

ANNUAL REPORT

For Non-Government Organizations Registered in Kosovo

In respect of the financial period ending 31 December 2005

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:

Name of Organization and acronym, if any IPKO Institute	Telephone Number 381-38-244-264
Address National and University Library, 4 th Floor, Prishtina, Kosova 380000	Facsimile Number 381-38-244-265
	E-mail Address info@ipkoinstitute.org

(B) This Organization is: a Foundation an Association
 an International Organization

(C) What is the name and title of the Organization's Chief Executive Officer?

Name of Chief Executive Officer: Samuel Johnson	Title (if different): Executive Director
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(D) What is the name of each member of the Organization's Board of Directors?

1. Fron Nazi (Chairman)	2. Akan Ismaili	3. Teresa Crawford
4. Bujar Musa	5. Sanna Johnsson	6. Paul Meyer
7.	8.	9.
10.	11.	12.

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

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

Name Samuel Johnson	Position Executive Director
Name Fron Nazi	Position Chairman
Name Arbresha Tuhina	Position Financial Officer
Name	Position
Name	Position

Part II Report on Activities and Achievements

(A) What is the Organization's mission as 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?

CISCO Regional Academy (CCNA and CCNP Program)
Internet Connectivity Program
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. CCNA (Cisco Certified Network Associated) program is self sustainable program. CCNA has 4 semesters.
CCNP (Cisco Certified Network Professional) program is sponsored by European Agency for Reconstruction. CCNP has 4 semesters as well.
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 fourth year this program is being run.

Our Internet Connectivity Program grants free internet connections to deserving organizations, hospitals and Universities/High Schools 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, 2005?

We again received funding and sponsorship for our Management Program from SIDA via the Oolf Palme International Center. The financial reports are attached.

We received a funding and sponsorship for our CCNP Program from European Agency for Reconstruction. It is an ongoing project. It started in September 2004 and ended in August 2005.

(D) (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 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 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? Yes 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, 2005

Balance Sheet

Assets		Liabilities	
	<i>Enter amount here</i>		<i>Enter amount here</i>
Cash	24,468.73	Accounts Payable	41,495.60
Accounts Receivable	14,891.20	Grants Payable	
Other short term receivable		Deferred Revenue	221,756.53
Inventory		Mortgages and other Notes payable	
Investments	303,045.60	Other liabilities	
Securities		Total Liabilities:	263,252.13
Land, buildings, and equipment			
Other		Fund Balance:	
Land, buildings, and equipment	87,923.46	Fund balance as of 01 January 2005.	814,286.01
Other assets	120,000.10	Excess (from income statement)	(527,209.05)
		Total Balance:	287,076.96
Total Assets:	505,329.09	Total Liabilities and Fund Balance:	550,329.09

Income Statement

Revenue		Expenses	
	<i>Enter amount here</i>		<i>Enter amount here</i>
Contributions, gifts or grants	169,748.62	Program services	379,972.19
Fees and revenues from economic activities	97,323.86	Management and Administration	108,017.47
Dues		Other Expenses	501,589.43
Dividends and interest		Total Expenses:	989,579.09
Rents		Net Income from Operations:	(527,209.05)
Other investment income	182,015.76		
Sale of assets			
(less cost of sales)		Taxes	
Special event revenue			
Gross sales of inventory			
(less cost of goods sold)			
Other revenue	13,281.80		
Total Revenue:	462,370.04	Net Income:	(527,209.05)

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, 2005.

X I hereby certify that no transactions between the Organization and any affiliated Organization occurred during the period ending December 31, 2005.

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, 2005.

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

 March 31, 2006

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 serve all those who wish to take courses.
IPKO also assists deserving local NGO's and different schools with Free Connections to the Internet.

(2) List the goods, services or other benefits are provided to the groups or individuals identified in response to question 2, above?

Deserving NGO's or different schools can apply for a free connection and if they are awarded the free connection, they receive 12 months worth of free broad bank activity.

(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.

- 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, 2006

Date

Schedule B

This schedule is only to be completed if the Organization was dissolved during the period ending December 31, 2005.

Check here if the Organization was dissolved during the period from registration through June 30, 2005.

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 liquidator 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 Organization holds following the winding up of its affairs?

- (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

March 31, 2006

Date