

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2006, or fiscal year beginning \_\_\_\_\_, 2006, and ending \_\_\_\_\_

Department of the Treasury Internal Revenue Service

G Do not send to the IRS. Keep for your records. G See instructions.

2006

Return ID (20-digit number) A 84051020071340600008

Name of exempt organization

Employer identification number

Project Angel Heart

84-1199481

Name and title of officer

BJ Dyer

President

Part I Tax Return and Return Information (Whole dollars only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (a, b) for tax return information.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize Davi s & Co. , CPAs, P. C. to enter my PIN 68505 as my signature

on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature G \_\_\_\_\_ Date G \_\_\_\_\_

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 84051091370

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature G \_\_\_\_\_ Date G \_\_\_\_\_

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

**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)

**2006**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2006 calendar year, or tax year beginning \_\_\_\_\_, 2006, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Please use IRS label or print or type. See specific instructions.  
**Project Angel Heart**  
**4190 Garfield Street, Unit 5**  
**Denver, CO 80216**

**D** Employer Identification Number  
**84-1199481**

**E** Telephone number  
**303-830-0202**

**F** Accounting method:  Cash  Accrual  
 Other (specify) **G**

**H** and **I** are not applicable to section 527 organizations.  
**H (a)** Is this a group return for affiliates? . . .  Yes  No  
**H (b)** If 'Yes,' enter number of affiliates. **G**  
**H (c)** Are all affiliates included? . . . . .  Yes  No  
 (If 'No,' attach a list. See instructions.)  
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number: **G**

**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **G** **1,778,382.**

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

		1 Contributions, gifts, grants, and similar amounts received:			
		a Contributions to donor advised funds . . . . .	1a		
		b Direct public support (not included on line 1a) . . . . .	1b	1,344,740.	
		c Indirect public support (not included on line 1a) . . . . .	1c	35,287.	
		d Government contributions (grants) (not included on line 1a) . . . . .	1d	191,756.	
		e Total (add lines 1a through 1d) (cash \$ <u>1,571,783.</u> noncash \$ _____)	1e		1,571,783.
		2 Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .	2		
		3 Membership dues and assessments . . . . .	3		
		4 Interest on savings and temporary cash investments . . . . .	4	43,016.	
		5 Dividends and interest from securities . . . . .	5	13,836.	
		6a Gross rents . . . . .	6a		
		b Less: rental expenses . . . . .	6b		
		c Net rental income or (loss). Subtract line 6b from line 6a . . . . .	6c		
		7 Other investment income (describe _____ <b>G</b> _____)	7		
		8a Gross amount from sales of assets other than inventory . . . . .	(A) Securities	(B) Other	
			19,377.	8a	
		b Less: cost or other basis and sales expenses . . . . .	8b		
		c Gain or (loss) (attach schedule). . . . . <b>Statement 1.</b>	19,377.	8c	
		d Net gain or (loss). Combine line 8c, columns (A) and (B) . . . . .	8d		19,377.
		9 Special events and activities (attach schedule). If any amount is from gaming, check here. . . . . <b>G</b> <input type="checkbox"/>			
		a Gross revenue (not including \$ <u>20,731.</u> of contributions reported on line 1b) . . . . .	9a	130,370.	
		b Less: direct expenses other than fundraising expenses . . . . .	9b	19,816.	
		c Net income or (loss) from special events. Subtract line 9b from line 9a . . . . . <b>Statement 2.</b>	9c		110,554.
		10a Gross sales of inventory, less returns and allowances . . . . .	10a		
		b Less: cost of goods sold . . . . .	10b		
		c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a . . . . .	10c		
		11 Other revenue (from Part VII, line 103) . . . . .	11		
		12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 . . . . .	12		1,758,566.
EXPENSES		13 Program services (from line 44, column (B)) . . . . .	13		1,234,649.
		14 Management and general (from line 44, column (C)) . . . . .	14		77,117.
		15 Fundraising (from line 44, column (D)) . . . . .	15		199,667.
		16 Payments to affiliates (attach schedule) . . . . .	16		
		17 Total expenses. Add lines 16 and 44, column (A) . . . . .	17		1,511,433.
ASSETS		18 Excess or (deficit) for the year. Subtract line 17 from line 12 . . . . .	18		247,133.
		19 Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .	19		1,608,206.
		20 Other changes in net assets or fund balances (attach explanation) . . . . .	20		
		21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 . . . . .	21		1,855,339.

**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.

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 sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... G <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... G <input type="checkbox"/>	22b				
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 sch) . See Stmt 3.	25a	93,791.	77,422.	4,493.	11,876.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch).....	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	547,870.	452,250.	26,243.	69,377.
27 Pension plan contributions not included on lines 25a, b, and c.....	27	5,494.	4,535.	263.	696.
28 Employee benefits not included on lines 25a - 27.....	28	46,406.	38,307.	2,223.	5,876.
29 Payroll taxes.....	29	49,529.	40,885.	2,372.	6,272.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31				
32 Legal fees.....	32				
33 Supplies.....	33	36,923.	36,923.		
34 Telephone.....	34	7,697.	6,850.	231.	616.
35 Postage and shipping.....	35	28,534.	25,396.	856.	2,282.
36 Occupancy.....	36	111,966.	100,750.	3,059.	8,157.
37 Equipment rental and maintenance.....	37	4,154.	3,697.	125.	332.
38 Printing and publications.....	38	39,784.	35,407.	1,194.	3,183.
39 Travel.....	39	18,355.	7,441.		10,914.
40 Conferences, conventions, and meetings.....	40	5,636.	4,198.	392.	1,046.
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42	74,211.	66,049.	2,226.	5,936.
43 Other expenses not covered above (itemize):					
a See Statement 4	43a	441,083.	334,539.	33,440.	73,104.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	1,511,433.	1,234,649.	77,117.	199,667.

Joint Costs. Check  G if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?..... G  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

Part III Statement of Program Service Accomplishments

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? G <u>See Statement 5</u> 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.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Nutritional meals delivered hot daily or frozen weekly to people living with HIV/AIDS and other life-threatening illnesses such as cancer. #meal units delivered during 2006 = 318627; # clients served = 1,392</u> _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	1,234,649.
b _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	
c _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	
d _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	
e Other program services _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) _____ G	1,234,649.

BAA

**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	
ASSETS	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	1,274,403.	46	797,252.	
	47a Accounts receivable	47 a			
	b Less: allowance for doubtful accounts	47 b	495.	47 c	
	48a Pledges receivable	48 a			
	b Less: allowance for doubtful accounts	48 b	36,231.	48 c	
	49 Grants receivable		6,838.	49	19,172.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50 a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50 b	
	51a Other notes and loans receivable (attach schedule)	51 a			
	b Less: allowance for doubtful accounts	51 b		51 c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		10,000.	53	10,000.
	54a Investments - publicly-traded securities. Stmt. 6. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			54 a	818,492.
	b Investments - other securities (attach sch). <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54 b	
	55a Investments - land, buildings, & equipment: basis	55 a			
	b Less: accumulated depreciation (attach schedule)	55 b		55 c	
	56 Investments - other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	57 a	653,654.		
b Less: accumulated depreciation (attach schedule). Statement 7	57 b	415,341.	306,697.	57 c	238,313.
58 Other assets, including program-related investments (describe G <u>See Statement 8</u> )		42,500.	58	32,500.	
59 Total assets (must equal line 74). Add lines 45 through 58		1,677,164.	59	1,915,729.	
LIABILITIES	60 Accounts payable and accrued expenses		41,326.	60	25,583.
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64 a	
	b Mortgages and other notes payable (attach schedule)			64 b	
	65 Other liabilities (describe G <u>See Statement 9</u> )		27,632.	65	34,807.
66 Total liabilities. Add lines 60 through 65		68,958.	66	60,390.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		1,504,795.	67	1,759,057.
	68 Temporarily restricted		103,411.	68	96,282.
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <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 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,608,206.	73	1,855,339.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,677,164.	74	1,915,729.	

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

a	Total revenue, gains, and other support per audited financial statements	a	2,282,792.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	406,748.
	3 Recoveries of prior year grants	b3	
	4 Other (specify): See Stm 10	b4	117,478.
	Add lines b1 through b4	b	524,226.
c	Subtract line b from line a	c	1,758,566.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	G e	1,758,566.

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

a	Total expenses and losses per audited financial statements	a	2,035,659.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	406,748.
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): See Stmt 11	b4	117,478.
	Add lines b1 through b4	b	524,226.
c	Subtract line b from line a	c	1,511,433.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	G e	1,511,433.

**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 and deferred compensation plans	(E) Expense account and other allowances
See Statement 12		87,512.	6,279.	0.



Part 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	524,226.	
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	X	
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 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? If 'Yes,' complete Part IX. ....	88a		X
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. ....	G 88b		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 G <u>0.</u> ; section 4912 G <u>0.</u> ; section 4955 G <u>0.</u> .....			
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. ....	G	0.	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization. ....	G	0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	89g		X
90 a List the states with which a copy of this return is filed G <u>None</u> .....			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) .....	90b	18	
91 a The books are in care of G <u>The Organization</u> Telephone number G <u>303-830-0202</u> Located at G <u>4190 Garfield Street, Unit 5, Denver CO</u> ZIP + 4 G <u>80216</u> .....			
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
If 'Yes,' enter the name of the foreign country G _____			X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			



**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 If 'Yes,' enter the name of the foreign country G

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here  N/A  G  
 and enter the amount of tax-exempt interest received or accrued during the tax year G 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	43,016.	
96 Dividends & interest from securities			14	13,836.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	19,377.	
101 Net income or (loss) from special events			1	110,554.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				186,783.	
105 Total (add line 104, columns (B), (D), and (E))				<u>G</u> 186,783.	

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
F	
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with 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).

**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 make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please Sign Here	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.	
	G _____ Signature of officer	_____ Date
	G BJ Dyer, President Type or print name and title.	

Paid Preparer's Use Only	Preparer's signature G _____	Date	Check if self-employed G <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W) P00166331
	Firm's name (or yours if self-employed), address, and ZIP + 4 G Davis & Co., CPAs, P.C. G 9457 S. University Blvd., #410 Highlands Ranch, CO 80126		EIN G 84-1184234 Phone no. G (303) 791-6800	

BAA

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

2006

Department of the Treasury  
Internal Revenue Service

Supplementary Information (See separate instructions.)

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

Name of the organization

Project Angel Heart

Employer identification number

84-1199481

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 13		56,967.	5,063.	0.
Total number of other employees paid over \$50,000	G 0			

**Part II A** Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	G 0	

**Part II B** Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	G 0	

Part III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . G \$ <u>1,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
3b	Did the organization have a section 403(b) annuity plan for its employees?	X	
3c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
3d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
4b	Did the organization make any taxable distributions under section 4966?		N/A
4c	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year. . . . . G <u>          </u>		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. . . . . G <u>          </u>		N/A
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. . . . . G <u>          </u>		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . . G <u>          </u>		0.

**Part IV Reason for Non-Private Foundation Status (See instructions.)**

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state G \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions ' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: G  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total .....					G 0.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)..... G	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)....	1,422,811.	1,186,805.	1,049,813.	997,039.	4,656,468.
16 Membership fees received.....					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.....	124,071.	120,748.	109,002.	63,412.	417,233.
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.....	15,313.	6,901.	3,925.	7,833.	33,972.
19 Net income from unrelated business activities not included in line 18.....					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					0.
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.....					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 14.....		2,500.	6,000.	6,000.	14,500.
23 Total of lines 15 through 22.....	1,562,195.	1,316,954.	1,168,740.	1,074,284.	5,122,173.
24 Line 23 minus line 17.....	1,438,124.	1,196,206.	1,059,738.	1,010,872.	4,704,940.
25 Enter 1% of line 23.....	15,622.	13,170.	11,687.	10,743.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... G					26a 94,099.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... G					26b 101,358.
c Total support for section 509(a)(1) test: Enter line 24, column (e)..... G					26c 4,704,940.
d Add: Amounts from column (e) for lines: 18 33,972. 19 22 14,500. 26b 101,358. G					26d 149,830.
e Public support (line 26c minus line 26d total)..... G					26e 4,555,110.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... G					26f 96.82 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ G					27c _____
d Add: Line 27a total _____ and line 27b total _____ G					27d _____
e Public support (line 27c total minus line 27d total)..... G					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).... G					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... G					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))..... G					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V** Private School Questionnaire (See instructions.)

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

N/A

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations																						
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	Lobbying nontaxable amount. Enter the amount from the following table ' <table border="0" style="margin-left: 20px;"> <tr> <td>If the amount on line 40 is '                             <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .....</td> <td>\$100,000 plus 15% of the excess over \$500,000 .....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 .....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 .....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td> </tr> <tr> <td>Over \$17,000,000 .....</td> <td>\$1,000,000 .....</td> </tr> </table> </td> <td>The lobbying nontaxable amount is '                             <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .....</td> <td>\$100,000 plus 15% of the excess over \$500,000 .....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 .....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 .....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td> </tr> <tr> <td>Over \$17,000,000 .....</td> <td>\$1,000,000 .....</td> </tr> </table> </td> </tr> </table>	If the amount on line 40 is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .....</td> <td>\$100,000 plus 15% of the excess over \$500,000 .....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 .....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 .....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td> </tr> <tr> <td>Over \$17,000,000 .....</td> <td>\$1,000,000 .....</td> </tr> </table>	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 .....	The lobbying nontaxable amount is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .....</td> <td>\$100,000 plus 15% of the excess over \$500,000 .....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 .....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 .....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td> </tr> <tr> <td>Over \$17,000,000 .....</td> <td>\$1,000,000 .....</td> </tr> </table>	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 .....	41	
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42	Grassroots nontaxable amount (enter 25% of line 41) .....	42																							
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43																							
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44																							
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.)

Calendar year (or fiscal year beginning in) G	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount .....				
46	Lobbying ceiling amount (150% of line 45(e)) .....				
47	Total lobbying expenditures .....				
48	Grassroots non-taxable amount .....				
49	Grassroots ceiling amount (150% of line 48(e)) .....				
50	Grassroots lobbying expenditures .....				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers .....		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....		X	
c Media advertisements .....		X	
d Mailings to members, legislators, or the public .....		X	
e Publications, or published or broadcast statements .....		X	
f Grants to other organizations for lobbying purposes .....	X		1, 000.
g Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
i Total lobbying expenditures (add lines c through h.) .....			1, 000.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities. **See Statement 15**





Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

Project Angel Heart

Employer identification number

84-1199481

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule ' see instructions.)

General Rule '

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ..... G \$ \_\_\_\_\_

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

Employer identification number

Project Angel Heart

84-1199481

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Denver Foundation 950 S. Cherry Street, #200 Denver, CO 80246	\$ 68,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Komen Breast Cancer Fndtn. 1835 Franklin St Denver, CO 80218	\$ 66,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Altria Group, Inc. 120 Park Avenue New York, NY 10017	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Avon Foundation 1345 Avenue of the Americas New York, NY 10105	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	McCormick Tribune Foundation POB 173365 Denver, CO 80217	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Project Angel Heart

84-1199481

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----

Name of organization

Employer identification number

Project Angel Heart

84-1199481

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ..... G \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	

## Project Angel Heart

84-1199481

Statement 1  
Form 990, Part I, Line 8  
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 19,377.  
Cost or Other Basis: 0.

Total Gain (Loss) Publicly Traded Securities \$ 19,377.

Total Net Gain (Loss) From Noninventory Sales \$ 19,377.

Statement 2  
Form 990, Part I, Line 9  
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Art for Life Auction	83,202.	16,025.	67,177.	10,398.	56,779.
A Taste for Life	67,899.	4,706.	63,193.	9,418.	53,775.
Total	\$ 151,101.	\$ 20,731.	\$ 130,370.	\$ 19,816.	\$ 110,554.

Statement 3  
Form 990, Part II, Line 25a  
Compensation of Officers, Directors, Etc.

Compensation Received	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Rosalie Goldman	0.	0.	0.	0.
David Alexander	0.	0.	0.	0.
Mark Cornetta	0.	0.	0.	0.
Erika Hanson Brown	0.	0.	0.	0.
BJ Dyer	0.	0.	0.	0.
Mark Thrun	0.	0.	0.	0.
Jeff Giadone	0.	0.	0.	0.
Paul Jeselnick	0.	0.	0.	0.
Erin Pulling	87,512.	72,239.	4,192.	11,081.
Dean McConnell	0.	0.	0.	0.
John Grigsby, Jr.	0.	0.	0.	0.
Flynn Rivenbark	0.	0.	0.	0.
Lee Rudofsky	0.	0.	0.	0.
Total	\$ 87,512.	\$ 72,239.	\$ 4,192.	\$ 11,081.

Employee Benefit Plan Contribution	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Rosalie Goldman	0.	0.	0.	0.
David Alexander	0.	0.	0.	0.
Mark Cornetta	0.	0.	0.	0.
Erika Hanson Brown	0.	0.	0.	0.
BJ Dyer	0.	0.	0.	0.

## Project Angel Heart

84-1199481

Statement 3 (continued)  
Form 990, Part II, Line 25a  
Compensation of Officers, Directors, Etc.

Mark Thrun	0.	0.	0.	0.
Jeff Giadone	0.	0.	0.	0.
Paul Jeselnick	0.	0.	0.	0.
Erin Pulling	6,279.	5,183.	301.	795.
Dean McConnell	0.	0.	0.	0.
John Grigsby, Jr.	0.	0.	0.	0.
Flynn Rivenbark	0.	0.	0.	0.
Lee Rudofsky	0.	0.	0.	0.
Total	<u>\$ 6,279.</u>	<u>\$ 5,183.</u>	<u>\$ 301.</u>	<u>\$ 795.</u>

Expense Acct. & Other Allowances	(A)	(B)	(C)	(D)
Name	Total	Program Services	Management & General	Fundraising
Rosalie Goldman	0.	0.	0.	0.
David Alexander	0.	0.	0.	0.
Mark Cornetta	0.	0.	0.	0.
Erika Hanson Brown	0.	0.	0.	0.
BJ Dyer	0.	0.	0.	0.
Mark Thrun	0.	0.	0.	0.
Jeff Giadone	0.	0.	0.	0.
Paul Jeselnick	0.	0.	0.	0.
Erin Pulling	0.	0.	0.	0.
Dean McConnell	0.	0.	0.	0.
John Grigsby, Jr.	0.	0.	0.	0.
Flynn Rivenbark	0.	0.	0.	0.
Lee Rudofsky	0.	0.	0.	0.
Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 4  
Form 990, Part II, Line 43  
Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Advertising & promotion	4,444.	3,955.	136.	353.
Bad debt expense	27,080.		27,080.	
Cost of meals	271,259.	271,259.		
Dues and subscriptions	8,828.	7,857.	265.	706.
Insurance	11,406.	10,155.	341.	910.
Miscellaneous	1,755.	1,755.		
Office expenses	45,233.	7,540.	254.	37,439.
Professional services	41,403.	26,967.	5,194.	9,242.
Training	24,000.			24,000.
Volunteer expense	5,675.	5,051.	170.	454.
Total	<u>\$ 441,083.</u>	<u>\$ 334,539.</u>	<u>\$ 33,440.</u>	<u>\$ 73,104.</u>

## Project Angel Heart

84-1199481

Statement 5  
Form 990, Part III  
Organization's Primary Exempt Purpose

Home-based meals for people living with HIV/AIDS and other life threatening illnesses.

Statement 6  
Form 990, Part IV, Line 54a  
Investments - Publicly Traded Securities

Corporate Stocks	Valuation Method	Amount
Equity mutual funds	Market Value	\$ 365,599.
	Total	\$ <u>365,599.</u>
Corporate Bonds	Valuation Method	Amount
Fixed income funds	Market Value	452,893.
	Total	\$ <u>452,893.</u>
	Publicly Traded Securities	<u>\$ 818,492.</u>

Statement 7  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 60,823.	\$ 29,710.	\$ 31,113.
Furniture and Fixtures	27,693.	24,180.	3,513.
Machinery and Equipment	268,338.	219,670.	48,668.
Improvements	296,800.	141,781.	155,019.
Total	<u>\$ 653,654.</u>	<u>\$ 415,341.</u>	<u>\$ 238,313.</u>

Statement 8  
Form 990, Part IV, Line 58  
Other Assets

Deferred rental expense .....	\$ 32,500.
Total	<u>\$ 32,500.</u>



## Project Angel Heart

84-1199481

Statement 9  
Form 990, Part IV, Line 65  
Other Liabilities

Accrued compensated absences..... Total \$ 34,807.  
\$ 34,807.

Statement 10  
Form 990, Part IV-A, Line b(4)  
Other Amounts

Donated food and meal supplies..... Total \$ 117,478.  
\$ 117,478.

Statement 11  
Form 990, Part IV-B, Line b(4)  
Other Amounts

Donated food and meal supplies..... Total \$ 117,478.  
\$ 117,478.

Statement 12  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Rosalie Goldman 4190 Garfield St., Unit 5 Denver, CO 80216	Director 2	\$ 0.	\$ 0.	\$ 0.
David Alexander 4900 E 6th Ave Denver, CO 80220	Director 2	0.	0.	0.
Mark Cornetta 500 Speer Blvd. Denver, CO 80203	Director 2	0.	0.	0.
Erika Hanson Brown 4190 Garfield St., Unit 5 Denver, CO 80216	Director 2	0.	0.	0.
BJ Dyer 1525 15th St. Denver, CO 80202	President/Treas 3	0.	0.	0.

## Project Angel Heart

84-1199481

Statement 12 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
Mark Thrun 605 Bannock St Denver, CO 80204	Vice President 3	\$ 0.	\$ 0.	\$ 0.
Jeff Giadone 6465 S Greenwood Plaza Blvd300 Centennial, CO 80111	Director 2	0.	0.	0.
Paul Jeselnick 909 Lafayette St., Ste 802 Denver, CO 80218	Director 2	0.	0.	0.
Erin Pulling 4190 Garfield Street, Unit 5 Denver, CO 80216	Executive Director 45	87,512.	6,279.	0.
Dean McConnell 1050 17th St., Ste 2500 Denver, CO 80265-2080	Director 2	0.	0.	0.
John Grigsby, Jr. 4190 Garfield St., Unit 5 Denver, CO 80216	Director 2	0.	0.	0.
Flynn Rivenbark 4190 Garfield St., Unit 5 Denver, CO 80216	Director 2	0.	0.	0.
Lee Rudofsky 3773 Cherry Creek No Dr. #801 Denver, CO 80209	Vice President 3	0.	0.	0.
Total		<u>\$ 87,512.</u>	<u>\$ 6,279.</u>	<u>\$ 0.</u>

Statement 13  
Schedule A, Part I  
Compensation of Five Highest Paid Employees

Name and Address	Title & Average Hours Worked	Compensation	Contribution to EBP & DC	Expense Account
Sandra Nagler 4190 Garfield Street, Unit 5 Denver, CO 80216	Program Director 40	56,967.	5,063.	0.
Total		<u>\$ 56,967.</u>	<u>\$ 5,063.</u>	<u>\$ 0.</u>

## Project Angel Heart

84-1199481

Statement 14  
Schedule A, Part IV-A, Line 22  
Other Income

Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
Miscellaneous	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 0.
Gross rents	0.	2,500.	6,000.	6,000.	14,500.
Total	<u>\$ 0.</u>	<u>\$ 2,500.</u>	<u>\$ 6,000.</u>	<u>\$ 6,000.</u>	<u>\$ 14,500.</u>

Statement 15  
Schedule A, Part VI-B, Line i  
Descriptions of the Lobbying Activities

\$1,000 contribution to CORA (Colorado Organizations Responding to AIDS) for lobbying activities.

## Notice Re: Excess Contributors Worksheet

You are required by the IRS to keep this form in your records in case you are ever audited. However, it is not considered an actual part of your tax return. Therefore, you should keep it separately in your files, and not provide it to anyone who asks for a copy of your Form 990.

## Project Angel Heart

84-1199481

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Depr. Schedule Only																
Auto / Transport Equipment																
1	2000 GMC Savana Club Van	9/01/01		16,377							16,377	14,739	S/L	5		1,638
47	Truck	4/14/05		44,446							44,446	4,444	S/L	5		8,889
Total Auto / Transport Equipment				60,823		0	0	0	0	0	60,823	19,183				10,527
Furniture and Fixtures																
3	12 Workstations	3/01/01		10,163							10,163	9,147	S/L	5		339
4	2 2-seat loungers	3/01/01		1,370							1,370	1,233	S/L	5		46
5	Mini Blinds	3/01/01		1,205							1,205	1,084	S/L	5		40
6	Reception Desk	3/01/01		2,250							2,250	2,025	S/L	5		75
7	Chairs	3/01/01		1,510							1,510	1,359	S/L	5		50
8	7 Folding Tables	3/01/01		595							595	535	S/L	5		20
9	Signage	3/01/01		5,840							5,840	5,256	S/L	5		195
32	Project Room Cabinets	2/21/02		770							770	539	S/L	5		154
33	Convention Display	2/04/02		550							550	385	S/L	5		110
34	Interior Signage	3/06/02		90							90	63	S/L	5		18
44	3 workstations	10/01/04		3,350							3,350	837	S/L	5		670
Total Furniture and Fixtures				27,693		0	0	0	0	0	27,693	22,463				1,717
Improvements																
2	Lobby/Office Improvements	9/01/01		226,404							226,404	98,022	S/L	10		22,640
49	HVAC & 2nd hood install	7/01/05		70,396							70,396	7,040	S/L	5		14,079
Total Improvements				296,800		0	0	0	0	0	296,800	105,062				36,719

## Project Angel Heart

84-1199481

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Machinery and Equipment																
10	VCR-TV-Printer	1/01/94		865							865	865	S/L	5		0
11	Inacom Phone System	3/01/98		5,287							5,287	5,287	S/L	5		0
12	Customized Donor Software	12/01/98		2,586							2,586	2,542	S/L	5		0
13	Zip Drive & Backup System	6/01/00		1,210							1,210	1,192	S/L	5		0
14	Digital Camera w/netwcard	3/01/01		813							813	732	S/L	5		27
15	Laser Printer	12/01/01		250							250	225	S/L	5		25
16	10 Compaq Computer desktp	3/01/01		16,419							16,419	14,839	S/L	5		547
17	5 phones - Bus. Solutions	3/01/01		915							915	823	S/L	5		31
18	Kitchen Equipment	1/01/94		12,333							12,333	12,333	S/L	10		0
19	Hobart Mixer	6/01/97		4,175							4,175	4,175	S/L	10		0
20	Oliver Heat Sealer	1/01/99		2,683							2,683	2,683	S/L	5		0
21	Industrial Meat Slicer	4/01/99		950							950	935	S/L	5		0
22	MultiPure Water Filter	3/01/00		424							424	396	S/L	5		0
23	Blast Freezer	4/01/01		24,271							24,271	21,943	S/L	5		1,214
24	Chapin Kitchen Equipment	4/01/01		55,000							55,000	49,500	S/L	5		2,750
25	Other 2001 Kitchen Equip	5/01/01		39,713							39,713	35,842	S/L	5		2,648
26	Oliver High-Speed Sealer	4/01/01		8,500							8,500	7,650	S/L	5		425
27	Tilt Skillet	12/02/02		9,090							9,090	6,363	S/L	5		1,818
28	Electric Food Processor	9/11/02		3,633							3,633	2,544	S/L	5		727
29	Other 2002 Kitchen Equip	6/01/02		8,442							8,442	5,908	S/L	5		1,688
30	Meal Service Database	4/22/02		5,000							5,000	3,500	S/L	5		1,000
31	Multi-media Projector	7/23/02		752							752	525	S/L	5		150
35	Printer	4/22/02		161							161	112	S/L	5		32
36	Other equipment	12/31/01		430							430	258	S/L	5		86
37	Rotating shelving-kitchen	3/05/03		1,588							1,588	795	S/L	5		318

## Project Angel Heart

84-1199481

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
38	Evapor. unit for freezer	5/19/03		8,450							8,450	4,225	S/L	5		1,690
39	ProLiant Server	6/04/03		3,295							3,295	1,648	S/L	5		659
40	Flat Panel Monitor	6/04/03		345							345	172	S/L	5		69
41	Touch-screen Monitor	9/26/03		386							386	193	S/L	5		77
42	Computer-admin. area	12/02/03		682							682	340	S/L	5		136
43	Water heater	4/01/04		2,700							2,700	945	S/L	5		540
45	Laptop for server	12/31/04		1,731							1,731	346	S/L	5		346
46	Controller-Blast Chiller	3/31/04		2,570							2,570	900	S/L	5		514
48	Dell workstation & server	3/21/05		2,017							2,017	202	S/L	5		403
50	Tilt skillet #3	7/01/05		9,580							9,580	958	S/L	5		1,916
51	Tilt skillet #4	7/01/05		9,580							9,580	958	S/L	5		1,916
52	Gas convection oven-2deck	7/01/05		7,836							7,836	784	S/L	5		1,567
53	Neptune washer/dryer	7/01/05		1,824							1,824	182	S/L	5		365
54	Freezer shelving	7/10/05		6,024							6,024	602	S/L	5		1,205
55	Network server & upgrades	11/14/06		4,300							4,300		S/L	5		143
56	Food processor	4/24/06		772							772		S/L	5		103
57	Rolling racks	3/22/06		756							756		S/L	5		113
Total Machinery and Equipment				268,338		0	0	0	0	0	268,338	194,422				25,248
Total Depreciation				<u>653,654</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>653,654</u>	<u>341,130</u>				<u>74,211</u>
Grand Total Depreciation				<u>653,654</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>653,654</u>	<u>341,130</u>				<u>74,211</u>