

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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 04-01-2006 and ending 03-31-2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: International Crane Foundation Inc. Address: E 11376 Shady Lane Road, Baraboo, WI 53913

D Employer identification number: 39-1187711. E Telephone number: (608) 356-9462. F Accounting method: Accrual

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: www.savingcranes.org

J Organization type (check only one): 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 7,372,917

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, and Total revenue/expenses.

**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
<b>22a</b> Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule) <input checked="" type="checkbox"/>	<b>25a</b>	239,959	167,972	47,992
<b>b</b> Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	934,501	826,942	54,802
<b>27</b> Pension plan contributions not included on lines 25a, b and c	<b>27</b>	26,279	23,254	1,541
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	145,169	128,461	8,513
<b>29</b> Payroll taxes	<b>29</b>	81,181	71,837	4,761
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	10,101		10,101
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>	54,575	48,294	3,200
<b>34</b> Telephone	<b>34</b>	10,532	9,319	618
<b>35</b> Postage and shipping	<b>35</b>	13,023	11,524	764
<b>36</b> Occupancy	<b>36</b>	26,373	23,337	1,547
<b>37</b> Equipment rental and maintenance	<b>37</b>	145,256	128,538	8,518
<b>38</b> Printing and publications	<b>38</b>	44,213	39,124	2,593
<b>39</b> Travel	<b>39</b>	16,149	14,290	947
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	19,479	17,237	1,142
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	<b>42</b>	285,068	285,068	
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> See Additional Data Table	<b>43a</b>			
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	4,090,113	3,562,424	293,496

**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 \$ \_\_\_\_\_, (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? <input checked="" type="checkbox"/> study and conservation of cranes All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> crane conservation  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	676,304
<b>b</b> education  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	491,786
<b>c</b> field ecology and site management  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,205,646
<b>d</b> training and field conservation  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,188,688
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <input checked="" type="checkbox"/>	3,562,424

**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	<b>45</b> Cash—non-interest-bearing . . . . .	275	<b>45</b>	275
	<b>46</b> Savings and temporary cash investments . . . . .	811,064	<b>46</b>	1,411,871
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 10,570		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	<b>47c</b>	10,570
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 496,000		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	<b>48c</b>	496,000
	<b>49</b> Grants receivable . . . . .	52,336	<b>49</b>	14,584
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .	36,576	<b>52</b>	62,075
	<b>53</b> Prepaid expenses and deferred charges . . . . .	6,532	<b>53</b>	6,139
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,909,519	<b>54a</b>	7,611,501
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 5,846,129			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 3,847,124	2,170,389	<b>57c</b> 	1,999,005
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )	846,735	<b>58</b> 	764,102	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	10,866,666	<b>59</b>	12,376,122	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	227,887	<b>60</b>	233,507
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	32,000
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )		<b>65</b>	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	227,887	<b>66</b>	265,507	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted . . . . .	7,131,754	<b>67</b>	7,822,476
	<b>68</b> Temporarily restricted . . . . .	1,208,653	<b>68</b>	1,407,597
	<b>69</b> Permanently restricted . . . . .	2,298,372	<b>69</b>	2,880,542
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	10,638,779	<b>73</b>	12,110,615
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	10,866,666	<b>74</b>	12,376,122





Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued) table with columns for question, Yes, and No. Includes sections 82a-82b, 83a-83b, 84a-84b, 85a-85f, 85g-85h, 86a-86b, 87a-87b, 88a-88b, 89a-89g, 90a-90b, 91a, and 91b.

**Part VI Other Information (continued)**

**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**

**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	
<b>93</b> Program service revenue					
<b>a</b> tour income					39,672
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . . . .			14	243,301	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	99,811	
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					44,439
<b>103</b> Other revenue <b>a</b> miscellaneous					11,133
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				343,112	95,244
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					438,356

**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	provides education to the public who tour crane facilities
102	gift shop sales of items promoting crane conservation
103A	other income earned in accordance with our exempt purpose

**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
	%			
	%			
	%			
	%			

**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)*

<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	***** Signature of officer	2007-08-21 Date
	James T Hook President - Chief Executive Officer Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ Bruce Mayer CPA CFP	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Wegner LLP 2110 Luann Lane Madison, WI 53713			EIN ▶
				Phone no ▶ (608) 274-4020

**SCHEDULE A**  
**(Form 990 or 990EZ)**

**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**

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

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

OMB No 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
International Crane Foundation Inc

Employer identification number

39-1187711

**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.")

<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

**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.")

<b>(a)</b> Name and address of each independent contractor paid more than \$50,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

**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 for instructions.)

<b>(a)</b> Name and address of each independent contractor paid more than \$50,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		

**Part III** Statements About Activities (See page 2 of the instructions.)**Yes** **No**

<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include 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 ▶ \$ <u>262</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	<b>1</b>	Yes	
<b>2</b> 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.) <b>a</b> Sale, exchange, or leasing property?	<b>2a</b>		No
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>		No
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>		No
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	Yes	
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>		No
<b>3a</b> 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 )	<b>3a</b>		No
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>		No
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	<b>3c</b>		No
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		No
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	<b>4a</b>		No
<b>b</b> Did the organization make any taxable distributions under section 4966?	<b>4b</b>		No
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		No
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ <u>0</u>			
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ <u>0</u>			
<b>f</b> 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 ▶ <u>0</u>			
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					

- 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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	5,026,649	4,104,616	3,290,255	4,595,553	17,017,073
<b>16</b> Membership fees received					0
<b>17</b> 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	1,288,433	813,992	510,642	580,582	3,193,649
<b>18</b> 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	190,506	277,923	216,254	83,458	768,141
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	6,505,588	5,196,531	4,017,151	5,259,593	20,978,863
<b>24</b> Line 23 minus line 17	5,217,155	4,382,539	3,506,509	4,679,011	17,785,214
<b>25</b> Enter 1% of line 23	65,056	51,965	40,172	52,596	

<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	
<b>b</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 <b>Do not file this list with your return.</b> Enter the total of all these excess amounts	<b>26b</b>	0
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)	<b>26c</b>	
<b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	<b>26d</b>	
<b>e</b> Public support (line 26c minus line 26d total)	<b>26e</b>	
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	<b>26f</b>	

**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) \_\_\_\_\_ 108,296(2004) \_\_\_\_\_ 419,050(2003) \_\_\_\_\_ 96,092(2002) \_\_\_\_\_ 319,332

**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) \_\_\_\_\_

<b>c</b> Add Amounts from column (e) for lines 15 _____ 17,017,073 16 _____ 0 17 _____ 3,193,649 20 _____ 0 21 _____ 0	<b>27c</b>	20,210,722
<b>d</b> Add Line 27a total _____ 942,770 and line 27b total _____	<b>27d</b>	942,770
<b>e</b> Public support (line 27c total minus line 27d total)	<b>27e</b>	19,267,952
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)	<b>27f</b>	20,978,863
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27g</b>	91.84 46 %
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27h</b>	366 15 %

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

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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 )   	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32b</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32c</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32d</b>	
<b>d</b> 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 )  		
<b>33</b> Does the organization discriminate by race in any way with respect to	<b>33a</b>	
<b>a</b> Students' rights or privileges?	<b>33b</b>	
<b>b</b> Admissions policies?	<b>33c</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33d</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33e</b>	
<b>e</b> Educational policies?	<b>33f</b>	
<b>f</b> Use of facilities?	<b>33g</b>	
<b>g</b> Athletic programs?	<b>33h</b>	
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )  		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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	<b>35</b>	





**TY 2006 Depreciation and Depletion Schedule****Name:** International Crane Foundation Inc**EIN:** 39-1187711

<b>Asset</b>	<b>Amount</b>
buildings	115,257
land improvements	12,451
crane breeding complex	39,537
vehicles	16,067
furniture and fixtures	50,621
aviculture equipment	14,618
gef project equipment	4,304
iso-chick rearing facility	32,213

**TY 2006 Gain/Loss from Sale of Public Securities Schedule****Name:** International Crane Foundation Inc**EIN:** 39-1187711**Gross Sales Price:** 2,009,472**Basis:** 1,909,661**Sales Expenses:** 0**Total (net):** 99,811

**TY 2006 Land etc. Schedule**

**Name:** International Crane Foundation Inc

**EIN:** 39-1187711

<b>Category/Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
land	192,275		192,275
buildings	2,980,694	2,017,763	962,931
land improvements	295,294	218,506	76,788
crane breeding complex	822,491	751,912	70,579
vehicles	127,718	96,879	30,839
furniture and fixtures	707,788	635,134	72,654
aviculture equipment	105,911	66,680	39,231
gef project equipment	22,633	12,162	10,471
iso-chick rearing facility	591,325	48,088	543,237

## TY 2006 Officer Compensation Schedule

**Name:** International Crane Foundation Inc

**EIN:** 39-1187711

**james harris**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	57,347		
<b>Mgmt &amp; General</b>	16,385		
<b>Fundraising</b>	8,192		

**george archibald**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	68,845		
<b>Mgmt &amp; General</b>	19,670		
<b>Fundraising</b>	9,835		

**James Hook**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	41,780		
<b>Mgmt &amp; General</b>	11,937		
<b>Fundraising</b>	5,968		

**TY 2006 Other Assets Schedule**

**Name:** International Crane Foundation Inc

**EIN:** 39-1187711

Description	Beginning of Year Amount	End of Year Amount
beneficial interest in charitable remainder trust	764,102	764,102

## TY 2006 Other Changes in Net Assets Schedule

**Name:** International Crane Foundation Inc

**EIN:** 39-1187711

Description	Amount
unrealized gain on investments	207,162

**TY 2006 Other Expenses Included Schedule**

**Name:** International Crane Foundation Inc

**EIN:** 39-1187711

Description	Amount
cost of goods sold	108,470

**TY 2006 Other Revenues Included Schedule**

**Name:** International Crane Foundation Inc

**EIN:** 39-1187711

Description	Amount
cost of goods sold	108,470

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1187711

**Name:** International Crane Foundation Inc

### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> Insurance	<b>43a</b>	61,788	54,677	3,623	3,488
<b>b</b> Professional fees	<b>43b</b>	119,281	105,552	6,995	6,734
<b>c</b> Taxes	<b>43c</b>	23,857	21,111	1,399	1,347
<b>d</b> Membership and publications	<b>43d</b>	31,638	27,997	1,855	1,786
<b>e</b> Research	<b>43e</b>	10,661	10,661		
<b>f</b> Visitor expense	<b>43f</b>	1,109	981	65	63
<b>g</b> Advertising and promotion	<b>43g</b>	37,755	33,410	2,214	2,131
<b>h</b> Investment fees	<b>43h</b>	50,224		50,224	
<b>i</b> Other	<b>43i</b>	1,701,942	1,512,838	80,082	109,022

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
James harris E-11376 Shady Lane Road Baraboo, WI 53913	president 40 00	81,924	0	0
george archibald E-11376 Shady Lane Road Baraboo, WI 53913	vice chairman 40 00	98,350	0	0
James Hook E-11376 Shady Lane Road Baraboo, WI 53913	Executive Director 40 00	59,685	0	0
JOSEPH bRANCH E-11376 Shady Lane Road Baraboo, WI 53913	Chairman 1 00	0	0	0
Robert Brumder E-11376 Shady Lane Road Baraboo, WI 53913	board Member 1 00	0	0	0
Dick Dana E-11376 Shady Lane Road Baraboo, WI 53913	Secretary 1 00	0	0	0
John Day E-11376 Shady Lane Road Baraboo, WI 53913	board Member 1 00	0	0	0
Judy Derse E-11376 Shady Lane Road Baraboo, WI 53913	board Member 1 00	0	0	0
Bob Dohmen E-11376 Shady Lane Road Baraboo, WI 53913	board Member 1 00	0	0	0
Thomas Donnelley II E-11376 Shady Lane Road Baraboo, WI 53913	board Member 1 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Sam Evans E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0
Susan Feith E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0
Richard Fox E-11376 Shady Lane Road Baraboo, WI 53913	Treasurer 1 00	0	0	0
Nina Griswold E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0
Lee Manigault E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0
Lalise Mason E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0
Nancy O'Donnell E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0
Fred Ott E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0
Nancy Ranney E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0
Diane Ridders E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Kathleen Ryan E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0
Ellie Schiller E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0
Richard Steeves E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0
Carl-Albrecht Von Treuenfels E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0
Sandi Whitmore E-11376 Shady Lane Road Baraboo, WI 53913	Board Member 1 00	0	0	0
Mary Wickhem E-11376 Shady Lane Road Baraboo, WI 53913	Chair Emeritus 1 00	0	0	0
Ginny wolfe E-11376 Shady Lane Road Baraboo, WI 53913	board Member 1 00	0	0	0
sara bolz E-11376 Shady Lane Road Baraboo, WI 53913	board Member 1 00	0	0	0