

Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**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)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150  
**2006**  
**Open to Public Inspection**

**A For the 2006 calendar year, or tax year beginning 01-01-2006, 2006, and ending 12-31-2006, 20**

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
 BUILDING BLOCKS FOUNDATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 7577 CENTRAL PARKE BLVD 222

City or town, state or country, and ZIP + 4  
 MASON, OH 45040

**D** Employer identification number  
 68-0535595

**E** Telephone number  
 (513) 770-2900

**F** Group Exemption Number

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

**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**I** Website: ▶ N/A

**J** Organization type (check only one) —  501(c)(3) (insert no)  4947(a)(1) or  527

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 78,905

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 of the instructions)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (line 9 less line 17)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year (combine lines 18 through 20)
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	16	Other expenses (describe)		
6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	17	<b>Total expenses</b> (add lines 10 through 16)		
6a	Gross revenue (not including \$ of contributions reported on line 1)				
6b	Less direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (line 6a less line 6b)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)				
8	Other revenue (describe)				
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)				

**Part II Balance Sheets**—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 41 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	35,038	32,352
23 Land and buildings		
24 Other assets (describe)		
25 <b>Total assets</b>	35,038	32,352
26 <b>Total liabilities</b> (describe)	512	5,790
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	34,526	26,562

<b>Part III Statement of Program Service Accomplishments</b> (See page 42 of the instructions )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? <u>FUND MEDICAL NEEDS FOR CHILDREN</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
<b>28</b> 27 CHILDREN WERE GRANTED FUNDS FOR MEDICAL NEEDS (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	29,728
<b>29</b>	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)		<b>32</b>	29,728

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 42 of 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	(E) Expense account and other allowances
See Additional Data Table				

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		No
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>		No
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>		No
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement )	<b>36</b>		No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>		No
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>		No
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>		
<b>39</b> 501(c)(7) organizations. Enter			
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	0	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	0	

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under

section 4911  \_\_\_\_\_, section 4912  \_\_\_\_\_, section 4955  \_\_\_\_\_

**b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . . . .

	Yes	No
<b>40b</b>		No
<b>c</b>		
<b>d</b>		
<b>40e</b>		No

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .  \_\_\_\_\_

**d** Enter amount of tax on line 40c reimbursed by the organization . . . . .  \_\_\_\_\_

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .

**41** List the states with which a copy of this return is filed  OH

**42a** The books are in care of  DYNETTE CLARK Telephone no  (513) 770-2900

7577 CENTRAL PARKE BLVD 222

Located at  MASON, OH ZIP + 4  45040

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
<b>42b</b>		No
<b>c</b>		
<b>42c</b>		No

If "Yes," enter the name of the foreign country  \_\_\_\_\_

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U S ?

If "Yes," enter the name of the foreign country  \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here   and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .  **43**

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  2007-08-07 Date

DYNETTE CLARK Executive Director Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature <input type="checkbox"/> JAMES J HERBERS	Date	Check if self-employed <input type="checkbox"/> <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> _____			EIN <input type="checkbox"/> _____
			Phone no <input type="checkbox"/> _____

**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.)**

OMB No 1545-0047

**2006**

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

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
BUILDING BLOCKS FOUNDATION

**Employer identification number**

68-0535595

**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
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.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) 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.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) 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**

<p><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 ►\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 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>	<b>1</b>		No
<p><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.)</p> <p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2a</b>		No
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>		No
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>		No
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2d</b>	Yes	
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>		No
<p><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 )</p>	<b>3a</b>		No
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>		No
<p><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</p>	<b>3c</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		No
<p><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</p>	<b>4a</b>		No
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		No
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		No
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year</p>	► _____		
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>	► _____		
<p><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</p>	► _____		
<p><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</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** ▶
- 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 )	47,874	12,495	3,161		63,530
<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	39,955	23,480	15,641		79,076
<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					0
<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	87,829	35,975	18,802		142,606
<b>24</b> Line 23 minus line 17	47,874	12,495	3,161		63,530
<b>25</b> Enter 1% of line 23	878	360	188		
<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 Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 0
<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> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b>
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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>b</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 _____ 63,530 16 _____ 0 17 _____ 79,076 20 _____ 0 21 _____ 0					<b>27c</b> 142,606
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> 142,606
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b> 142,606
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 10000 00 %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b>
<b>28 Unusual Grants:</b> 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>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>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>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<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>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<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>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>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		



**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
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)		
<b>39</b>	Other exempt purpose expenditures		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)		
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> 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		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)		
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

**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
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**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

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Additional Data****Software ID:** 06000146**Software Version:** 2006v3.1**EIN:** 68-0535595**Name:** BUILDING BLOCKS FOUNDATION**Form 990EZ, Part IV - List of 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</b>	<b>(E) Expense account and other allowances</b>
MELISSA DONOVAN 7577 CENTRAL PARKE BLVD 222 MASON, OH 45040	Trustee 10	0		
ELYN BUSCANI 7577 CENTRAL PARKE BLVD 222 MASON, OH 45040	Trustee 10	0		
JUSTIN CONGER 7577 CENTRAL PARKE BLVD 222 MASON, OH 45040	Trustee 10	0		
ROGER FOY 7577 CENTRAL PARKE BLVD 222 MASON, OH 45040	Trustee 10	0		
DAVID MANCINO 7577 CENTRAL PARKE BLVD 222 MASON, OH 45040	Trustee 10	0		
DEIDRE BIEN 7577 CENTRAL PARKE BLVD 222 MASON, OH 45040	Trustee 10	0		
LISA ANDERSON 7577 CENTRAL PARKE BLVD 222 MASON, OH 45040	Trustee 10	0		
JERRY LEWIS 7577 CENTRAL PARKE BLVD 222 MASON, OH 45040	Trustee 10	0		
DYNETTE CLARK 7577 CENTRAL PARKE BLVD 222 MASON, OH 45040	Executive Direc 25	10,200		

## TY 2006 Grants and Similar Amounts Paid Schedule

**Name:** BUILDING BLOCKS FOUNDATION

**EIN:** 68-0535595

**Software ID:** 06000146

**Software Version:** 2006v3.1

<b>Item No.</b>	1
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	ELIZABETH HERICKS
<b>Donee's Address</b>	515 GREENWELL CINCINNATI, OH 45238
<b>Amount (FMV)</b>	1,300
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	2
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	NICHOLAS LOCKWOOD
<b>Donee's Address</b>	723 LODA DR CINCINNATI, OH 45245
<b>Amount (FMV)</b>	3,880
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	3
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	HEATHER ROBERTS
<b>Donee's Address</b>	6083 DRIFTWOOD MAINEVILLE, OH 45039
<b>Amount (FMV)</b>	64
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	4
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	RILEY HEWITT
<b>Donee's Address</b>	356 CLARKSVILLE RD WILMINGTON, OH 45177
<b>Amount (FMV)</b>	1,194
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	5
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	WILLIAM PETTIS
<b>Donee's Address</b>	2302 WESTWOOD NORTHERN CINCINNATI, OH 45225
<b>Amount (FMV)</b>	200
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	



<b>Item No.</b>	6
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	ADRIANA LYONS
<b>Donee's Address</b>	170F RED BLUFF LANE WESTERVILLE, OH 43082
<b>Amount (FMV)</b>	1,934
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	7
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	CONNER LESZKAI
<b>Donee's Address</b>	9 BOBWHITE AMELIA, OH 45107
<b>Amount (FMV)</b>	245
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	8
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	BAILEY NEAL
<b>Donee's Address</b>	624 CHARWOOD DR CINCINNATI, OH 45244
<b>Amount (FMV)</b>	201
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	9
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	ALEX PODAGROSI
<b>Donee's Address</b>	216 PROGRESS AVE HAMILTON, OH 45013
<b>Amount (FMV)</b>	54
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	10
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	VINCENT DAVIS
<b>Donee's Address</b>	219 GILMAN AVE APT 1 CINCINNATI, OH 45219
<b>Amount (FMV)</b>	540
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	11
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	COLTON WILLIS
<b>Donee's Address</b>	1620 CENTER RIDGE CINCINNATI, OH 45231
<b>Amount (FMV)</b>	260
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	12
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	STEPHANIE PADDOCK
<b>Donee's Address</b>	470 N WASHINGTON BLVD HAMILTON, OH 45013
<b>Amount (FMV)</b>	3,589
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	13
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	CHASE HOLLAND
<b>Donee's Address</b>	1121 S TIMBER CREEK MILFORD, OH 45150
<b>Amount (FMV)</b>	336
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	



<b>Item No.</b>	14
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	SYDNI QUINLAN
<b>Donee's Address</b>	3962 GARNER LANE CINCINNATI, OH 45245
<b>Amount (FMV)</b>	1,600
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	15
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	MARI LOGAN
<b>Donee's Address</b>	7857 CLIFFWOOD TIPP CITY, OH 45371
<b>Amount (FMV)</b>	789
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	16
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	LUCAS VANSCOY
<b>Donee's Address</b>	166 N MULBERRY ST WILMINGTON, OH 45177
<b>Amount (FMV)</b>	149
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	17
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	SYDNEY NELSON
<b>Donee's Address</b>	12 CLOVER AVE ERLANGER, KY 41018
<b>Amount (FMV)</b>	3,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	18
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	CHRISTOPHER CERIMELE
<b>Donee's Address</b>	4136 PHILNOLL CINCINNATI, OH 45247
<b>Amount (FMV)</b>	741
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	19
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	NINI MADARIS
<b>Donee's Address</b>	3856 KIRKUP CINCINNATI, OH 45231
<b>Amount (FMV)</b>	2,920
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	20
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	CCHMC
<b>Donee's Address</b>	3333 BURNET AVE CINCINNATI, OH 45229
<b>Amount (FMV)</b>	1,400
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	21
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	ANGELA BANTA
<b>Donee's Address</b>	606 7TH ST CARROLLTON, KY 41008
<b>Amount (FMV)</b>	64
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	



<b>Item No.</b>	22
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	COREY COMBS
<b>Donee's Address</b>	234 WALNUT ST WILLIAMSBURG, OH 45176
<b>Amount (FMV)</b>	264
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	23
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	LINDSEY GAUGGEL
<b>Donee's Address</b>	8500 SUNMONT CINCINNATI, OH 45255
<b>Amount (FMV)</b>	714
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	24
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	HEAVEN COATES
<b>Donee's Address</b>	3334 FELICITY CINCINNATI, OH 45211
<b>Amount (FMV)</b>	211
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	25
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	SARAH GUBLER
<b>Donee's Address</b>	814 ST LOUIS AVE ZANESVILLE, OH 43701
<b>Amount (FMV)</b>	1,218
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	26
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	CALEB DALMEIMER
<b>Donee's Address</b>	310 WATER ST BETHEL, OH 45106
<b>Amount (FMV)</b>	570
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	27
<b>Class of Activity</b>	MEDICAL EXPENSE
<b>Donee's Name</b>	LILLY ARNETTE
<b>Donee's Address</b>	4776 TIMBERKNOLL CINCINNATI, OH 45244
<b>Amount (FMV)</b>	150
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

## TY 2006 Other Expenses Schedule

**Name:** BUILDING BLOCKS FOUNDATION

**EIN:** 68-0535595

**Software ID:** 06000146

**Software Version:** 2006v3.1

Description	Amount
UTILITIES	2,111
OFFICE EXPENSES	1,427
MISCELLANEOUS	3,628
INSURANCE	762
GIFTS	2,141
FOOD & ENTERTAINMENT	74
COMPUTER & WEBSITE	5,598
BANK SERVICE CHARGE	514
ADVERTISING	655

## TY 2006 Other Liabilities Schedule

**Name:** BUILDING BLOCKS FOUNDATION

**EIN:** 68-0535595

**Software ID:** 06000146

**Software Version:** 2006v3.1

Description	Beginning of Year Amount	End of Year Amount
PAYROLL WITHHOLDING	512	1,884
CREDIT CARD		3,906



## TY 2006 Special Events Schedule

**Name:** BUILDING BLOCKS FOUNDATION

**EIN:** 68-0535595

**Software ID:** 06000146

**Software Version:** 2006v3.1

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
FUNDRAISING EVENTS	1,664		1,664		1,664
ANNUAL BENEFIT	14,439		14,439	8,477	5,962