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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

••			C Gaicii	uai yeai, oi tax yeai begiiiiliig		allu Cil	umg			
В	Check	ıf able	1 10036	C Name of organization				D Emp	loyer i	dentification number
Г	Add	iress	use IRS label or	A CHILD'S WAITING W	ORLD WIDE			) 2.	7-0	050741
≃וֹי	]cha Nan	ne	print or type	Number and street (or P O box if mail is			Room/suite			number
₹ᡛ	cha lnıtı retu	al		2400	not delivered to street address)		Noon/saite			937-2367
o [	Fina	al Im	Instruc- tions	City or town, state or country, and ZIP +	4			F Accou	nting me	thoot X Cash Accrual
> [	Ame retu	ended im		AKRON, OH 44333					Other specify)	<b>&gt;</b>
<b>&gt;</b> [	App pen	olication iding		ection 501(c)(3) organizations and 4947(a		ts	H and I are not app	licable	to sec	ction 527 organizations
Z			m	ust attach a completed Schedule A (Form	990 or 990-EZ).		H(a) Is this a group	return fo	r affilia	
• —			<u>N/A</u>				H(b) If "Yes," enter n			
				check only one) ► X 501(c) ( 3 ) < (ins		527	H(c) Are all affiliates		)?	N/A LYes No
Z K				$oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}} $		s	(If "No," attach a H(d) is this a separa		filed t	oy an or-
				ly <b>no</b> t more than \$25,000. A return is not red	juired, but if the organization		ganization cove	red by a	group	ruling? Yes X No
š	choos	ses to	tile a ret	urn, be sure to file a complete return			I Group Exemptu			N/A
5				_		_				tion is <b>not</b> required to attach
				lines 6b, 8b, 9b, and 10b to line 12	5642		Sch B (Form 9	90, 990-	EZ, or	990-PF)
P	art I			ue, Expenses, and Changes in		Bala	nces	Ι.		<del></del>
	1			ions, gifts, grants, and similar amounts rece	ived	ı	1		i	
				ions to donor advised funds		1a	0.2	4.7		
			-	blic support (not included on line 1a)		1b	83	47.		
			-	ublic support (not included on line 1a)		10	2.5			
				ent contributions (grants) (not included on I		_1d	30	00.		11047
				d lines 1a through 1d) (cash \$	11847. noncash \$		· · · · · · · · · · · · · · · · · · ·	-)	1e	11847. 44576.
	2	, , , , , , , , , , , , , , , , , , , ,							2	44370.
	3	<b>F</b>							_3_	
	4							4		
	5	5 Dividends and interest from securities 6 a Gross rents   6a					}	5		
	"									
				tal expenses I income or (loss) Subtract line 6b from line	60	6b				
ī.	7			estment income (describe	Oa			\	6c 7	
Revenue	'A			ount from sales of assets other	(A) Securities		(B) Other			
å	<b>'</b>		nan inve		(A) occurres	8a	(b) other			
				t or other basis and sales expenses	-	8b				
				oss) (attach schedule)	<del></del>	8c				
			•	or (loss) Combine line 8c, columns (A) and	(B)	<u> </u>			8d	
	9		•	vents and activities (attach schedule) If any	• •	here 🕨	▶ □			_
				e (not including \$	of contributions reported on line 1b)	9a				
	Ì			ct expenses other than fundraising expense	· · · · · · · · · · · · · · · · · · ·	9b				
		c N	let incon	ne or (loss) from special events. Subtract lin	e 9b from line 9a				9c	
	10	a G	iross sal	es of inventory, less returns and allowances		10a				
		b L	ess cos	t of goods sold		10b				
		c G	ross pro	ofit or (loss) from sales of inventory (attach s	schedule) Subtract line 10b fro	m line	10a		10c	
	11	0	ther rev	enue (from Part VII, line 103)			(O \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		11	
	12	Ŧ	otal rev	enue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11	كمك	Er 131		12	56423.
	13	Р	rogram	services (from line 44, column (B))		<b>(</b> )	120 100		13	41665.
Expenses	14	M	1anagem	nent and general (from line 44, column (C))	106	/ر	30 2007 W	<b>`</b> [	14	6000.
ē	15	Fi	undraisi	ng (from line 44, column (D))		્રે (	9, "		15	
ŭ	16	P	ayments	s to affiliates (attach schedule)	\ (	C,	.,		16	
	17			enses. Add lines 16 and 44, column (A)	1501				17	47665.
L	18			(deficit) for the year Subtract line 17 from	(4)	٠. ر	18 mg		18	8758.
Net	19			s or fund balances at beginning of year (from	n line 73, column (A))	~ (			19	9105.
20				nges in net assets or fund balances (attach	•			Ţ	20	0.
623	001			s or fund balances at end of year Combine I					21	17863.
01-	001 18-07	LH	IA Fo	r Privacy Act and Paperwork Reduction Act	Notice, see the separate inst	ruction	S.			Form <b>990</b> (2006)

Form **990** (2006)

	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
222	Grants paid from donor advised funds			30171003	and general	
	(attach schedule)					
	cash \$0 • noncash \$ 0 •	]				
	f this amount includes foreign grants, check here	22a				
	Other grants and allocations (attach schedule			<del></del>		
	cash \$ 0 • noncash \$ 0 •	*I I				
	f this amount includes foreign grants, check here	22b		:		
	Specific assistance to individuals (attach					
	schedule) STATEMENT 2	23	7816.	7816.		
24	Benefits paid to or for members (attach			ľ		
	schedule)	24		_		
	Compensation of current officers, directors, key					
	employees, etc. listed in Part V-A. STMT 1	25a	6000.	0.	6000.	0.
	Compensation of former officers, directors, key			0		•
	employees, etc. listed in Part V-B	25b	0.	0.	0.	0 .
	Compensation and other distributions, not included					
	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in	25-		l		
	section 4958(c)(3)(B)	25c				····
	Salaries and wages of employees not included on lines 25a, b, and c	26				
	Pension plan contributions not included on	20				
	lnes 25a, b, and c	27	:			
	Employee benefits not included on lines	<del>-</del> -				
	25a · 27	28				
	Payroll taxes	29				
	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	-			
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35	20.	20.		
36	Occupancy	36				
37	Equipment rental and maintenance	37				
	Printing and publications	38		-		
_	Travel	39				<del> </del>
	Conferences, conventions, and meetings	40		<del></del> -	<u> </u>	
	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42				
	Other expenses not covered above (itemize): BANK FEES	420	322.	322.		
	ADOPTION	43a 43b	760.	760.		<u> </u>
	ADVERTISING	43c	28320.	28320.		
	DUES	43d	30.	30.	_	<del></del>
	OUTSIDE LABOR	43e	2552.	2552.		
	TRAINING	431	1600.	1600.		· · <del>-</del>
	RECRUITMENT	43g	245.	245.		
•	Total functional expenses. Add lines 22a through					
	43g (Organizations completing columns (B)-(D),					
	carry these totals to lines 13-15)	44	47665.	41665.	6000.	0 ,
	t Costs. Check > if you are following	SOP 9	3-2.			
Are a	ny joint costs from a combined educational campai	gn and f		orted in (B) Program service	es?	Yes X No
			/ -			NT / N
	s," enter (I) the aggregate amount of these joint cos he amount allocated to Management and general \$	its \$	$\frac{N/A}{N/A}$ , and (	ii) the amount allocated to I	Program services \$	N/A N/A

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

Pi	art III Statement of	Program Se	ervice Acco	omplishment	<b>ts</b> (See the instr	uctions.)				
Hov	m 990 is available for public w the public perceives an o urn is complete and accurat	rganization in s	such cases ma	y be determined	d by the informat	on presented	on its retu			
Wh	at is the organization's prim	nary exempt pu	rpose? ▶ _\$	SEE STATI	EMENT 3					Program Service Expenses
clie	organizations must describ ints served, publications iss anizations and 4947(a)(1) n	sued, etc. Disci	uss achieveme	nts that are not	measurable. (Se	ction 501(c)(3)	and (4)		1	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others )
а	ORGANIZED AND	ASSISI	red With	intern.	ALTIONAL	ADOPTIO	N.			
b	(Grants and allocations	\$		) If this amou	unt includes fore	ign grants, che	eck here	<b>&gt;</b>		41665.
			-							
C	(Grants and allocations	\$		) If this amou	unt includes fore	ign grants, che	eck here	<b>&gt;</b>		
	(Grants and allocations	\$		) If this amou	unt includes fore	ign grants, che	eck here	<b>&gt;</b>		
d								-		
	(Grants and allocations Other program services (a	\$ ttach schedule	)	) If this amou	unt includes fore	Ign grants, che	eck here	<b>&gt;</b> _		

Form **990** (2006)

) If this amount includes foreign grants, check here

Form **990** (2006)

	instructions.)					
a	Total revenue, gains, and other support per audited financial statement	ents			а	N/A
b	Amounts included on line a but not on Part I, line 12:					
1	Net unrealized gains on investments	Į.	1			
2	Donated services and use of facilities	[i	2			
3	Recoveries of prior year grants	[	3			
4	Other (specify):	Ī	14			
	Add lines <b>b1</b> through <b>b4</b>				Ь	
C	Subtract line <b>b</b> from line <b>a</b>				C	
d	Amounts included on Part I, line 12, but not on line a:					
1	Investment expenses not included on Part I, line 6b	1	11			
2	Other (specify):	<del> </del>	12			
	Add lines d1 and d2				d	
e	Total revenue (Part I, line 12). Add lines c and d			<b>•</b>	е	
Pa	art IV-B Reconciliation of Expenses per Audited Fin	ancial Statements V	Vith Expenses	per l	Return	
а	Total expenses and losses per audited financial statements				а	N/A
Þ	Amounts included on line a but not on Part I, line 17:	1	1			
	Donated services and use of facilities		p1			
	Prior year adjustments reported on Part I, line 20		02			
	Losses reported on Part I, line 20	<u> -</u>	03			
4	Other (specify):	<u></u> <u>_</u>	04			
	Add lines <b>b1</b> through <b>b4</b>				ь	
C	Subtract line <b>b</b> from line <b>a</b>				С	
d	Amounts included on Part I, line 17, but not on line a:	1	1			
	Investment expenses not included on Part I, line 6b	<del> </del>	11			
2	Other (specify):		12			
	Add lines d1 and d2				d	
e	Total expenses (Part I, line 17). Add lines c and d			<u> </u>	e	
Pa	Current Officers, Directors, Trustees, and Ko or key employee at any time during the year even if they we			an of	ficer, direc	ctor, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation	(D) Cor	ntnbutions to	(E) Expense account and
	(A) hamo and address	position	(If not paid, enter -0)	plans	oyee benefit & deferred nsation plans	other allowances
	ISSY BESSEMER - KOLARIK	DIRECTOR				
$\bar{3}\bar{4}$	90 RIDGEWOOD RD.					
ĀK	RON, OH 44333	15.00				
TE	KON, OH 44555	10100	3000.		0.	0.
U L	NNIFER BESSEMER - MARANDO	DIRECTOR	3000.		0.	0.
7ī	NNIFER BESSEMER - MARANDO 0 SALISBURY WAY		3000.		0.	0.
7ī	NNIFER BESSEMER - MARANDO		3000.		0.	0.
7ī	NNIFER BESSEMER - MARANDO 0 SALISBURY WAY	DIRECTOR				
7ī	NNIFER BESSEMER - MARANDO 0 SALISBURY WAY	DIRECTOR				
7ī	NNIFER BESSEMER - MARANDO 0 SALISBURY WAY	DIRECTOR				
7ī	NNIFER BESSEMER - MARANDO 0 SALISBURY WAY	DIRECTOR				
7ī	NNIFER BESSEMER - MARANDO 0 SALISBURY WAY	DIRECTOR				
7ī	NNIFER BESSEMER - MARANDO O SALISBURY WAY	DIRECTOR				
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7ī	NNIFER BESSEMER - MARANDO 0 SALISBURY WAY	DIRECTOR				
7ī	NNIFER BESSEMER - MARANDO 0 SALISBURY WAY	DIRECTOR				
7ī	NNIFER BESSEMER - MARANDO 0 SALISBURY WAY	DIRECTOR				

Form	990 (2006) A CHILD'S WAITING WOR	RLD WIDE		27-0050	<u>741</u>		age 6
Pai	t V-A Current Officers, Directors, Trustees, and K	ey Employees (continu	red)			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted	to vote on organization bus	siness at board	_			
	meetings		<b>&gt;</b>	6			
b	Are any officers, directors, trustees, or key employees listed in Forn	n 990, Part V-A, or highest o	compensated emp	loyees			
	listed in Schedule A, Part I, or highest compensated professional ar	·					
	Part II-A or II-B, related to each other through family or business relation individuals and explains the relationship(s)		a statement that I EE STATEM		75b	х	
	, , , , , , , , , , , , , , , , , , , ,				730		
C	Do any officers, directors, trustees, or key employees listed in Form						
	listed in Schedule A, Part I, or highest compensated professional ar Part II-A or II-B, receive compensation from any other organizations						
	organization? See the instructions for the definition of 'related orga				75c		Х
	If "Yes," attach a statement that includes the information described	in the instructions.		1			
	Does the organization have a written conflict of interest policy?				75d	L	_X
Pai	t V-B Former Officers, Directors, Trustees, and Ke						
	<b>Benefits</b> (If any former officer, director, trustee, or key e the year, list that person below and enter the amount of co						
	the year, not that person below and often the amount of ot	The state of the s	(C) Compensation	(D) Contributions	to (	E) Expe	
	(A) Name and address NONE	(B) Loans and Advances	(if not paid, enter -0-)	employee benefit plans & deferred	ام ا	ccount er allow	
	NONE		enter-o-y	compensation plan	is Util	ei allun	ances
					Д_		
			<del> </del>		┿	_	
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				:			
					$+\!\!-$		
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					-		
Pat	t VI Other Information (See the Instructions.)					Yes	No
76	Did the organization make a change in its activities or methods of c	onducting activities? If "Ye	s," attach a detaile	ed		1	
	statement of each change				76	<u> </u>	X
77	Were any changes made in the organizing or governing documents	but not reported to the IRS	5?		77	ļ	X
70 -	If "Yes," attach a conformed copy of the changes.	20				1	v
	Did the organization have unrelated business gross income of \$1,00 lf "Yea" has it filed a tay return on Form 900. If for this year?	Ju or more during the year	covered by this ref	urn? N/A	78a	-	X
79	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial conf	raction during the year? If	"Ves " attach a sto	-	78b 79	<del>                                     </del>	X
	Is the organization related (other than by association with a statewi					<del> </del>	
u	membership, governing bodies, trustees, officers, etc., to any other			V.1	80a	1	х
b	If "Yes," enter the name of the organization ► N/A					· · · · · · ·	<u> </u>
		and check whether it is	exempt or	nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instruction	ns.)	81a	0.			
<u> </u>	Did the organization file Form 1120-POL for this year?				81 b		X
					Form	990	(2006)

Form	990 (2006) A CHILD'S WAITING WORLD WIDE 27-005	0741		age <b>7</b>
Pa	t VI Other Information (continued)		Yes	No
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		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	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			İ
	tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?  N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	ļ	
	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	$\dashv$		
е	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?  N/A	<u>85g</u>	-	<del> </del>
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	ļ	
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on		1	
	line 12 86a N/A	[		
þ	Gross receipts, included on line 12, for public use of club facilities  86b N/A  501(c)(12) organizations. Enter: a Gross income from members or shareholders.  87a N/A	<b>-</b>  -		
87	507(5)(12) organizations. Effect a cross most in common series of characteristics	$\dashv$		
b	Gross income from other sources. (Do not net amounts due or paid to other sources  against amounts due or received from them.)  87b			
	against amounts due of footived from thomy			
88 a	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?	88a	1	х
	If "Yes," complete Part IX	000	┼──	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	<b>▶</b> 88b	1	х
	section 512(b)(13)? If "Yes," complete Part XI	000	1	<del>                                     </del>
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	_		
	Section 4311P	-		
D	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?	89ь	1	X
_	If "Yes," attach a statement explaining each transaction  Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		1	1
C	Λ			
d				
e	Amount of the original coop, about 1, in a second to a problem of the shorter transporting?			X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
q	- Did the expensions of the second se	۱,		
y	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a				
oo a	Number of employees employed in the pay period that includes March 12, 2006			0
91 a	The books are in care of ► TODD KOLARIK  Telephone no ► 330-			)
J. 4	Located at ► 4615 PINEWOOD PATH, COPLEY, OH ZIP+4 ►			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over			No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		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.			
		For	~ 000	(2006)

		G MOKTO MIDE	<u> </u>		-0050/41 Page 8
Part VI Other Information (cont					Yes No
c At any time during the calendar year,			le of the Unit	ed States?	91c X
If "Yes," enter the name of the foreign	· —	N/A			
Section 4947(a)(1) nonexempt chanta	-				<b>▶</b> ∐
and enter the amount of tax-exempt I				▶ 92	N/A
Part VII Analysis of Income-Pr	He	es (See the Instructions related business income		by section 512, 513, or 514	T
Note: Enter gross amounts unless otherwis	se (A)	(B)	(C)	(D)	(E)
Indicated	Busine	SS   Amount	Exclu- sion	Amount	Related or exempt function income
93 Program service revenue	code		code		44576
a SEE STATEMENT 5					44370
b			<del></del>		
C					<del> </del>
d		<del></del>	<del></del>		<del></del>
e				**	
f Medicare/Medicaid payments		-			<del> </del>
g Fees and contracts from government	agencies				
94 Membership dues and assessments					
95 Interest on savings and temporary cash inv	estments				+
96 Dividends and interest from securities				······································	
97 Net rental income or (loss) from real es	tate				
a debt-financed property					
b not debt-financed property					<del> </del>
98 Net rental income or (loss) from persor	nai property				<del> </del>
99 Other investment income					
100 Gain or (loss) from sales of assets					
other than inventory					<del> </del>
101 Net income or (loss) from special even			<del>-   -  </del>		
102 Gross profit or (loss) from sales of inve	entory	-			<del> </del>
103 Other revenue:					
ā					
D				·	<del> </del>
·					
d					
e			0.	0.	44576
104 Subtotal (add columns (B), (D), and (E)			0.1		44576
105 Total (add line 104, columns (B), (D), a	` "	no 12 Port I		•	44370
Note: Line 105 plus line 1e, Part I, should e			ment Duren	ana /Saa tha instruct	tions !
······································			···		
Explain how each activity for which exempt purposes (other than by pr	•	· ,	outea importar	itly to the accomplishment	of the organization's
93A SUPERVISED POST 1			יון דו	FDFD CHILDDE	
93A PROVIDED HOME STU					
		FOR AUTHENT			. <u></u>
93A RECEIVED AND DIST	JOKED FORDS	FOR AUTHENT	ICALIO	N DEADO	<del></del>
Part IX Information Regarding	Tavable Subsid	liaries and Disreg	arded Ent	ities (See the instruction	one )
		(C)	arded Life	(D)	(E)
Name, address, and EIN of corporation,	(B) Percentage of	Nature of activities		Total income	End-of-year
partnership, or disregarded entity ov	vnership interest				assets
N/A	%				<del> </del>
N/A	%				<del> </del>
	% %				<del> </del>
Part X Information Regarding		ciated with Bores	nal Ronof	it Contracts /0== 45	I
······································				<del></del>	
(a) Did the organization, during the year, rece	•	• • • • •	-	ai nelielit couttact.	
(b) Did the organization, during the year, pay	•	• . •	ent contract?		Yes X No
Note: If "Yes" to (b), file Form 8870 and F	orm 4720 (see Instru	cuons).		<del></del>	F 000 (0006

01-18-07

Part		ontrolled Enti N/A	ties. Complete only if the organiz	ation is a	
106 D	old the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity a	<del></del>	n 512(b)(13) of the Code? If "Yes,		No
c	omplete the schedule below for each controlled entity  (A)  Name, address, of each  controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount transfe	
a -					
b					
c					
	Totals			Vas	No
	Old the reporting organization <b>receive</b> any transfers <b>from</b> a controlled encomplete the schedule below for each controlled entity.	tity as defined in s	ection 512(b)(13) of the Code? If *		140
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount transfe	
a					
<b>b</b> -					
c					
	Totals			Tv.	1.00
	Did the organization have a binding written contract in effect on August 1 innuities described in question 107 above?	7, 2006, covering	the interest, rents, royalties, and	Yes	No
Please	Under penalties of perjury, I declare that I have examined this return, including accompany and complete Declaration of preparer (other than officer) is based on all information of which	ng schedules and staten h preparer has any know	nents, and to the best of my knowledge and byledge	pelief, it is true, co	rrect,
Sign Here	Signature of officer  Type or print name and title		Date		
Paid Prepare	JASON R. BRADFORD, CPA	Date	Check if self-employed ► X Preparer's SSN	or PTIN (See Ger	n Inst X)
Use Only	y yours in self-employed), address, and	OSHOCTON,	OHIO Phone no ▶740-	622-334 Form <b>990</b>	

# **SCHEDULE A** (Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)** 

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

OMB No 1545-0047

<del></del>	A CHILD S WAITING WOR	TID W.	LDE		27 0030	41
Part I	Compensation of the Five Highest Pai (See page 2 of the instructions List each one if there are			Officers, Direc	ctors, and T	rustees
(	a) Name and address of each employee paid more than \$50,000		(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE						
Total number of over \$50,000	other employees paid	•	0			<u> </u>
Part II-A	Compensation of the Five Highest Pa (See page 2 of the instructions List each one (whether in	-			onal Service	es
	(a) Name and address of each independent contractor paid			(b) Type of s	ervice	(c) Compensation
NŌNĒ						
	others receiving over fessional services		0			
Part II-B	Compensation of the Five Highest Pai (List each contractor who performed services other than firms If there are none, enter "None" See page 2 of the in	profession	al services, whether individu		ervices	
	(a) Name and address of each independent contractor paid			(b) Type of s	ervice	(c) Compensation
NŌÑĒ						
						·
Total number of \$50,000 for othe	other contractors receiving over		0			······································
723,000 TOT OUT					_	

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

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

f Enter the total number of separate funds or accounts owned at the end of the 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

Schedule A (Form 990 or 990-EZ) 2006

0.

0.

Par	t IV	Reason for Non-Private Foundation S	<b>Status</b> (See pages 4 ti	hrough 7 of the instructio	s)				
l certif	y that th	ne organization is not a private foundation because it is (	Please check only ONE a	pplicable box )					
5		A church, convention of churches, or association of ch							
6		A school Section 170(b)(1)(A)(II) (Also complete Part	• • • •						
7		A hospital or a cooperative hospital service organization	•	u)					
8		A federal, state, or local government or governmental u		-					
g		A medical research organization operated in conjunction			he hospital's	name, city,			
		and state		- ( · // // / · · ·		, _,,			
10		An organization operated for the benefit of a college or	university owned or ope	rated by a governmental u	unit Section	170(b)(1)(A)(r	v)		
		(Also complete the Support Schedule in Part IV-A)		, ,		, , , ,	,		
11a		An organization that normally receives a substantial pa	art of its support from a o	overnmental unit or from	the general	oublic			
		Section 170(b)(1)(A)(vi) (Also complete the Support							
11b		A community trust Section 170(b)(1)(A)(vi) (Also con	·	dule in Part IV-A )					
12	X	An organization that normally receives (1) more than 3	• • • • • • • • • • • • • • • • • • • •		rship fees, a	nd gross			
		receipts from activities related to its charitable, etc., fur							
		its support from gross investment income and unrelate				ses acquired			
		by the organization after June 30, 1975 See section 5	09(a)(2) (Also complete	the Support Schedule in	Part IV-A)				
13		An organization that is not controlled by any disqualifie	ed persons (other than fo	undation managers) and	otherwise me	ets the require	ements of section		
		509(a)(3) Check the box that describes the type of sup	porting organization						
		Type I Type II	Type III-Fu	nctionally Integrated		Type III-	Other		
		Provide the following information at	oout the supported organ	izations. (See page 7 of	the instruction	ons )	· · · · · · · · · · · · · · · · · · ·		
		(a)	(b)	(c)	(d)	)	(e)		
		Name(s) of supported organization(s)	Employer	Type of organization		pported	Amount of		
			identification number (EIN)	(described in lines 5 through 12 above	the sup	on listed in	support		
				or IRC section)	organization's governing documents?				
					governing	documents?			
•					governing	documents?			
•					governing	documents?			
•					governing	documents?			
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					governing	documents?			
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					governing	documents?			
					governing	documents?	_		
					governing	documents?			
					governing	documents?			
					governing	documents?			
Tolol					governing	documents?			
Total					governing	documents?			
Total 14		An organization organized and operated to test for pub	In safaty Section 500(a)	or IRC section)	Yes	documents?			

Schedule A (Form 990 or 990-EZ) 2006

P	Support Schedule (C	complete only if you che e worksheet in the instr	cked a box on line 10	, 11, or 12.) Use cash from the accrual to the	method of acc	ountin	g. untina.
	endar year (or fiscal year inning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	7 4000	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)						
16	Membership fees received						
17	merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's			-			
	charitable, etc., purpose	48093.	47568.				95661.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business						
	activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	48093.	47568.	0.		0.	95661.
24	Line 23 minus line 17						
25	Enter 1% of line 23	481.	476.				· · · · · · · · · · · · · · · · · · ·
26	Organizations described on lines 1	<b>0 or 11</b> : <b>a</b> Enter 2% of a	mount in column (e), lin	e 24	<b>&gt;</b>	26a	N/A
ì	<ul> <li>Prepare a list for your records to sho unit or publicly supported organizati</li> <li>Do not file this list with your return.</li> </ul>	on) whose total gifts for 20	002 through 2005 exceed	•		26b	N/A
(	Total support for section 509(a)(1) t		• •		<b>&gt;</b>	26c	N/A
(	d Add Amounts from column (e) for li	• • • • • • • • • • • • • • • • • • • •					27/2
		22	26b		•	26d	N/A
	Public support (line 26c minus line 2	•				26e	N/A
	Public support percentage (line 26				<u> </u>	26f	N/A %
27	Organizations described on line 12 records to show the name of, and to such amounts for each year.						•
	•	• (2004)	0 . (26	003)	0 . (200	2)	0.
t	For any amount included in line 17 th and amount received for each year, t	hat was received from eacl	h person (other than "dis	qualified persons"), prepa	are a list for your r	ecords t	
	described in lines 5 through 11b, as the larger amount described in (1) o					een the	amount received and
	(2005) 0	• (2004)	0 . (20	003)	0 . (200	2)	0.
	Add Amounts from column (e) for li	ines 15		16	·		
	17	95661 <u>.</u> 20		21	<b>&gt;</b>	27c	95661.
	1 Add Line 27a total	0 . and	l line 27b total		<u>0.</u> ▶	27d	0.
ε	Public support (line 27c total minus	line 27d total)			<b>&gt;</b>	27e	95661.
f	Total support for section 509(a)(2) to			➤ 27f	95661.		
ç	Public support percentage (lin		-	••	<b>&gt;</b>	27g	100.0000%
	n Investment income percentage					27h	.0000%
	Unusual Grants: For an organization show, for each year, the name of the coreturn. Do not include these grants in I	ontributor, the date and an line 15	nount of the grant, and a	nusual grants during 200 brief description of the n	)2 through 2005, pature of the grant	repare Do not	a list for your records to file this list with your
6231	31 01-18-07	N	ONE			Schedul	e A (Form 990 or 990-EZ) 2006

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

 $\overline{A/V}$ 

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
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		<u> </u>
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)			
		_		
		_		
	<del></del>	_		
		-		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	-	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c	ļ	-
d		32d		
	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	- [		
а	Students' rights or privileges?	33a	1	Ì
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33¢		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	<b>33</b> g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
		_		
		_		}
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>
b	Has the organization's right to such aid ever been revoked or suspended?	34b	ļ	ļ
	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		

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions )

N/A

(To be completed ONLY by an eligible organization that filed Form 5768) If you checked "a" and "limited control" provisions apply Check Pa If the organization belongs to an affiliated group Check b (b) (a) Limits on Lobbying Expenditures Affiliated group To be completed for all totals electing organizations (The term "expenditures" means amounts paid or incurred ) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 38 Total lobbying expenditures (add lines 36 and 37) 38 39 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Loobying 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 41 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

# Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

42

43

44

		N/A			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount		•			0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

### Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h.)
- c Media advertisements

Over \$17,000,000

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

Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38

- Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)
  - If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
	<del> </del> -	
		0.
	Yes	Yes No

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Schedule A (Form 990 or 990-EZ) 2006

Part				Relationships With Nonchar	itable	
50 a Ti (i b Of	nd the reporting organization d D1(c) of the Code (other than s ransfers from the reporting org i) Cash ii) Other assets ther transactions ii) Sales or exchanges of asse	zations (See page 13 of the instructions (See page 13 of the instructions) or instruction 501(c)(3) organizations) or instruction to a noncharitable exempt as with a noncharitable exempt organization and organization ent, or other assets	the following with any other i section 527, relating to pol organization of	-	51a(i) a(ii) b(i) b(ii) b(iii)	X X X X
(v (v c Si d If	haring of facilities, equipment, the answer to any of the abovi oods, other assets, or services	membership or fundraising solicitate mailing lists, other assets, or paid er	mployees nedule Column (b) should a If the organization received		b(iv) b(v) b(vi) c	X X X X
(a) Line no	(b) Amount involved	(c) Name of noncharitable exe		(d) Description of transfers, transactions, and		
C	ode (other than section 501(c) "Yes," complete the following :	)(3)) or in section 527? schedule N/A		anizations described in section 501(c) of the	} Yes [	X No
	(a) Name of ore	) ganization	(b) Type of organization	(c) Description of relation	ship	

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FORM 990 OFFI	CER COMPENSATION PART II, LIN			STATEMENT	1
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS	
CRISSY BESSEMER - KOLARIK	3000.			300	0.
A. PROGRAM SERVICES					
B. MANAGEMENT AND GENERAL	3000.			300	0.
C. FUNDRAISING					
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS	
JENNIFER BESSEMER - MARANDO	3000.			300	0.
A. PROGRAM SERVICES					
B. MANAGEMENT AND GENERAL C. FUNDRAISING	3000.			300	0.
TOTAL PROGRAM SERVICES TOTAL MANAGEMENT AND GENER. TOTAL FUNDRAISING				600	
TOTAL OFFICER, ETC., COMPE	NSATION INCLUDE	ED ON PART II	, LINE 25A	600	)0. ——
FORM 990 SPE	CIFIC ASSISTANC	CE TO INDIVID	UALS	STATEMENT	2
DESCRIPTION				AMOUNT	
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.				7816.	
TOTAL TO FORM 990, PART II, LINE 23				7816.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

## EXPLANATION

PROVIDE ASSISTANCE WORLDWIDE IN THE ADOPTION, FOSTERING AND SUPPORT CHILDREN

FORM 990	EXPLANATION OF RELATIONSHIP	STATEMENT	4
	PART V-A, LINE 75B		

INDIVIDUAL'S NAME TITLE OR ROLE

CHRISSY BESSEMER - KOLARIK CO-DIRECTOR

INDIVIDUAL'S NAME TITLE OR ROLE

JENNIFER BESSEMER - MARANDO CO-DIRECTOR

EXPLANATION OF RELATIONSHIP

THE RELATIONSHIP BETWEEN THE CO-DIRECTORS IS THAT OF SISITERS.

FORM 990	PROGRAM SERVICE REVENUE				STATEMENT 5	
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME	
POST PLACEMENT SUPERVISION - INTERNATIONAL					8898.	
HOME STUDIES AND POST PLACEMENT INTERNATIONAL SERVICES PASSTHROUGH RECEIPTS FOR					17315.	
AUTHENTICATION SEALS REFUND OF EXPENSES					17251. 1112.	
TO FORM 990, PART VII, LINE	93		•		44576.	