## **ANNUAL REPORT**

#### For Non-Government Organizations Registered in Kosovo

# In respect of the financial period ending 31 December 2003

Pursuant to UNMIK Regulation 2000/10, all NGOs registered with UNMIK and who have been further granted public benefit status shall file an Annual Report. Please ensure the details you provide below are accurate and complete. Any incomplete or inaccurate Report will be returned for correction.

### Part I Management and Administration

(A) This report is filed by:

10.

Name of Organization and acronym, if any			Telephone Number	
IPKO			381-38-244-264	
Address			Facsimile Number	
National and University Library, 4th Floor, P	rishtina, Kosova 38000	00	381-38-244-265	
•			E-mail Address	
			info@ipkoinstitute.org	
(B) This Organization is:	□ a Foundation	n	X an Association	
(-)	_			
	☐ an Internation	onal Organizatio	on	
(0) 111 1 1	0.1 0		0.F .: 0.0% 0	
(C) What is the name and	title of the Orga	anization's Chi	et Executive Officer?	
	_			
Name of Chief Executive Officer:		Title (if different):		
		Title (if different):		
Samuel Johnson		Executive Director		
(D) What is the name of each member of the Organization's Board of Directors?				
1.	2.		3.	
Fron Nazi ( Chairman)	Akan Ismaili		Teresa Crawford	
4.	5.		6.	
Bujar Musa	Sanna Johnsson		Paul Meyer	
7.	8.		9.	
/.				

Check here if the Organization does not have a Board of Directors.

12.

(E) What is the name and title of each officer of the Organization?

11.

Name	Position
Samuel Johnson	Executive Director
Name	Position
Fron Nazi	Chairman
Name	Position
Bashkim Uka	Financial Officer
Name	Position
Name	Position

### **Part II** Report on Activities and Achievements

(A)	What is the	Organization'	s mission a	is set forth	in its statutes?
-----	-------------	---------------	-------------	--------------	------------------

The IPKO Institute's mission is to help provide the tools, knowledge, and environment		
required for Kosova to participate in the global information society.		
(B)(1) What are the Organization's major programs?		
(b)(1) What are the eigenization s major programs.		
CIGCO D : 1 A 1		
CISCO Regional Academy		
Internet Connectivity Program		
NGO2NGO		
The IPKO Institute Management Program		

(B)(2) What activities does the Organization engage in to implement the programs in (B) (1), above?

The organization aspires to assist those individuals seeking education and training in computer technologies. We have an open door policy where individuals can inquire about our programs and visit our facilities.

Our CISCO Academy and training follows the regulations and guidelines set forth by CISCO.

Our Management program runs in partnership with the Swedish School for New Media Management—Hyper Island sponsored by Olof Palme International Center. This is the second year this program is being run.

Our Internet Connectivity Program grants free internet connections to deserving organizations where they can use technology to better achieve their missions and goals.

(C)	What were the Organization's key program achievements for the financial period ending December 31, 2003?
	gain received funding and sponsorship for our Management Program from SIDA via olf Palme International Center. The financial reports are attached.
(D) (1	1) Does the Organization engage in activities other than activities that serve the public benefit, as defined in UNMIK Regulation 1999/22 §10.1?  [Yes X No  If you checked yes, briefly describe these activities:

(E)	Did the Organization participate in any financial transactions with its officers, directors, employees, or their family members?   Yes X No
	If you checked yes, please identify each such transaction in the space below. You should state the name and position of the person who engaged in such transaction; what funds or benefits the Organization received in the transaction; what funds or benefits the person received in the transaction; and any other information that explains the nature of the transaction.
	If you checked no, you are required to complete the certification on page 7.
(F)	Did the Organization engage in any financial transactions with Organizations with which it is affiliated? $\square$ Yes $X$ No
	If you checked yes, please identify each such transaction in the space below. An affiliated Organization is one with which the NGO, its directors, officers, staff, or their relatives have an ownership or management interest. You should state the name and address of the affiliated Organization; the nature of the relationship between the Organizations; what funds or benefits the NGO received in the transaction, what funds or benefits the affiliated Organization received in the transaction; and any other information that explains the nature of the transaction.
	If you checked no, you are required to complete the certification on page 7.

## I. Part III Financial Statements

II.

For the period ending December 31, 2003

## **Balance Sheet**

Assets		Liabilities	
	Enter amount here		Enter amount here
Cash	51,134.52	Accounts Payable	3,849.00
Accounts	151,430.11	Grants Payable	
Receivable		·	
Notes receivable		Deferred Revenue	198,246.45
Inventory		Mortgages and other Notes payable	
Investments	196,460.84	Other liabilities	
Securities		Total Liabilities:	202,095.45
Land, buildings, and equipment			
Other		Fund Balance:	
Land, buildings, and equipment	209,744.50	Fund balance as of 01 January 200200.	1,108,930.09
Other assets	632,460.22	Excess (from income statement)	(69,795.35)
		Total Balance:	1,039,134.74
Total Assets:	1,241,230.19	Total Liabilities and Fund Balance:	1,241,230.19

## **Income Statement**

Revenue		Expenses	
	Enter amount here	•	Enter amount here
Contributions, gifts or grants	321,600.59	Program services	431,693.27
Fees and revenues from economic activities	142,941.32	Management and Administration	118,347.60
Dues		Other Expenses	29,102.00
Dividends and interest		<b>Total Expenses:</b>	579,142.87
Rents		Net Income from Operations:	(69,795.35)
Other investment income		•	
Sale of assets			
(less cost of sales)		Taxes	
Special event revenue			
Gross sales of inventory			
(less cost of goods sold)			
Other revenue	44,805.61		
<b>Total Revenue:</b>	509,347.52	Net Income:	(69,795.35)

#### **Part IV** Certifications

Please check each paragraph that applies to your Organization:

- X I hereby certify that no transaction between the Organization and its officers, directors, employees, or their family members, occurred during the period ending December 31, 2003.
- X I hereby certify that no transactions between the Organization and any affiliated Organization occurred during the period ending December 31, 2003.
- X I hereby certify that the Organization undertook no fundraising or campaigning to support political parties or appointed or elected candidates for public office, or registration or endorsement of appointed or elected candidates for public office, during the period ending December 31, 2003.
- X I hereby certify that the Financial section of this Annual Report had been audited by an *independent auditor*, and the opinion of the auditor is attached with the Annual Report.

The statements contained in this Annual Report are true and correct.

Samuel Johnson
Print or type name of authorized representative
· · · · · · · · · · · · · · · · · · ·
Signature of authorized representative
<u>March 31, 2004</u>
Date

## **Schedule A**

This schedule is to be completed only by Organizations engaged in public benefit activities in the fields of education, health, or economic development.

X	Check this box if the Organization is engaged in public benefit activities in the fields of education or health.
	(If you checked this box, please complete questions 1 and 2, and the certification in question 3.)
(1)	Name the disadvantaged groups or individuals that the Organization serves?
We se	erve all those who wish to take courses.
	also assists deserving local NGO's and different schools with Free Connections to ternet.
(2)	List the goods, services or other benefits are provided to the groups or individuals identified in response to question 2, above?
Deser	ving NGO's or different schools can apply for a free connection and if they are
	led the free connection, they receive 12 months worth of free broad bank activity.
	l
(3)	Check one:
	X I hereby certify that the goods, services, or other benefits described in response to question 3 are provided at no cost to the Organization.
	I hereby certify that the goods, services, or other benefits described in response to question 3 are provided at less than fair market value.
	If you checked this box, please explain in the space below what was the price charged for the benefits, and how you determined that the price was below market value.
l	

	Check this box if the Organization engages in public benefit activities in the field of economic development.		
	(If you checked the box, please answer question 4, below).		
(4)	Name the disadvantaged groups or individuals the Organization serves?		
	The statements contained in this Schedule A are true and correct.		
	Samuel Johnson		
	Print or type name of authorized representative		
	Signature of authorized representative		
	March 31, 2004		
	Date		

## **Schedule B**

This schedule is only to be completed if the Organization was dissolved during the period ending December 31, 2003.

	Check here if the Organization was dissolved during the period from registration through June 30, 2003.	
	Check here if this is the final Annual Report to be filed by the Organization.	
(1)	What was the date of dissolution?	
(2)	The name and contact information of the liquida	tor are:
Name		Telephone Number
Address		Facsimile Number
		Email Address
(3)	What provisions were made for winding up the Organization's affairs?	
(4)	What is the amount of net assets that the Organiz winding up of its affairs?	zation holds following the

(5)	How did the Organization dispose of its funds and/or assets identified in response to question 4, above?
	If funds were transferred to another NGO, please provide the name of the NGO, its registration number, the name and contact information of the NGO's authorized representative, and the date of the transfer.
(6)	Disposing of the Organization's assets was (check one):
	in accordance with the provisions of the Organization's statutes; by a vote of the Organization's highest governing body; or organized by UNMIK.
(7)	Please attach a copy of the liquidator's final report.
	The statements contained in this Schedule B are true and correct.
	Samuel Johnson
	Print or type name of authorized representative
	Signature of authorized representative
	<u>March 31, 2004</u> Date