

**EXTENSION
ATTACHED**

Form **990**

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

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning <u>10/1/2006</u> , and ending <u>9/30/2007</u>				
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top;"> Please use IRS label or print or type. See Specific Instructions. </td> <td style="width: 55%;"> C Name of organization <u>Intl Child Develop Rsch Center & Good News Doctor Foundation</u> Number and street (or P O box if mail is not delivered to street address) Room/suite <u>3800 West Eau Gallie Boulevard #105</u> City or town State or country ZIP + 4 <u>Melbourne FL 32934</u> </td> <td style="width: 30%;"> D Employer identification number <u>59-3473087</u> E Telephone number <u>(321) 259-7111</u> F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶ </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Intl Child Develop Rsch Center & Good News Doctor Foundation</u> Number and street (or P O box if mail is not delivered to street address) Room/suite <u>3800 West Eau Gallie Boulevard #105</u> City or town State or country ZIP + 4 <u>Melbourne FL 32934</u>	D Employer identification number <u>59-3473087</u> E Telephone number <u>(321) 259-7111</u> F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Intl Child Develop Rsch Center & Good News Doctor Foundation</u> Number and street (or P O box if mail is not delivered to street address) Room/suite <u>3800 West Eau Gallie Boulevard #105</u> City or town State or country ZIP + 4 <u>Melbourne FL 32934</u>	D Employer identification number <u>59-3473087</u> E Telephone number <u>(321) 259-7111</u> F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶		
G Website: ▶ <u>www.icdrc.org</u>				
J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check here <input type="checkbox"/> 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 ▶ <u>956,171</u>				
H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ _____ H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶ _____				
M Check <input type="checkbox"/> 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 (See the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
		a	Contributions to donor advised funds	1a	0
		b	Direct public support (not included on line 1a)	1b	200,036
		c	Indirect public support (not included on line 1a)	1c	0
		d	Government contributions (grants) (not included on line 1a)	1d	0
		e	Total (add lines 1a through 1d) (cash \$ <u>200,036</u> noncash \$ <u>0</u>)	1e	200,036
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	0
		3	Membership dues and assessments	3	0
		4	Interest on savings and temporary cash investments	4	0
		5	Dividends and interest from securities	5	26
		6a	Gross rents	6a	326,860
		6b	Less: rental expenses	6b	
	6c	Net rental income or (loss). Subtract line 6b from line 6a	6c	326,860	
	7	Other investment income (describe ▶ _____)	7	0	
	8a	Gross amount from sales of assets other than inventory	(A) Securities	0	
			(B) Other	0	
	8b	Less: cost or other basis and sales expenses	8b	0	
	8c	Gain or (loss) (attach schedule)	8c	0	
	8d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	0	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	9a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1b)	9a	0	
	9b	Less: direct expenses other than fundraising expenses	9b	0	
	9c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	0	
	10a	Gross sales of inventory, less returns and allowances	10a	429,249	
	10b	Less: cost of goods sold	10b	124,597	
	10c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	304,652	
	11	Other revenue (from Part VII, line 103)	11	0	
	12	Total revenue. Add lines 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	831,574	
Expenses	13	Program services (from line 12, column (B))	13	727,397	
	14	Management and general (from line 44, column (C))	14	78,609	
	15	Fundraising (from line 44, column (D))	15	0	
	16	Payments to affiliates (attach schedule)	16	0	
	17	Total expenses. Add lines 16 and 44, column (A)	17	806,006	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	25,568	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	498,910	
	20	Other changes in net assets or fund balances (attach explanation)	20	0	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	524,478	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2006)

(HTA)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a 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"/>	22a	0	0	
22 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"/>	22b	0	0	
23 Specific assistance to individuals (attach schedule)	23	0	0	
24 Benefits paid to or for members (attach schedule)	24	0		
25 a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	25a	0	0	0
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b	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
26 Salaries and wages of employees not included on lines 25a, b, and c	26	20,500	20,500	
27 Pension plan contributions not included on lines 25a, b, and c	27	0		
28 Employee benefits not included on lines 25a – 27	28	0		
29 Payroll taxes	29	1,796	1,796	
30 Professional fundraising fees	30	0		
31 Accounting fees	31	1,525	1,525	
32 Legal fees	32	0		
33 Supplies	33	150	150	
34 Telephone	34	0		
35 Postage and shipping	35	0		
36 Occupancy	36	0		
37 Equipment rental and maintenance	37	550	550	
38 Printing and publications	38	0		
39 Travel	39	17,993	17,993	
40 Conferences, conventions, and meetings	40	0		
41 Interest	41	0		
42 Depreciation, depletion, etc (attach schedule)	42	241,365	235,220	6,145
43 Other expenses not covered above (itemize):				
a See attached statement	43a	522,127	492,177	29,950
b -----	43b	0	0	0
c -----	43c	0	0	0
d -----	43d	0	0	0
e -----	43e	0	0	0
f -----	43f	0	0	0
g -----	43g	0	0	0
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	806,006	727,397	78,609

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 \$ 0, (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 (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? ► Provide medical services & education for children with developo 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) orgs, and 4947(a)(1) trusts, but optional for others)
a ICDRRC and the Good News Doctor Foundation is an organization that brings together traditional science and medicine to assist families with treatment of children with developmental disorders. Education and training of parents leads to integrated therapies for the children. _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	209,058
b ICDRRC and the Good News Doctor Foundation operate a school for children with autism and other developmental disorders. The school combines the best of educational and behavioural approaches in treatment with medical and biological intervention. Children are now being educated and mainstreamed into the public schools. A separate non-profit, The Star Center, has now taken over the school. _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	49,080
c ICDRRC and the Good News Doctor Foundation obtained a grant to purchase hyperbaric chambers and oxygen concentrators. They offer treatments in the office as well as rentals of the equipment. _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	234,039
d _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	492,177

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)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	4,137	45	34,898
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 119,507		
	b Less allowance for doubtful accounts	47b 0	38,235	47c 119,507
	48 a Pledges receivable	48a 0		
	b Less allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a 0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 a Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		1,048	54a 1,048
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54b 0
	55 a Investments—land, buildings, and equipment: basis	55a 856,608		
	b Less accumulated depreciation (attach schedule)	55b 382,169	499,760	55c 474,439
	56 Investments—other (attach schedule)		0	56 0
	57 a Land, buildings, and equipment: basis	57a 0		
b Less accumulated depreciation (attach schedule)	57b 0	0	57c 0	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		0	58 0	
59 Total assets (must equal line 74) Add lines 45 through 58		543,180	59 629,892	
Liabilities	60 Accounts payable and accrued expenses		60	69,850
	61 Grants payable		61	
	62 Deferred revenue		19,270	62 18,064
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a 0
	b Mortgages and other notes payable (attach schedule)		0	64b 0
	65 Other liabilities (describe <input checked="" type="checkbox"/> Health Care Associates of Brevard)		25,000	65 17,500
66 Total liabilities. Add lines 60 through 65		44,270	66 105,414	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" 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		498,910	72 524,478
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)		498,910	73 524,478	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		543,180	74 629,892	

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	
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		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
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	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	0

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

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): _____	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
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	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 3		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions	75c	X
d Does the organization have a written conflict of interest policy?	75d	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	
81 a Enter direct and indirect political expenditures. (See line 81 instructions)	81a	
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 82a through 91b regarding organizational activities, financials, and foreign accounts.

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 ▶
- 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) Exclusion code	(D) Amount	
93 Program service revenue					
a					
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					
96 Dividends and interest from securities					26
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 personal property					326,860
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					304,652
103 Other revenue					
a		0		0	0
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
104 Subtotal (add columns (B), (D), and (E))		0		0	631,538
105 Total (add line 104, columns (B), (D), and (E))					631,538

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)
93a, 93b	Info was provided to parents and professionals on the latest therapeutic approach to treatment of developmental disorders by speaking at conferences, working with medical & research professionals, providing a training program, promoting medical treatments combined with behavioral and nutritional therapies, and providing therapy and support for families on how to live with their situation and how to make the best of their lives. McKay scholarships provided to students attending the school.
93g	

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	%		0	0
	%		0	0
	%		0	0
	%		0	0

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)

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

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

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.

Yes	No

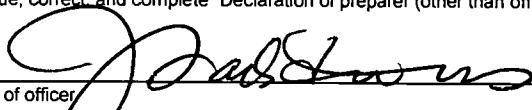
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

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?

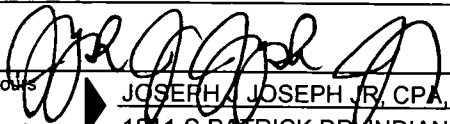
Yes	No

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

Please Sign Here

Signature of officer:  Date: Aug 4, 2008
 James J. Bradstreet President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 7/10/2008 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: JOSEPH J. JOSEPH, JR, CPA, PA 1811 S PATRICK DR, INDIAN HARB BEACH, FL 32937-4323
 Preparer's SSN or PTIN (See Gen. Inst. X):
 EIN: 59-2874092 Phone no: (321) 773-6364

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2006

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: Intl Child Develop Rsch Center & Good News Doctor Foundation
Employer identification number: 59-3473087

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
N/A				
Total number of other employees paid over \$50,000 ▶		0		

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
N/A		
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
N/A		
Total number of other contractors receiving over \$50,000 for other services ▶		0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
<p>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)</p> <p>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</p>		X
<p>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)</p>		
<p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>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)</p>		X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>		X
<p>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</p>		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>		X
<p>b Did the organization make any taxable distributions under section 4966?</p>		X
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>		X
<p>d Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>		
<p>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 ► _____</p>		
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____</p>		

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 ▶ City ST Country
- 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
 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	
Total					0

- 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.*

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)	915,321	352,823	252,709	384,718	1,905,571
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	113,097	314,806	196,336	77,381	701,620
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					0
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	119,500		225		119,725
23 Total of lines 15 through 22	1,147,918	667,629	449,270	462,099	2,726,916
24 Line 23 minus line 17	1,034,821	352,823	252,934	384,718	2,025,296
25 Enter 1% of line 23	11,479	6,676	4,493	4,621	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 40,506
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
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 2,025,296
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 <u>119,725</u> 26b _____					26d 119,725
e Public support (line 26c minus line 26d total)					26e 1,905,571
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.09%
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 0
d Add Line 27a total _____ and line 27b total _____					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
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?		
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)		
34 a 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 page 10 of the instructions)
 (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

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)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
41	Lobbying nontaxable amount Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0

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				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0

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

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return Intl Child Develop Rsch Center & Good News	Business or activity to which this form relates 990	Identifying number 59-3473087
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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	0
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	108,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
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	0
9 Tentative deduction Enter the smaller of line 5 or line 8	9	0
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 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12	13	0

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) (See instructions)

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

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	191,639
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)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		215,100	5	HY	200DB	43,020
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	
i Nonresidential real property			39 yrs.	MM	S/L	

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

20 a Class life						
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	6,706
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	241,365
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	

For Paperwork Reduction Act Notice, see separate instructions.

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for dep- reciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
See statement		%					6,706		
27 Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	6,706	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29	0

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.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6						
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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 (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions):					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					0

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	200,036	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5 _____		5
6 _____		6
7 _____		7
8 _____		8
9 _____		9
10 Total	200,036	10 0
Line 1c - Indirect public support		
Line 1d - Government contributions (grants)		

Line 10c (990) - Gross Profit from Sale of Inventory

429,249

124,597

304,652

Category		Gross Sales	Cost of Goods Sold	Net
1	Hyperbaric Chambers	429,249	124,597	304,652
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

Line 43 (990) - Other Deductions

522,127

492,177

29,950

0

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Advertising	1,000		1,000	
2 Bank Service Charges	2,364		2,364	
3 Credit Card Fees	16,665		16,665	
4 Dues & Subscriptions	361		361	
5 Payroll Processing Fees	827		827	
6 Taxes	290		290	
7 Miscellaneous Expenses	2,534		2,534	
8 Contributions	175	175		
9 Education	292	292		
10 Funded Care	84,154	84,154		
11 Medical Care / Ministry	313,160	313,160		
12 Medical - Supplements & Meds	14,500	14,500		
13 Insurance	1,116		1,116	
14 Vehicle Expense	645		645	
15 ICDRC School Expenses	358	358		
16 The Star Center	48,722	48,722		
17 Office Expenses	3,570		3,570	
18 Website	700	700		
19 CA Research Expenses	30,116	30,116		
20 Consulting	578		578	
21	0			
22	0			
23	0			
24	0			
25	0			
26	0			
27	0			
28	0			
29	0			
30	0			
31	0			

Line 47 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1	38,235	119,507		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11	38,235	119,507	0	0

Line 54a (990) - Investments - Publicly-Traded Securities

Check one box below to indicate how securities are reported

Cost

End of year market value (FMV)

Securities at end of year			1,048	1,048	1,048
		Number of shares/ face value	Value at time of donation	Beginning balance book value Cost	Ending balance book value Cost
1	Hormel Foods	31.00	1,048	1,048	1,048
2				0	0
3				0	0
4				0	0
5				0	0
6				0	0
7				0	0
8				0	0
9				0	0
10				0	0
11				0	0
12				0	0
13				0	0
14				0	0
15				0	0
16				0	0
17				0	0
18				0	0
19				0	0
20				0	0

Line 55 (990) - Investments - Land, Buildings, and Equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	.....	
2	.....	
3	.....	
4	.....	
5	.....	
6	Total land (net of any amortization)	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Office Furniture and Equipment	25,259	25,259	17,743	19,002
8	Computer Equipment	18,370	19,314	3,674	9,741
9	Hyperbaric Chambers	557,535	752,385	111,507	328,888
10	Oxygen Concentrators	39,400	59,650	7,880	24,538
11	.....			
12	.....			
13	.....			
14	.....			
15	.....			
16	.....			
17	Total buildings and equipment	640,564	856,608	140,804	382,169
18	Buildings and equipment (less accumulated depreciation)			499,760	474,439
19	Total land, buildings and equipment			499,760	474,439

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	.....		
2	.....		
3	.....		
4	.....		
5	.....		
6	.....		
7	.....		
8	.....		
9	.....		
10	.....		
11	Total	0	0	0

Line 65 (990) - Other Liabilities

		25,000	17,500
		Beginning	End
1	Health Care Associates of Brevard	25,000	17,500
2			
3			
4			
5			
6			
7			
8			
9			
10			

Line 22 (Sch A (990/990-EZ)) - Other Income

	Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
1				225		225
2	Rental of Hyperbaric Chambers	95,165				95,165
3	Sale of Hyperbaric Chambers	24,335				24,335
4						0
5						0
6						0
7						0
8						0
9						0
10						0
	Total of Other Income	119,500	0	225	0	119,725

Form 4562 Statement - 990

9/30/2007

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec., 179, Bonus	2006 Deprec	2006 Accum Deprec			
MACRS deductions for prior years (Line 17)																	
1	Furniture	1/24/2000	F-11	100 00%	927	0	0	927	7	200DB	HY	887	40	927			
2	Furniture	5/30/2000	F-11	100 00%	200	0	0	200	7	200DB	HY	192	8	200			
3	Furniture	5/30/2000	F-11	100 00%	676	0	0	676	7	200DB	HY	644	30	674			
4	Freezer	6/14/2002	F-10	100 00%	1,865	0	560	1,305	7	200DB	HY	1,574	116	1,690			
5	Office Equipment - Tor	5/9/2003	F-10	100 00%	4,000	0	1,200	2,800	7	200DB	HY	3,126	250	3,376			
7	Auditory Equipment	1/27/2004	F-7	100 00%	1,529	0	0	1,529	5	200DB	HY	783	176	959			
15	Hyperbaric Chambers	2/15/2006	F-7	100 00%	103,000	0	0	103,000	5	200DB	HY	20,600	32,960	53,560			
16	Hyperbaric Chambers	3/14/2006	F-7	100 00%	115,185	0	0	115,185	5	200DB	HY	23,037	36,859	59,896			
10	Oxygen Concentrators	4/11/2006	F-7	100 00%	8,700	0	0	8,700	5	200DB	HY	1,740	2,784	4,524			
17	Hyperbaric Chambers	4/19/2006	F-7	100 00%	98,350	0	0	98,350	5	200DB	HY	19,670	31,472	51,142			
11	Oxygen Concentrators	5/16/2006	F-7	100 00%	4,350	0	0	4,350	5	200DB	HY	870	1,392	2,262			
18	Hyperbaric Chambers	5/19/2006	F-7	100 00%	43,500	0	0	43,500	5	200DB	HY	8,700	13,920	22,620			
12	Oxygen Concentrators	6/15/2006	F-7	100 00%	8,700	0	0	8,700	5	200DB	HY	1,740	2,784	4,524			
19	Hyperbaric Chambers	6/15/2006	F-7	100 00%	58,000	0	0	58,000	5	200DB	HY	11,600	18,560	30,160			
13	Oxygen Concentrator	8/30/2006	F-7	100 00%	1,450	0	0	1,450	5	200DB	HY	290	464	754			
20	Hyperbaric Chamber	8/30/2006	F-7	100 00%	14,500	0	0	14,500	5	200DB	HY	2,900	4,640	7,540			
21	Hyperbaric Chambers	9/27/2006	F-7	100 00%	125,000	0	0	125,000	5	200DB	HY	25,000	40,000	65,000			
14	Oxygen Concentrators	9/29/2006	F-7	100 00%	16,200	0	0	16,200	5	200DB	HY	3,240	5,184	8,424			
					606,132	0	1,760	604,372							126,593	191,639	318,232
Total MACRS deductions for prior years (Line 17)																	
GDS 5-year property (Line 19b)																	
28	Hyperbaric Chambers	10/31/2006	F-7	100 00%	60,000	0	0	60,000	5	200DB	HY	0	12,000	12,000			
33	Oxygen Concentrator (	10/31/2006	F-7	100 00%	4,050	0	0	4,050	5	200DB	HY	0	810	810		
29	Hyperbaric Chambers	11/30/2006	F-7	100 00%	75,000	0	0	75,000	5	200DB	HY	0	15,000	15,000			
34	Oxygen Concentrator (	11/30/2006	F-7	100 00%	6,750	0	0	6,750	5	200DB	HY	0	1,350	1,350		
35	Oxygen Concentrator (	12/28/2006	F-7	100 00%	2,700	0	0	2,700	5	200DB	HY	0	540	540		
30	Hyperbaric Chambers	12/31/2006	F-7	100 00%	29,850	0	0	29,850	5	200DB	HY	0	5,970	5,970			
36	Oxygen Concentrator	1/11/2007	F-7	100 00%	1,350	0	0	1,350	5	200DB	HY	0	270	270			
31	Hyperbaric Chamber	1/12/2007	F-7	100 00%	15,000	0	0	15,000	5	200DB	HY	0	3,000	3,000			
32	Hyperbaric Chamber	4/4/2007	F-7	100 00%	15,000	0	0	15,000	5	200DB	HY	0	3,000	3,000			
37	Oxygen Concentrator (	6/12/2007	F-7	100 00%	2,700	0	0	2,700	5	200DB	HY	0	540	540		
38	Oxygen Concentrator (	9/11/2007	F-7	100 00%	2,700	0	0	2,700	5	200DB	HY	0	540	540		
					215,100	0	0	215,100							0	43,020	43,020
Total GDS 5-year property (Line 19b)																	
					821,232	0	1,760	819,472							126,593	234,659	361,252
Subtotal																	
Listed Property																	
Listed property with more than 50% business use (Line 25 and 26)																	
6	Sound Listening Equip	2/26/2003	F-8	100 00%	10,225	0	3,068	7,157	7	200DB	HY	7,990	639	8,629			
8	Novatech EEG Compu	12/1/2002	F-4	100 00%	2,795	0	0	2,795	5	200DB	HY	2,795	0	2,795			
22	Dell Server	8/4/2006	F-4	100 00%	5,257	0	0	5,257	5	200DB	HY	1,051	1,682	2,733			
23	8 Desktop Computers	8/4/2006	F-4	100 00%	6,924	0	0	6,924	5	200DB	HY	1,385	2,216	3,601			
24	3 Desktop Computers	7/26/2006	F-4	100 00%	2,998	0	0	2,998	5	200DB	HY	600	959	1,559			
25	2 Laptop Computers	9/29/2006	F-4	100 00%	2,922	0	0	2,922	5	200DB	HY	584	935	1,519			
26	Color Laser Printer	8/4/2006	F-4	100 00%	269	0	0	269	5	200DB	HY	54	86	140			
27	Server Upgrade	10/11/2006	F-4	100 00%	944	0	0	944	5	200DB	HY	0	189	189			

Form 4562 Statement - 990

9/30/2007

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec. 179, Bonus	2006 Deprec	2006 Accum Deprec
Total listed prop with > 50% business use														
					32,334	0	3,068	29,266				14,459	6,706	21,165

Subtotal Listed Property

					32,334	0	3,068	29,266				14,459	6,706	21,165
					853,566	0	4,828	848,738				141,052	241,365	382,417

Form 4562 Reconciliation

Annual depreciation and amortization	241,365
Special allowance except listed property (Line 14) - current year assets	0
Special allowance - listed property (Line 25) - current year assets	0
Section 179 deduction claimed (includes prior year disallowed)	0
Section 179 deduction carried forward to future year	0
Section 179 deduction (Line 12)	0
Less amortization included in total annual depreciation and amortization (Line 44)	0
Form 4562, Line 22	241,365

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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
- 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* and click on *e-file for Charities & Nonprofits*

Type or print <small>File by the due date for filing your return See instructions</small>	Name of Exempt Organization Intl Child Develop Rsch Center & Good News Doctor Foundation	Employer identification number 59-3473087
	Number, street, and room or suite no. If a P O box, see instructions 3800 W Eau Gallie Boulevard	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Melbourne FL 32934	

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 ▶

Telephone No ▶ 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 5/15/2008, 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 10/1/2006, and ending 9/30/2007

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

3 a 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.	3a	\$
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.	3b	\$
c Balance Due. 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.	3c	\$ 0

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

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy

Type or print <small>File by the extended due date for filing the return See instructions</small>	Name of Exempt Organization Intl Child Develop Rsch Center & Good News Doctor Foundation	Employer identification number 59-3473087
	Number, street, and room or suite no If a P O box, see instructions 3800 W Eau Gallie Boulevard	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Melbourne FL 32934	

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of Telephone No _____ 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 is for

4 I request an additional 3-month extension of time until 8/15/2008

5 For calendar year _____, or other tax year beginning 10/1/2006, and ending 9/30/2007

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

7 State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return

8 a 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	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a 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	8c	\$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Joseph J. Joseph Title CPA Date 5-14-2008

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name JOSEPH CPA PA
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1811 S PATRICK DRIVE
	City or town, province or state, and country (including postal or ZIP code) INDIAN HARBOUR BEACH, FL 32937-4323