="float:right">1b</span></p> <p><b>c</b> Government contributions (grants) <span style="float:right">1c</span></p> <p><b>d</b> Total (add lines 1a through 1c) (cash \$ <b>434,012.</b> noncash \$ ) <span style="float:right">1d <b>434,012.</b></span></p> <p><b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) <span style="float:right">2</span></p> <p><b>3</b> Membership dues and assessments <span style="float:right">3</span></p> <p><b>4</b> Interest on savings and temporary cash investments <span style="float:right">4 <b>1,662.</b></span></p> <p><b>5</b> Dividends and interest from securities <span style="float:right">5</span></p> <p><b>6 a</b> Gross rents <span style="float:right">6a</span></p> <p><b>b</b> Less: rental expenses <span style="float:right">6b</span></p> <p><b>c</b> Net rental income or (loss) (subtract line 6b from line 6a) <span style="float:right">6c</span></p> <p><b>7</b> Other investment income (describe ) <span style="float:right">7</span></p> <p><b>8 a</b> Gross amount from sales of assets other than inventory <table border="1" style="width:100%; border-collapse: collapse;"><tr><th style="width:50%;">(A) Securities</th><th style="width:50%;">(B) Other</th></tr><tr><td style="float:right">8a</td><td></td></tr><tr><td style="float:right">8b</td><td></td></tr><tr><td style="float:right">8c</td><td></td></tr></table></p> <p><b>b</b> Less: cost or other basis and sales expenses <span style="float:right">8b</span></p> <p><b>c</b> Gain or (loss) (attach schedule) <span style="float:right">8c</span></p> <p><b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) <span style="float:right">8d</span></p> <p><b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/></p> <p><b>a</b> Gross revenue (not including \$ of contributions reported on line 1a) <span style="float:right">9a</span></p> <p><b>b</b> Less: direct expenses other than fundraising expenses <span style="float:right">9b</span></p> <p><b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a) <span style="float:right">9c</span></p> <p><b>10 a</b> Gross sales of inventory, less returns and allowances <span style="float:right">10a</span></p> <p><b>b</b> Less: cost of goods sold <span style="float:right">10b</span></p> <p><b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) <span style="float:right">10c</span></p> <p><b>11</b> Other revenue (from Part VII, line 103) <span style="float:right">11</span></p> <p><b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) <span style="float:right">12 <b>435,674.</b></span></p>	(A) Securities	(B) Other	8a		8b		8c		
(A) Securities	(B) Other									
8a										
8b										
8c										
<b>Expenses</b>	<p><b>13</b> Program services (from line 44, column (B)) <span style="float:right">13 <b>408,332.</b></span></p> <p><b>14</b> Management and general (from line 44, column (C)) <span style="float:right">14 <b>3,668.</b></span></p> <p><b>15</b> Fundraising (from line 44, column (D)) <span style="float:right">15 <b>14,959.</b></span></p> <p><b>16</b> Payments to affiliates (attach schedule) <span style="float:right">16</span></p> <p><b>17</b> Total expenses (add lines 16 and 44, column (A)) <span style="float:right">17 <b>426,959.</b></span></p>									
<b>Net Assets</b>	<p><b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12) <span style="float:right">18 <b>8,715.</b></span></p> <p><b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) <span style="float:right">19 <b>121,940.</b></span></p> <p><b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 1</b> <span style="float:right">20 <b>&lt;56.&gt;</b></span></p> <p><b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20) <span style="float:right">21 <b>130,599.</b></span></p>									

**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.

<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 \$ <u>151,200.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22	151,200.	151,200.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23	241,020.	241,020.	STATEMENT 4	
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc. **	25	19,200.	12,600.	2,400.	4,200.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	276.	161.	46.	69.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	910.		455.	455.
34 Telephone	34	1,076.	753.	108.	215.
35 Postage and shipping	35	1,662.			1,662.
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	7,557.			7,557.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a <b>INSURANCE</b>	43a	3,711.	2,598.	371.	742.
b <b>BANK FEES</b>	43b	168.		168.	
c <b>LICENSES &amp; PERMITS</b>	43c	120.		120.	
d <b>WEB HOSTING</b>	43d	59.			59.
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	426,959.	408,332.	3,668.	14,959.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

\*\* SEE STATEMENT 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.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 5</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a GRANTS FOR SPECIFIC PROJECTS INCLUDING CONSTRUCTION OF STAFF QUARTERS, HEALTH PROGRAMS, PURCHASE SEWING MACHINES &amp; THE MAINTENANCE OF TAILORING CENTER, &amp; CONSTRUCTION OF BOYS' HOSTEL.</b>	
(Grants and allocations \$ <b>151,200.</b> ) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	
<b>b SPONSORSHIP PROGRAM MONTHLY CONTRIBUTIONS ENHANCES HUMAN DIGNITY OF NEEDY CHILDREN, STUDENTS &amp; ELDERLY WHILE GIVING THE SPONSOR AN OPPORTUNITY TO BUILD A RELATIONSHIP WITH THE INDIVIDUAL THEY SPONSOR.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(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>408,332.</b>

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

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	121,940.	45
	46 Savings and temporary cash investments .....		46 130,599.
	47 a Accounts receivable .....	47a	
	b Less: allowance for doubtful accounts .....	47b	47c
	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 .....		50
	51 a Other notes and loans receivable .....	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 .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis .....	55a	
	b Less: accumulated depreciation .....	55b	55c
	56 Investments - other .....		56
	57 a Land, buildings, and equipment: basis .....	57a	
	b Less: accumulated depreciation .....	57b	57c
	58 Other assets (describe .....		58
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	121,940.	59 130,599.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....		60
	61 Grants payable .....		61
	62 Deferred revenue .....		62
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable .....		64b
	65 Other liabilities (describe .....		65
66 <b>Total liabilities.</b> Add lines 60 through 65) .....	0.	66 0.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	121,940.	67 130,599.
	68 Temporarily restricted .....		68
	69 Permanently restricted .....		69
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
73 <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) .....	121,940.	73 130,599.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	121,940.	74 130,599.	

**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>	435,674.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	435,674.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	435,674.

**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>	426,959.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	426,959.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	426,959.

**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
TOM CHITTA 1417 E. MINER STREET ARLINGTON HEIGHTS, IL 60004	PRESIDENT / CO-FOUNDER 60.00	9,000.	0.	0.
GAIL WALTON 1417 E. MINER STREET ARLINGTON HEIGHTS, IL 60004	EXECUTIVE SECRETARY 35.00	1,200.	0.	0.
LISA WHITE 1417 E. MINER STREET ARLINGTON HEIGHTS, IL 60004	TREASURER 2.00	0.	0.	0.
GEETHA YERUVA 1417 E. MINER STREET ARLINGTON HEIGHTS, IL 60004	DIRECTOR / CO-FOUNDER 60.00	9,000.	0.	0.
DAVID DANIS 1417 E. MINER STREET ARLINGTON HEIGHTS, IL 60004	DIRECTOR 1.00	0.	0.	0.
STEVE DEVEREUX 1417 E. MINER STREET ARLINGTON HEIGHTS, IL 60004	DIRECTOR 1.00	0.	0.	0.
KEN OVERHOLT 1417 E. MINER STREET ARLINGTON HEIGHTS, IL 60004	DIRECTOR 1.00	0.	0.	0.



Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a Yes No X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 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 88 X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
90 a List the states with which a copy of this return is filed IL
b Number of employees employed in the pay period that includes March 12, 2005 90b 3
91 a The books are in care of GAIL WALTON Telephone no. 847-255-8309
Located at 1417 E. MINER STREET, ARLINGTON HEIGHTS, IL ZIP + 4 60004
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)? 91b Yes No X
If "Yes," enter the name of the foreign country N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
If "Yes," enter the name of the foreign country N/A
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Table with 2 columns: Yes, No. Row 91b: Yes, No, X. Row 91c: Yes, No, X.

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
<b>94</b> Membership dues and assessments .....					
<b>95</b> Interest on savings and temporary cash investments ...			14	1,662.	
<b>96</b> Dividends and interest from securities .....					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory .....					
<b>101</b> Net income or (loss) from special events .....					
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		0.		1,662.	0.
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) .....					1,662.

**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).
▼	

**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 \_\_\_\_\_ **THOMAS REDDY CHITTA, PRESIDENT**  
Type or print name and title.

Paid Preparer's Use Only: Preparer's signature \_\_\_\_\_ Date 07/19/06 Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_  
Firm's name (or yours if self-employed), address, and ZIP + 4: **DESMOND & AHERN, LTD.**  
**10827 S. WESTERN AVENUE**  
**CHICAGO, IL 60643-3206**  
EIN \_\_\_\_\_  
Phone no. (773) 779-4720