ANNUAL REPORT

For Non-Government Organizations Registered in Kosovo

In respect of the financial period ending 31 December 2006

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:

(E)

Name

Name

Name

Name

Samuel Johnson

Arbresha Tuhina Name

| Name of Organization and acronym, if any IPKO Institute | | Telephone Number 381-38-244-264 |
|--|---|--|
| Address | | Facsimile Number |
| Rr. Gazmend Zajmi Nr.21, Prishtine, Kosove 10000 | | 381-38-244-265 |
| | | E-mail Address info@ipkoinstitute.org |
| | | inio@ipkoinstitute.org |
| (B) This Organ | ization is: a Foundati | ion X an Association |
| | □ an Internat | tional Organization |
| | | 8 |
| (C) What is the | mama and title of the Or | reconing tion's Chief Everytive Officer? |
| (C) What is the | name and title of the Or | rganization's Chief Executive Officer? |
| | | T |
| | | |
| | fficer: | Title (if different): |
| Name of Chief Executive O Samuel Johnson | fficer: | Title (if different): Executive Director |
| Samuel Johnson | | ` ' |
| Samuel Johnson (D) What is the | e name of each member of | of the Organization's Board of Directors? |
| Samuel Johnson (D) What is the | e name of each member of 2. Teresa Crawford | of the Organization's Board of Directors? 3. Bujar Musa |
| Samuel Johnson (D) What is the 1. Akan Ismaili 4. | e name of each member of | of the Organization's Board of Directors? |
| Samuel Johnson (D) What is the 1. Akan Ismaili 4. | 2. Teresa Crawford 5. | of the Organization's Board of Directors? 3. Bujar Musa 6. |
| Samuel Johnson (D) What is the | e name of each member of 2. Teresa Crawford | of the Organization's Board of Directors? 3. Bujar Musa |
| Samuel Johnson (D) What is the 1. Akan Ismaili 4. | 2. Teresa Crawford 5. | of the Organization's Board of Directors? 3. Bujar Musa 6. |

What is the name and title of each officer of the Organization?

Position

Position Financial Officer

Position

Position

Position

Executive Director

Part II Report on Activities and Achievements

| (A) What is the Organization's mission as set forth in its statutes? |
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| The IPKO Institute's mission is to help provide the tools, knowledge, and environment |
| required for Kosova to participate in the global information society. |
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| (B)(1) What are the Organization's major programs? |
| The IPKO Institute Management Program |
| Internet Connectivity Program |
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| (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 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. |

| We again received funding and sponsorship for our Management Program from SIDA via the Oolf Palme International Center. The financial reports are attached. |
|---|
| We sold the shares we had at the company IPKO Net. The shares were sold in June 2006, and since then we are not the shareholders at IPKO Net anymore, we sold 100% of |
| the shares. The total sum we received from selling of shares was 3,166,667.00 Euro. |
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| (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 X No |
| If you checked yes, briefly describe these activities: |
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What were the Organization's key program achievements for the financial period ending December 31, 2006?

(C)

| (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. |
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| (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. |
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I. Part III Financial Statements

II.

For the period ending December 31, 2006

Balance Sheet

| Assets | | Liabilities | |
|--------------------------------|-------------------|-------------------------------------|-------------------|
| | Enter amount here | | Enter amount here |
| Cash | 3,061,299.38 | Accounts Payable | 2,322.93 |
| Accounts | | Grants Payable | |
| Receivable | | | |
| Other short term | | Deferred Revenue | 66,472.55 |
| receivable | | | |
| Inventory | | Mortgages and other | |
| | | Notes payable | |
| Investments | | Other liabilities | |
| Securities | | Total Liabilities: | 68,795.48 |
| Land, buildings, and equipment | | | |
| Other | | Fund Balance: | |
| Land, buildings, and equipment | 11,216.28 | Fund balance as of 01 January 2006. | 287,076.96 |
| Other assets | 60,000.00 | Excess (from income statement) | 2,776,643.22 |
| | | Total Balance: | 3,063,720.18 |
| | | | |
| Total Assets: | 3,132,515.66 | Total Liabilities and Fund Balance: | 3,132,515.66 |

Income Statement

| Revenue | | Expenses | |
|--|-------------------|-------------------------------|-------------------|
| | Enter amount here | • | Enter amount here |
| Contributions, gifts or grants | 141,112.03 | Program services | 76,783.51 |
| Fees and revenues from economic activities | 124,712.43 | Management and Administration | 54,120.50 |
| Dues | | Other Expenses | 242,218.32 |
| Dividends and interest | | Total Expenses: | 373,122.33 |
| Rents | | Net Income from Operations: | 2,781,798.29 |
| Other investment income Sale of assets | 2,863,621.16 | | |
| (less cost of sales) | | Taxes | 5,155.07 |
| Special event revenue | | | |
| Gross sales of inventory | | | |
| (less cost of goods sold) | | | |
| Other revenue | 25,475.00 | | |
| Total Revenue: | 3,154,920.62 | Net Income: | 2,776,643.22 |

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, 2006.
- X I hereby certify that no transactions between the Organization and any affiliated Organization occurred during the period ending December 31, 2006.
- 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, 2006.
- 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.

| Arbresha Tuhina |
|---|
| Print or type name of authorized representative |
| |
| |
| |
| Signature of authorized representative |
| Signature of authorized representative |
| |
| February 25, 2009 |
| <u> </u> |
| Date |

Schedule A

Check this box if the Organization is engaged in public benefit activities in

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

the fields of education or health.

X

| | (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. |
| IPKO | Institute also assists deserving local NGO's and different schools with Free |
| | ections to the Internet. |
| | Institute in January 2006 gave its IT program (such as CCNA, CCNP, IT essentials |
| etc) to etc). | AUK Institute together with all its assets (such as the lab, computers, instructors |
| | |
| (2) | List the goods, services or other benefits are provided to the groups or individuals identified in response to question 2, above? |
| | ving NGO's or different schools can apply for a free connection and if they are ed the free connection, they receive 12 months worth of free broad bank activity. |
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| (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. |
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| П | Check this box if the Organization engages in public benefit activities in the field |
|-----|--|
| Ш | of economic development. |
| | or constraint the conference |
| | (If you checked the box, please answer question 4, below). |
| | |
| (4) | Name the disadvantaged groups or individuals the Organization serves? |
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| | The statements contained in this Schedule A are true and correct. |
| | The statements contained in this Schedule A are true and correct. |
| | |
| | Samuel Johnson |
| | Print or type name of authorized representative |
| | |
| | |
| | Signature of authorized representative |
| | |
| | <u>March 30, 2007</u> |
| | <u>Date</u> |

Schedule B

This schedule is only to be completed if the Organization was dissolved during the period ending December 31, 2006.

| | Check here if the Organization was dissolved during the period from registration through June 30, 2006. | |
|---------|---|--------------------------|
| | 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 | r are: |
| Name | | Telephone Number |
| Address | | Facsimile Number |
| | | Email Address |
| (3) | What provisions were made for winding up the Or | ganization's affairs? |
| | | |
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| | | |
| (4) | What is the amount of net assets that the Organizat winding up of its affairs? | tion 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. |
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| (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 30, 2007</u> Date |