

GOVERNMENT COPY

Freemon, Shapard & Story  
2088 Zihlman Road  
Windthorst, TX 76389  
(940)423-6226

April 3, 2008

America Can!  
325 West 12th Street No. 250  
Dallas, TX 75208

Dear Dr. Lew Blackburn:

Enclosed is the organization's 2006 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

H. Ted Neeb, CPA

AMERICA CAN!  
325 WEST 12TH STREET No. 250  
DALLAS, TX 75208

Internal Revenue Service  
Ogden, UT 84201-0027



# 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

**2006**

Open to Public Inspection

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 **SEP 1, 2006** and ending **AUG 31, 2007**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICA CAN!</b> Number and street (or P.O. box if mail is not delivered to street address) <b>325 WEST 12TH STREET</b> Room/suite <b>250</b> City or town, state or country, and ZIP + 4 <b>DALLAS, TX 75208</b>	<b>D</b> Employer identification number <b>75-2251099</b>
		<b>E</b> Telephone number <b>(214) 944-1968</b> <b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (Specify) _____

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

**G** Website: **www.TexansCAN!.org**

**J** Organization type (check only one)  501(c) ( 3 ) (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.

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **44,570,047.**

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

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

		1a		1b		1c		1d		1e	
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:										
	<b>a</b> Contributions to donor advised funds										
	<b>b</b> Direct public support (not included on line 1a)										
	<b>c</b> Indirect public support (not included on line 1a)										
	<b>d</b> Government contributions (grants) (not included on line 1a)										
	<b>e Total</b> (add lines 1a through 1d) (cash \$ <b>10,168,583.</b> noncash \$ _____ )										
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)										
	<b>3</b> Membership dues and assessments										
	<b>4</b> Interest on savings and temporary cash investments										
	<b>5</b> Dividends and interest from securities										
	<b>6 a</b> Gross rents <b>See Statement 1</b>										
	<b>b</b> Less: rental expenses										
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a											
<b>7</b> Other investment income (describe _____ )											
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities										
	(B) Other										
	<b>8a</b>										
	<b>8b</b>										
<b>b</b> Less: cost or other basis and sales expenses											
<b>c</b> Gain or (loss) (attach schedule)											
<b>8c</b>											
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)											
<b>8d</b>											
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)											
<b>9a</b>											
<b>b</b> Less: direct expenses other than fundraising expenses											
<b>9b</b>											
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a											
<b>9c</b>											
<b>10 a</b> Gross sales of inventory, less returns and allowances											
<b>10a</b>											
<b>b</b> Less: cost of goods sold											
<b>10b</b>											
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a											
<b>10c</b>											
<b>11</b> Other revenue (from Part VII, line 103)											
<b>11</b>											
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11											
<b>12</b>											
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))										
	<b>13</b>										
	<b>14</b> Management and general (from line 44, column (C))										
	<b>14</b>										
	<b>15</b> Fundraising (from line 44, column (D))										
<b>15</b>											
<b>16</b> Payments to affiliates (attach schedule)											
<b>16</b>											
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)											
<b>17</b>											
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12										
	<b>18</b>										
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										
	<b>19</b>										
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>See Statement 2</b>											
<b>20</b>											
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20											
<b>21</b>											

**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	204,301.	0.	204,301.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> 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)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	22,723,498.	20,015,884.	1,154,269.	1,553,345.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	2,481,082.	1,902,801.	352,841.	225,440.
<b>29</b> Payroll taxes	703,291.	613,368.	40,158.	49,765.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	32,000.		32,000.	
<b>32</b> Legal fees	48,995.	1,431.	47,264.	300.
<b>33</b> Supplies	1,978,009.	1,573,410.	163,955.	240,644.
<b>34</b> Telephone				
<b>35</b> Postage and shipping				
<b>36</b> Occupancy	1,372,733.	1,266,443.	10,674.	95,616.
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications				
<b>39</b> Travel	808,851.	638,568.	127,026.	43,257.
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	564,930.		468,308.	96,622.
<b>42</b> Depreciation, depletion, etc. (attach schedule)	595,959.	595,959.		
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b> See Statement 3	13,801,740.	5,795,864.	3,043,268.	4,962,608.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	45,315,389.	32,403,728.	5,644,064.	7,267,597.

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

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

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>OPERATE PUBLIC CHARTER SCHOOLS</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a AMERICA CAN! OPERATED SIX PUBLIC CHARTER SCHOOLS FOR THE EDUCATION OF STUDENTS WHO ARE AT-RISK OF DROPPING OUT OF THE TRADITIONAL EDUCATIONAL SYSTEM PRIOR TO GRADUATION FROM HIGH SCHOOL IN ACCORDANCE WITH THE TERMS OF A PUBLIC CHARTER. 4,355 STUDENTS SERVED.</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>32,403,728.</b>
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>32,403,728.</b>

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	1,414,565.	45	1,077,027.
	46 Savings and temporary cash investments .....		46	
	47 a Accounts receivable .....	13,498.		
	b Less: allowance for doubtful accounts .....			
	48 a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....			
	49 Grants receivable .....	2,101,417.	49	2,752,344.
	50 a Receivables from current and former officers, directors, trustees, and key employees .....			
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....			
	51 a Other notes and loans receivable .....			
	b Less: allowance for doubtful accounts .....			
	52 Inventories for sale or use .....	365,595.	52	951,613.
	53 Prepaid expenses and deferred charges .....	14,387.	53	3,223.
	54 a Investments - publicly-traded securities .....			
	b Investments - other securities .....			
55 a Investments - land, buildings, and equipment: basis .....				
b Less: accumulated depreciation .....				
56 Investments - other .....				
57 a Land, buildings, and equipment: basis .....	16,172,483.			
b Less: accumulated depreciation <b>Stmt 4</b> .....	5,203,378.			
58 Other assets, including program-related investments (describe ▶ <b>See Statement 5</b> ) .....	75,078.	58	105,078.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....	<b>13,866,092.</b>	<b>59</b>	<b>15,871,888.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	902,590.	60	477,519.
	61 Grants payable .....		61	
	62 Deferred revenue .....	1,644.	62	
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable <b>Stmt 6</b> .....	4,870,515.	64b	8,931,635.
	65 Other liabilities (describe ▶ <b>See Statement 7</b> ) .....	725,124.	65	854,219.
<b>66 Total liabilities.</b> Add lines 60 through 65 .....	<b>6,499,873.</b>	<b>66</b>	<b>10,263,373.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted .....	7,360,219.	67	1,271,801.
	68 Temporarily restricted .....	6,000.	68	4,336,714.
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	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	
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) .....	<b>7,366,219.</b>	<b>73</b>	<b>5,608,515.</b>	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	<b>13,866,092.</b>	<b>74</b>	<b>15,871,888.</b>	





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? 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.)	X	
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 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?		
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86 b	Gross receipts, included on line 12, for public use of club facilities		
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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		X
88 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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89 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		X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 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?		X
90 a	List the states with which a copy of this return is filed <u>None</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2006		786
91 a	The books are in care of <u>DR. LEW BLACKBURN</u> Telephone no. <u>(214) 944-1968</u> Located at <u>325 WEST 12TH STREET, DALLAS, TX</u> ZIP + 4 <u>75208</u>		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

**Part VI Other Information** (continued) **Yes** **No**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  **Yes**  **No**  
 If "Yes," enter the name of the foreign country **N/A**

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

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

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>See Statement 9</b>					<b>34,240,959.</b>
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					5,907.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					154,598.
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	34,401,464.
105 <b>Total</b> (add line 104, columns (B), (D), and (E))					<b>34,401,464.</b>

**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).
93	<b>AMERICA CAN! OPERATES CHARTER SCHOOLS AND PROVIDES SUPPORT, ENRICHMENT PROGRAMS, AND TESTING AND DIAGNOSTICS FOR AT-RISK STUDENTS.</b>

**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
<b>N/A</b>	%			
	%			
	%			
	%			

**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). **N/A**

**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.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- -----					
b	----- -----					
c	----- -----					
<b>Totals</b>						

**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.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- -----					
b	----- -----					
c	----- -----					
<b>Totals</b>						

**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?

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- -----					
b	----- -----					
c	----- -----					
<b>Totals</b>						

**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?

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- -----					
b	----- -----					
c	----- -----					
<b>Totals</b>						

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

**Please Sign Here**

Signature of officer: DR. LEW BLACKBURN, VICE-PRESIDENT OF FINANCE Date: \_\_\_\_\_

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 4/3/08 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4: Freeman, Shapard & Story  
2088 Zihlman Road  
Windthorst, TX 76389

EIN: \_\_\_\_\_ Phone no.: (940) 423-6226

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

**AMERICA CAN!**

Employer identification number

**75 2251099**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>THOMAS HAUSER</u> 325 W. 12TH STREET, DALLAS, TX 75208	VICE-PRESIDENT 40.00	113,300.	10,575.	
<u>RICHARD MARQUEZ</u> 325 W. 12TH STREET, DALLAS, TX 75208	PRESIDENT 40.00	112,000.	125.	
<u>LLEWELLYN BLACKBURN</u> 325 W. 12TH STREET, DALLAS, TX 75208	VICE-PRESIDENT 40.00	110,000.	7,781.	
<u>CHERYL RIOS</u> 325 W. 12TH STREET, DALLAS, TX 75208	VICE-PRESIDENT 40.00	110,000.	7,781.	
<u>YOLANDA WILDER</u> 325 W. 12TH STREET, DALLAS, TX 75208	VICE-PRESIDENT 40.00	110,000.	0.	
Total number of other employees paid over \$50,000 ▶	49			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>COLLABRIAN DESIGN &amp; TECHNOLOGY, INC.</u> 18743 PARK GROVE LANE, DALLAS, TX 75287	WEBSITE MANAGEMENT	104,513.
<u>CCCHARTER</u> 2033 W. MCDERMOTT, SUITE 320-272, ALLEN, TX 75011	STUDENT INFORMATION SYSTEMS	101,883.
<u>MOGER MEDIA, INC.</u> 1811 BERING, SUITE 225, HOUSTON, TX 77057	ADVERTISING	92,100.
<u>RICHARD FLORANCE, JR.</u> 1908 VASSAR DRIVE, RICHARDSON, TX 75051	COMPUTER WIRING	68,716.
<u>A &amp; J ENTERPRISE, LLP</u> 10199 CLIFF DRIVE, BROWNWOOD, TX 76801	EDUCATIONAL CONSULTANT	61,347.
Total number of others receiving over \$50,000 for professional services ▶	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 page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>ALLIED BARTON SECURITY SERVICES, LLC</u> 3606 HORIZON DRIVE, KING OF PRUSSIA, PA 19406	SECURITY	393,122.
<u>FORCE ONE SECURITY SOLUTIONS, LLC</u> 2175 MANANA ROAD, DALLAS, TX 75220	SECURITY	303,758.
<u>MIKSTA</u> 13013 FLOREST GLEN, BALCH SPRINGS, TX 75180	TOWING SERVICE	176,996.
<u>TWO BIT TOW, LLC</u> 4145 WAYSIDE, FORT WORTH, TX 76115	TOWING SERVICE	120,825.
<u>MECHANICAL SOLUTIONS, INC.</u> 3235 HALIFAX STREET, DALLAS, TX 75247	MAINTENANCE	93,092.
Total number of other contractors receiving over \$50,000 for other services ▶	3	

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

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the 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 **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 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:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the 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	
<b>Total</b> .....					<b>▶</b>

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

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.** N/A  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
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					
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	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	N/A
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	▶	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶	26d	N/A
e Public support (line 26c minus line 26d total)	▶	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	N/A %

27 Organizations described on line 12: 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 _____	▶	27c	N/A
d Add: Line 27a total _____ and line 27b total _____	▶	27d	N/A
e Public support (line 27c total minus line 27d total)	▶	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶	27f	N/A	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	N/A %

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 page 9 of the instructions.)

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	X	
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? .....	X	
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? .....	X	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
<b>NEWSPAPER ADVERTISEMENTS, ANNOUNCEMENTS, POLICY STATEMENT IN HANDBOOK</b>			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
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? .....		X
b	Admissions policies? .....		X
c	Employment of faculty or administrative staff? .....		X
d	Scholarships or other financial assistance? .....		X
e	Educational policies? .....		X
f	Use of facilities? .....		X
g	Athletic programs? .....		X
h	Other extracurricular activities? .....		X
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? .....	X	
b	Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered "Yes" to either 34a or b, please explain using an attached statement. <b>See Statement 13</b>			
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 .....	X	

**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)

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)		N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
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 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> 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:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			0.

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



**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

**AMERICA CAN!**

Employer identification number

**75-2251099**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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.) ..... ► \$ \_\_\_\_\_

**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).

LHA 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 <b>AMERICA CAN!</b>	Employer identification number <b>75-2251099</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRISCOE RANCH, INC. P.O. BOX 389 UVALDE, TX 78802	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HIGGINBOTHAM & ASSOCIATES 8115 PRESTON ROAD, SUITE 575 DALLAS, TX 75225	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	KIMBERLY-CLARK FOUNDATION, INC. P.O. BOX 619100 DALLAS, TX 75261	\$ 25,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MAYES FAMILY FOUNDATION 200 EAST BASSE ROAD SAN ANTONIO, TX 78209	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ROBERT TUCKER HAYES FOUNDATION 3400 CARLISLE STREET, SUITE 310 DALLAS, TX 75204	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	W.P. & BULAH LUSE FOUNDATION P.O. BOX 830241 DALLAS, TX 75283	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>AMERICA CAN!</b>	Employer identification number <b>75-2251099</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	UNITED STATES AIR FORCE 550 D. STREET, BLDG. 491, BASEMENT B-17  RANDOLPH AFB, TX 78150	\$ 665,176.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	INTERNAL REVENUE SERVICE 1919 SMITH STREET, ROOM 300-1  HOUSTON, TX 77002	\$ 189,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	INTERNAL REVENUE SERVICE 8701 S. GESSNER, ROOM 200  HOUSTON, TX 77074	\$ 113,191.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	EXTEX PRODUCTION, INC. 5065 WESTHEIMER, SUITE 625  HOUSTON, TX 77056	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	WALLIS MARSH 210 HERITAGE OAKS  HOUSTON, TX 77024	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	WORLD VISION 5050 INVESTMENT DRIVE  DALLAS, TX 75236	\$ 33,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>AMERICA CAN!</b>	Employer identification number <b>75-2251099</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	AT&T FOUNDATION 130 E. TRAVIS, SUITE 350 SAN ANTONIO, TX 78205	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	UNITED STATES AIR FORCE 1700 CARSWELL AVE., BLDG. 9050, SUITE 3400 LACKLAND AFB, TX 78236	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	KOHL FOUNDATION 3007 SKYWAY CIRCLE NORTH IRVING, TX 75038	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	HAROLD SIMMONS FOUNDATION 5430 LBJ FREEWAY, SUITE 1700 DALLAS, TX 75240	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	VICTOR SALVINO P.O. BOX 560747 DALLAS, TX 75356	\$ 16,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	LOWE FOUNDATION 5151 SAN FELIPE, SUITE 400 HOUSTON, TX 77056	\$ 15,000.	Person <input checked="" 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

**AMERICA CAN!**

75-2251099

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	STEVENS TRANSPORT P.O. BOX 279010 DALLAS, TX 75227	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	GREEHEY FAMILY FOUNDATION P.O. BOX 696000 SAN ANTONIO, TX 78269	\$ 10,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	THE SCOTT PETTY FOUNDATION 711 NAVARRO STREET, SUITE 235 SAN ANTONIO, TX 78205	\$ 9,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	TIFFANY & COMPANY 13350 DALLAS PARKWAY, SUITE 1020 DALLAS, TX 75240	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	SOLID IT NETWORKS 845 E. FM 407 ARGYLE, TX 76226	\$ 5,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	SUSAN DUFOUR 8 WOODDED GATE DALLAS, TX 75230	\$ 5,337.	Person <input checked="" 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

**AMERICA CAN!****75-2251099****Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	TOYOTA FINANCIAL SERVICES P.O. BOX 2958 TORRANCE, CA 90509	\$ 5,000.	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.)
		\$	Person <input 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.)
		\$	Person <input 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.)

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Program Services											
1	LAND		L			1278125.			1278125.	11,749.		5,883.
2	BUILDINGS	Varies	SL	.000	16	8066162.			8066162.	1070549.		201,402.
3	BUILDING IMPROVEMENTS	Varies	SL	.000	16	4439165.			4439165.	1354697.		310,578.
4	VEHICLES	Varies	SL	.000	16	200,208.			200,208.	141,723.		20,962.
5	FURNITURE AND EQUIPMENT	Varies	SL	.000	16	1094835.			1094835.	1007029.		24,926.
6	COMPUTERS	Varies	SL	.000	16	825,868.			825,868.	753,552.		32,208.
7	EDUCATIONAL SOFTWARE	Varies	SL	.000	16	268,120.			268,120.	268,120.		0.
	* 990 Page 2 Total											
	Program Services					16172483.		0.	16172483.	4607419.	0.	595,959.
	* Grand Total 990 Page 2 Depr					16172483.		0.	16172483.	4607419.	0.	595,959.

Form 990	Rental Income	Statement	1
Kind and Location of Property	Activity Number	Gross Rental Income	
	1	154,598.	
Total to Form 990, Part I, line 6a		154,598.	

Form 990	Other Changes in Net Assets or Fund Balances	Statement	2
Description		Amount	
PRIOR PERIOD ADJUSTMENT		-3,106,350.	
PRIOR PERIOD ADJUSTMENT		2,093,988.	
Total to Form 990, Part I, line 20		-1,012,362.	

Form 990	Other Expenses			Statement	3
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
PROFESSIONAL SERVICES	7,472,716.	1,242,398.	2,677,837.	3,552,481.	
UTILITIES	1,448,827.	1,088,901.	144,883.	215,043.	
TEXTBOOKS AND READING MATERIALS	135,261.	135,249.	12.		
REPAIRS AND MAINTENANCE	2,049,230.	1,896,583.	890.	151,757.	
FOOD	237,526.	237,526.			
INSURANCE	158,796.	84,692.	39,913.	34,191.	
MISCELLANEOUS OPERATION COSTS	733,766.	507,285.	113,046.	113,435.	
MAINTENANCE SUPPLIES	224,842.	141,703.	103.	83,036.	
EDUCATION SERVICE CENTER FEES	24,462.	24,462.			
STUDENT TUITION	3,351.	3,351.			
TESTING MATERIALS	64,581.	64,581.			
MISCELLANEOUS CONTRACTED SERVICES	1,248,382.	369,133.	66,584.	812,665.	
PLANT OPERATION & MAINTENANCE	0.				
SECURITY SERVICES	0.				

DATA PROCESSING	0.			
FUNDRAISING	0.			
Total to Fm 990, ln 43	13,801,740.	5,795,864.	3,043,268.	4,962,608.

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Form 990	Depreciation of Assets Not Held for Investment			Statement	4
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
LAND	1,278,125.	17,632.	1,260,493.
BUILDINGS	8,066,162.	1,271,951.	6,794,211.
BUILDING IMPROVEMENTS	4,439,165.	1,665,275.	2,773,890.
VEHICLES	200,208.	162,685.	37,523.
FURNITURE AND EQUIPMENT	1,094,835.	1,031,955.	62,880.
COMPUTERS	825,868.	785,760.	40,108.
EDUCATIONAL SOFTWARE	268,120.	268,120.	0.
Total to Form 990, Part IV, ln 57	16,172,483.	5,203,378.	10,969,105.

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Form 990	Other Assets	Statement	5
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Description	Amount
SECURITY DEPOSITS	75,078.
DEBT ISSUANCE COSTS	30,000.
Total to Form 990, Part IV, line 58, Column B	105,078.

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Form 990	Mortgages Payable	Statement	6
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Description	Balance Due
FIRST INDEPENDENT BANK	0.
WELLS FARGO BANK	289,700.
COMERICA BANK	0.
KEY EQUIPMENT FINANCE CO.	12,671.
STERLING BANK	570,256.
STERLING BANK	242,291.
COMERICA BANK	0.
BANK OF TEXAS	1,166,775.
STERLING BANK	500,000.
STERLING BANK	1,508,705.
COMERICA BANK	2,285,260.

AMERICA CAN!	75-2251099
COMERICA BANK	2,355,977.
Total included on Form 990, Part IV, line 64b, Column B	8,931,635.

Form 990	Other Liabilities	Statement	7
Description		Amount	
VESTED VACATION BENEFITS PAYABLE		354,840.	
ACCRUED WAGES		171,146.	
PAYROLL DEDUCTIONS PAYABLE		328,030.	
DUE TO OTHER GOVERNMENTS		203.	
Total to Form 990, Part IV, line 65, Column B		854,219.	

Form 990	Part V-A - List of Current Officers, Directors, Trustees and Key Employees	Statement	8
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Name and Address	Title and Avg Hrs/Wk	Compensation	Employee Ben Contrib	Plan Expense	Account
TRINI GARZA 3316 SYLVAN AVENUE DALLAS, TX 75212	BOARD SECRETARY 2.00	0.	0.	0.	0.
MAURICIO NAVARRO 4300 N. CENTRAL EXPY., SUITE 220 DALLAS, TX 75206	CHAIRMAN OF THE BOARD 2.00	0.	0.	0.	0.
BRUCE G. LEIB 5006 VERDE VALLE LANE DALLAS, TX 75254	BOARD TREASURER 1.00	0.	0.	0.	0.
DELIA JASSO 821 HAINES AVENUE DALLAS, TX 75208	BOARD ASSISTANT SECRETARY 1.00	0.	0.	0.	0.
MONTY GAMBER 1427 JUNIOR DRIVE DALLAS, TX 75208	BOARD MEMBER 1.00	0.	0.	0.	0.
BILL BLAYDES 9628 DARTRIDGE DRIVE DALLAS, TX 75238	VICE-CHAIRMAN OF THE BOARD 2.00	0.	0.	0.	0.

MONICA BULLOCK 17915 CASTLE BEND DRIVE DALLAS, TX 75287	BOARD MEMBER 1.00	0.	0.	0.
VICTOR TOLEDO 2711 LBJ FREEWAY, SUITE 600 DALLAS, TX 75234	BOARD MEMBER 1.00	0.	0.	0.
MARVIN WASHINGTON 2100 ROSS AVENUE, SUITE 1000 DALLAS, TX 75201	BOARD MEMBER 1.00	0.	0.	0.
GRANT EAST 325 W. 12TH STREET DALLAS, TX 75208	PRESIDENT EMERITUS 40.00	204,301.	5,158.	0.
Totals Included on Form 990, Part V-A		<u>204,301.</u>	<u>5,158.</u>	<u>0.</u>

Form 990	Program Service Revenue			Statement 9	
Description	Bus Code	Unrelated Business Inc	Excl Code	Excluded Amount	Related or Exempt Function Income
TEA REVENUE					30,205,217.
FEDERAL REVENUE					3,818,789.
FOOD SERVICE REVENUE					42,890.
LOCAL REVENUE					156,418.
COCURRICULAR, ENTERPRISING REVENUE					17,645.
To Form 990, Part VII, line 93					<u>34,240,959.</u>

General Explanation Form and Line References	Statement 10
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Form/Line Identifier	Description/Return Reference
FORM 990, PAGE 1, LINE 20	OTHER CHANGES IN NET ASSETS

General Explanation	Statement 11
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PRIOR PERIOD ADJUSTMENTS TOTALING (\$1,012,362) HAVE BEEN REFLECTED AS A REDUCTION OF BEGINNING NET ASSET BALANCES AS A RESULT OF ERRORS IN PRIOR YEAR REPORTED BALANCE SHEET AMOUNTS THAT WERE CORRECTED IN THE CURRENT YEAR. THESE ADJUSTMENTS RELATED TO CORRECTING OVERSTATED CASH BALANCES AND BANK RECONCILIATIONS, CORRECTING PROPERTY, PLANT AND EQUIPMENT AND RELATED ACCUMULATED DEPRECIATION BALANCES, RECORDING A NOTE PAYABLE OMITTED IN PRIOR YEAR AND ADJUSTING OTHER NOTE BALANCES TO CORRECT AMOUNTS AND VARIOUS OTHER CORRECTIONS TO ACCRUALS, RECEIVABLES AND PAYABLES. THESE CORRECTIONS WERE DISCOVERED AND MADE DURING THE COURSE OF THE CURRENT YEAR'S INDEPENDENT AUDIT.

Footnotes	Statement 12
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SCHEDULE A, FORM 990, PAGE 4, PART V. LINE 34A

REVENUE RECEIVED FROM GOVERNMENTAL AGENCIES

AMERICA CAN! OPERATES CHARTER SCHOOLS IN TEXAS AND AS SUCH RECEIVES REVENUES FROM THE TEXAS EDUCATION AGENCY AND RELATED STATE AND FEDERAL AGENCIES AS ENTITLEMENTS AND/OR GRANTS.



**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

**2006**

Attachment  
 Sequence No. **67**

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**AMERICA CAN!**

**Form 990 Page 2**

**75-2251099**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	595,959.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	595,959.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

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

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

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

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

Table with 2 columns: Yes, No. Includes rows 37-41.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

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

▶ File a separate application for each return.

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

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

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>AMERICA CAN!</b>	Employer identification number <b>75-2251099</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>325 WEST 12TH STREET, No. 250</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DALLAS, TX 75208</b>	

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

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

- The books are in the care of ▶ **DR. LEW BLACKBURN**  
 Telephone No. ▶ **(214) 944-1968** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **April 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **SEP 1, 2006**, and ending **AUG 31, 2007**.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

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

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2006, or fiscal year beginning SEP 1, 2006, and ending AUG 31, 2007

**2006**

Department of the Treasury  
Internal Revenue Service

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

Return ID (20-digit number) ▶ N/A

Name of exempt organization AMERICA CAN! Employer identification number 75-2251099

Name and title of officer DR. LEW BLACKBURN  
VICE-PRESIDENT OF FINANCE

**Part I Type of 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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12) .....	<b>1b</b> <u>44570047</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax Based on Investment Income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> _____

**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**

I authorize Freemon, Shapard & Story to enter my PIN 75203  
ERO firm name do not enter all zeros  
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 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 75959082322  
do not enter all zeros

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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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