

## Federal Diagnostics

### Critical Messages

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None

### Informational Messages

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- Part IV, line 67 end of year unrestricted fund balance calculated.
- If Schedule B required, enter data on Screen SchB instead of Inc.
- Preparer 'Thomas J. Everett'

## Forms 990 / 990-EZ Return Summary

For calendar year 2005, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

20-0032380

### NATIONAL AUTISM ASSOCIATION, INC.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>40,965</u>
<b>Revenue</b>		
Contributions	<u>214,627</u>	
Program service revenue	<u>28,300</u>	
Investment income	<u>57</u>	
Capital gain / loss	<u>          </u>	
Special events:		
Gross revenue	<u>33,420</u>	
Direct expenses	<u>800</u>	
Net income	<u>32,620</u>	
Other income	<u>210,234</u>	
<b>Total revenue</b>		<u>485,838</u>
<b>Expenses</b>		
Program services	<u>283,758</u>	
Management and general	<u>77,380</u>	
Fundraising	<u>19,295</u>	
Payments to affiliates	<u>          </u>	
<b>Total expenses</b>		<u>380,433</u>
<b>Excess / (deficit)</b>		<u>105,405</u>
Other changes		<u>-5,007</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>141,363</u>

**Reconciliation of Revenue**

**Reconciliation of Expenses**

Total revenue per financial statements	<u>485,838</u>
Less:	
Unrealized gains	<u>          </u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
Total revenue per return	<u>485,838</u>

Total expenses per financial statements	<u>380,189</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>-244</u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
Total expenses per return	<u>380,433</u>

	Beginning	Balance Sheet Ending	Differences
Assets	<u>46,979</u>	<u>142,777</u>	
Liabilities	<u>6,014</u>	<u>1,414</u>	
Net assets	<u>40,965</u>	<u>141,363</u>	<u>100,398</u>

**Miscellaneous Information**  
Return / extended due date 11/15/06

**Elliott, Robinson and Company, LLP**  
**1736 East Sunshine, Suite 913**  
**Springfield, MO 65804**  
**417-887-0585**

August 30, 2006

**CONFIDENTIAL**

NATIONAL AUTISM ASSOCIATION, INC.  
1333 W SCHATZ LANE  
NIXA, MO 65714

Dear :

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached to each return is an instruction sheet for signing and filing. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Elliott, Robinson and Company, LLP

**Elliott, Robinson and Company, LLP**  
**1736 East Sunshine, Suite 913**  
**Springfield, MO 65804**  
**417-887-0585**

August 30, 2006

**CONFIDENTIAL**

NATIONAL AUTISM ASSOCIATION, INC.  
1333 W SCHATZ LANE  
NIXA, MO 65714

For professional services rendered in connection with the preparation of the following tax forms  
for year ending 12/31/05.

Form 8868, P1 (Application for 1st Extension) .....	\$	<u>No Charge</u>
Amount due	\$	<u>0.00</u>

## **Filing Instructions**

### **NATIONAL AUTISM ASSOCIATION, INC.**

#### **Exempt Organization Tax Return**

**Taxable Year Ended December 31, 2005**

**Date Due:** November 15, 2006

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/05 shows no balance due. The return should be signed and dated on Page 8 by an officer representing the organization.

**Mail To:** Internal Revenue Service Center  
Ogden, UT 84201-0027

If a private delivery service is used, mail to:  
OSPC  
1973 N. Rulon White Blvd.  
Ogden, UT 84404

**Other:** Initial and date the copy of the return, and retain it for your records.

Form **990**

**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)

OMB No. 1545-0047

**2005**

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 2005 calendar year, or tax year beginning** , and ending

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

**C Name of organization**  
**NATIONAL AUTISM ASSOCIATION, INC.**

**D Employer identification no.**  
**20-0032380**

**E Telephone number**  
**417-725-9544**

**F Accounting method:**  Cash  Accrual  Other (specify)

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

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1333 W SCHATZ LANE**

City or town, state or country, and ZIP + 4  
**NIXA MO 65714**

▶ **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?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ .....  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instr.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number** ▶

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

**G Website:** ▶ **www.nationalautism.org**

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

**K** Check here  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 Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **669,489**

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions.)			
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:		
	<b>a</b> Direct public support	<b>1a</b>	<b>214,627</b>
	<b>b</b> Indirect public support	<b>1b</b>	
	<b>c</b> Government contributions (grants)	<b>1c</b>	
	<b>d Total</b> (add lines 1a through 1c) (cash \$ <b>214,627</b> noncash \$ )	<b>1d</b>	<b>214,627</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>28,300</b>
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>57</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>	
	<b>6a</b> Gross rents	<b>6a</b>	
	<b>b</b> Less: rental expenses	<b>6b</b>	
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	
<b>7</b> Other investment income (describe )	<b>7</b>		
<b>Revenue</b>	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>	
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>	
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>	
	<b>8d</b>		
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>	<b>33,420</b>
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>800</b>
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>32,620</b>	
<b>Revenue</b>	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>393,085</b>
	<b>b</b> Less: cost of goods sold	<b>10b</b>	<b>182,851</b>
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	<b>210,234</b>
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	
	<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>485,838</b>
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>283,758</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>77,380</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>19,295</b>
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>	<b>380,433</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>105,405</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>40,965</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>See Statement 3</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>141,363</b>

**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
22	Grants and allocations (attach schedule) <b>Stmt 4</b> (cash \$ <b>88,146</b> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>88,146</b>	<b>88,146</b>		
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>				
24	Benefits paid to or for members (attach schedule) <b>Stmt 5</b>	<b>1,981</b>	<b>1,981</b>		
25	Compensation of officers, directors, etc.	<b>47,708</b>	<b>11,927</b>	<b>23,854</b>	<b>11,927</b>
26	Other salaries and wages	<b>7,514</b>	<b>1,878</b>	<b>3,757</b>	<b>1,879</b>
27	Pension plan contributions	<b>12,004</b>	<b>3,001</b>	<b>6,002</b>	<b>3,001</b>
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	<b>952</b>		<b>952</b>	
32	Legal fees	<b>2,311</b>		<b>2,311</b>	
33	Supplies	<b>14,624</b>		<b>14,624</b>	
34	Telephone	<b>12,763</b>	<b>10,211</b>	<b>1,914</b>	<b>638</b>
35	Postage and shipping	<b>30,505</b>	<b>24,404</b>	<b>4,576</b>	<b>1,525</b>
36	Occupancy	<b>6,000</b>		<b>6,000</b>	
37	Equipment rental and maintenance				
38	Printing and publications	<b>6,500</b>	<b>5,200</b>	<b>975</b>	<b>325</b>
39	Travel	<b>14,664</b>	<b>12,807</b>	<b>1,857</b>	
40	Conferences, conventions, and meetings	<b>57,023</b>	<b>56,427</b>	<b>596</b>	
41	Interest	<b>92</b>		<b>92</b>	
42	Depreciation, depletion, etc. (attach schedule)	<b>1,663</b>		<b>1,663</b>	
43	Other expenses not covered above (itemize):				
a	<b>See Statement 6</b>	<b>75,983</b>	<b>67,776</b>	<b>8,207</b>	
b					
c					
d					
e					
f					
g					
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>380,433</b>	<b>283,758</b>	<b>77,380</b>	<b>19,295</b>

**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?

▶ **See Statement 7**

**Program Service Expenses**

(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

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.)

<p><b>a BUILT A SOLID FOUNDATION FOR NAA. CONTINUED WITH OUR PUBLIC AWARENESS CAMPAIGN INCLUDING EXTENSIVE RESOURCES THROUGH OUR WEBSITE, BROCHURES, PRESS RELEASES, AND AWARENESS MERCHANDISE. OFFERED SUPPORT THROUGH OUR TOLL-FREE LINE AND STAYED ABREAST OF THE LATEST IN TREATMENTS AND RESEARCH</b></p> <p>(Grants and allocations \$ <b>6,250</b> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p><b>201,862</b></p>
<p><b>b CONTINUED OUR CRISIS FUND WHICH INCLUDED FUNDS FOR TRAGEDIES INCLUDING OUT OF WORK, NATURAL DISASTERS, DEATH IN FAMILY, HOSPITALIZATION, ETC. FUNDS WERE GRANTED QUARTERLY</b></p> <p>(Grants and allocations \$ <b>15,207</b> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p><b>15,207</b></p>
<p><b>c PROVIDED ASSISTANCE TO FAMILIES WITH AUTISTIC CHILDREN THAT SUFFERED FROM HURRICANE KATRINA</b></p> <p>(Grants and allocations \$ <b>14,403</b> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p><b>14,403</b></p>
<p><b>d PROVIDED FINANCIAL ASSISTANCE TO LOCAL AUTISM CHAPTERS TO HELP GAIN AWARENESS IN LOCAL COMMUNITIES.</b></p> <p>(Grants and allocations \$ <b>52,286</b> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p><b>52,286</b></p>
<p><b>e Other program services (attach schedule)</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶</p>	<p><b>283,758</b></p>



**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) Beginning of year		(B) End of year	
<b>Assets</b>	45	Cash-non-interest-bearing .....	17,502	45	110,030
	46	Savings and temporary cash investments .....		46	
	47a	Accounts receivable .....			
	b	Less: allowance for doubtful accounts .....		47c	
	48a	Pledges receivable .....			
	b	Less: allowance for doubtful accounts .....		48c	
	49	Grants receivable .....		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51a	Other notes and loans receivable (attach schedule) .....			
	b	Less: allowance for doubtful accounts .....		51c	
	52	Inventories for sale or use .....	29,477	52	23,847
	53	Prepaid expenses and deferred charges .....		53	
	54	Investments-securities .....		54	
	55a	Investments-land, buildings, and equipment: basis .....			
	b	Less: accumulated depreciation (attach schedule) .....		55c	
56	Investments-other (attach schedule) .....		56		
57a	Land, buildings, and equipment: basis .....	9,019			
b	Less: accumulated depreciation (attach schedule) <b>See Statement 8</b> .....	1,419	57c	7,600	
58	Other assets (describe <b>See Statement 9</b> ) .....		58	1,300	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58. ....	46,979	59	142,777	
<b>Liabilities</b>	60	Accounts payable and accrued expenses .....	6,014	60	
	61	Grants payable .....		61	
	62	Deferred revenue .....		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a	Tax-exempt bond liabilities (attach schedule) .....		64a	
	b	Mortgages and other notes payable (attach schedule) .....		64b	
65	Other liabilities (describe <b>See Statement 10</b> ) .....		65	1,414	
66	<b>Total liabilities.</b> Add lines 60 through 65 .....	6,014	66	1,414	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted .....	40,965	67	141,363
	68	Temporarily restricted .....		68	
	69	Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds .....		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72	Retained earnings, endowment, accumulated income, or other funds .....		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) .....	40,965	73	141,363	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. ....	46,979	74	142,777	





**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		<b>N/A</b>
<b>83b</b>			
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>N/A</b>
<b>84b</b>			
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?		<b>N/A</b>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		<b>N/A</b>
<b>c</b>	Dues, assessments, and similar amounts from members		<b>85c</b>
<b>d</b>	Section 162(e) lobbying and political expenditures		<b>85d</b>
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		<b>85e</b>
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		<b>85f</b>
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		<b>N/A</b>
<b>85g</b>			
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		<b>N/A</b>
<b>85h</b>			
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		<b>86a</b>
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		<b>86b</b>
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		<b>87a</b>
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		<b>87b</b>
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>88</b>
<b>88</b>			<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction		<b>89b</b>
<b>89b</b>			<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		<b>0</b>
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<b>0</b>
<b>90a</b>	List the states with which a copy of this return is filed <b>None</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		<b>90b</b>
			<b>3</b>
<b>91a</b>	The books are in care of <b>RITA SHREFFLER</b> Telephone no. <b>417-725-9544</b> <b>1333 W SCHATZ LN</b> Located at <b>NIXA, MO</b> ZIP + 4 <b>65714</b>		
<b>b</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)?		<b>91b</b>
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
	At any time during the calendar year, did the organization maintain an office outside of the United States?		<b>91c</b>
			<b>X</b>
<b>c</b>	If "Yes," enter the name of the foreign country		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b>		

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies .....					
94 Membership dues and assessments .....					28,300
95 Interest on savings and temporary cash investments .....					57
96 Dividends and interest from securities .....					
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
98 Net rental income or (loss) from personal property .....					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....					
101 Net income or (loss) from special events .....					32,620
102 Gross profit or (loss) from sales of inventory .....					210,234
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0		0	271,211
105 <b>Total</b> (add line 104, columns (B), (D), and (E)) .....					271,211

**Note:** Line 105 plus line 1d, 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).
N/A	

**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
N/A	%			
	%			
	%			
	%			

**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).

**Please Sign Here**

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 \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date **8/30/06** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **Elliott, Robinson and Company, LLP  
1736 East Sunshine, Suite 913  
Springfield, MO 65804** Preparer's SSN or PTIN (See Gen. Instr. W) **P00172565**

EIN **43-1189134** Phone no. **417-887-0585**



**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including 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 i 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>	1		X
<p>2 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>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		X
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>	3a		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b		X
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>	3c		X
<p>4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4a		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

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 supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	64,972	3,145			68,117
16 Membership fees received	6,560	150			6,710
17 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	82,123	18,995			101,118
18 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	15	1			16
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 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
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	153,670	22,291			175,961
24 Line 23 minus line 17	71,547	3,296			74,843
25 Enter 1% of line 23	1,537	223			

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	0
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

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:  
 (2004) 0 (2003) 0 (2002) 0 (2001) 0

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:  
 (2004) 77,123 (2003) 13,995 (2002) 0 (2001) 0

c Add: Amounts from column (e) for lines: 15 68,117 16 6,710 17 101,118 20 _____ 21 _____	27c	175,945
d Add: Line 27a total _____ and line 27b total _____	27d	91,118
e Public support (line 27c total minus line 27d total)	27e	84,827
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	175,961
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	48.2078 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0.0091 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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)**

		N/A	Yes	No
29	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? .....	29		
30	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? .....	30		
31	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? .....	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
.....				
32	Does the organization maintain the following:	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges? .....	33a		
b	Admissions policies? .....	33b		
c	Employment of faculty or administrative staff? .....	33c		
d	Scholarships or other financial assistance? .....	33d		
e	Educational policies? .....	33e		
f	Use of facilities? .....	33f		
g	Athletic programs? .....	33g		
h	Other extracurricular activities? .....	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement.				
.....				
35	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 .....	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

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

**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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 of the instructions.) **N/A**

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:

	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines through <b>c h.</b> ) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines through <b>c h.</b> ) .....			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





20-0032380

**Federal Statements**

FYE: 12/31/2005

**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
MEMBERSHIP DUES	\$ 28,300
Total	\$ 28,300

**Statement 2 - Form 990, Line 10c - Sales of Inventory**

Description	Gross Sales	COGS	Gross Profit
INTERNET SALES	\$ 393,085	\$ 182,851	\$ 210,234
Total	\$ 393,085	\$ 182,851	\$ 210,234

**Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
Oth Amts Included on Financial Stmts Not on Return	\$ 244
PROIR PERIOD ADJUSTMENT	-5,251
Total	\$ -5,007

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
FUMC		HURRICANE RELIEF	\$ 14,403	\$	\$		
PO BOX 308							
PONTOTOC, MS, 38863							
GWIN OAKS ELEMENTARY SCHOOL		CLASSROOM ASSISTANCE		6,250			
VARIOUS LOCAL CHAPTERS		LOCAL RESOURCE		52,286			
VARIOUS INDIVIDUALS		HELPING HAND		15,207			
Total			\$ 88,146	\$ 0	\$ 0		

20-0032380

**Federal Statements**

FYE: 12/31/2005

**Statement 5 - Form 990, Part II, Line 24 - Benefits Paid to or for Members**

Description	Amount
MEMBER DISCOUNTS	\$ 1,981
Total	\$ 1,981

**Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
DAMAGED MERCHANDISE	222	222		
LOBBYING	2,425	2,425		
PROMOTIONAL MERCHANDISE	1,475	1,475		
PURCHASING	95	95		
SERVICE	40	40		
PERSONNEL	250		250	
LICENSES AND PERMITS	165		165	
BANK AND CREDIT CARD FEES	17,377	13,902	3,475	
UTILITIES	2,027		2,027	
WEBSITE MAINTENANCE	1,082		1,082	
MISCELLANEOUS	274		274	
INSURANCE	479		479	
MEMBERSHIP DUES	125		125	
ADVERTISING	13,585	13,585		
MEMBERSHIP DISCOUNTS	36,032	36,032		
TAXES	693		693	
PETTY CASH	-260		-260	
VENDOR DISCOUNTS	-74		-74	
BANK FEE REIMBURSEMENT	-30		-30	
ROUNDING	1		1	
Total	\$ 75,983	\$ 67,776	\$ 8,207	\$ 0

**Statement 7 - Form 990, Part III - Organization's Primary Exempt Purpose**

TO RAISE PUBLIC AND PROFESSIONAL AWARENESS OF AUTISM SPECTRUM DISORDERS, FURTHER THE ADVANCEMENT OF PREVENTATIVE STUDIES, THERAPY, AND RESEARCH OF INDIVIDUALS WITH AUTISM, ADVOCATE ON BEHALF OF THOSE WHO CANNOT FIGHT FOR THEIR OWN RIGHTS, ENCOURAGE THE FORMATION OF CHAPTERS, EMPOWER THOSE IN THE AUTISM COMMUNITY TO NEVER GIVE UP IN THEIR SEARCH TO HELP THEIR LOVED ONES REACH THEIR FULL POTENTIAL, WORK IN PARTNERSHIP WITH OTHER ORGANIZATIONS DEDICATED TO BREAKING DOWN THE BARRIERS CURRENTLY STANDING AGAINST THOSE WITH AUTISM SPECTRUM DISORDERS, AND SOLICIT AN RECEIVE FUNDS TO ACCOMPLISH THE ABOVE PURPOSE.



20-0032380

**Federal Statements**

FYE: 12/31/2005

**Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Computer equipment	\$	\$	\$ 3,477	\$
Software			3,084	
Furniture and fixtures			2,458	
Accumulated depreciation - computer				780
Accumulated depreciation - software				369
Accumulated depreciation - furniture				270
Total	\$ 0	\$ 0	\$ 9,019	\$ 1,419

**Statement 9 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Deposits	\$	\$ 650
Prepaid rent		650
Total	\$ 0	\$ 1,300

**Statement 10 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Federal and FICA payable	\$	\$ 984
State withholding payable		118
Unemployment payable		312
Total	\$ 0	\$ 1,414

**Federal Statements**

**Statement 11 - Form 990, Part IV-B - Other Expenses Included on Financial Statements**

Description	Amount
BOOK/TX DEPRECIATION DIFFERENCE	\$ -244
Total	\$ <u>-244</u>

**Federal Statements****Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

Name	Address						
	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses	
JO PIKE	MARION SC 29571	EXEC DIRETOR	50	30,000	0	0	
WENDY FOURNIER	MARION SC 29571	PRESIDENT	40	17,709	0	0	
RITA SHREFFLER	MARION SC 29571	SECRETARY	40	0	0	0	
ROSEMARIE DUBROWSKY	MARION SC 29571	TREASURER	20	0	0	0	
LAURA BONO	MARION SC 29571	BOARD CHAIR	40	0	0	0	
SCOTT BONO	MARION SC 29571	BOARD MEMBER	5	0	0	0	
LIZ BIRT	MARION SC 29571	BOARD MEMBER	5	0	0	0	
CLAIRE BOTHWELL	MARION SC 29571	BOARD MEMBER	5	0	0	0	
ANN BRASHER	MARION SC 29571	BOARD MEMBER	5	0	0	0	
LESLIE DAVIDSON	MARION SC 29571	BOARD MEMBER	5	0	0	0	
ROBERT KRAKOW	MARION SC 29571	BOARD MEMBER	5	0	0	0	
LORI MCILWAIN	MARION SC 29571	BOARD MEMBER	5	0	0	0	
JAMES MOODY	MARION SC 29571	BOARD MEMBER	5	0	0	0	
LYN REDWOOD	MARION SC 29571	BOARD MEMBER	5	0	0	0	
ADRIENNE ROUSSEAU	MARION SC 29571	BOARD MEMBER	5	0	0	0	
STEVEN STODDARD	MARION SC 29571	BOARD MEMBER	5	0	0	0	

Form **4562**  
(Rev. January 2006)  
Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No. 1545-0172

**2005**

Attachment  
Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**NATIONAL AUTISM ASSOCIATION, INC.**

Identifying number

**20-0032380**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	<b>105,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	<b>420,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr.	5	
<b>(a) Description of property</b>		<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		<b>6,560</b>	<b>5.0</b>	<b>HY</b>	<b>200DB</b>	<b>1,312</b>
c 7-year property		<b>2,458</b>	<b>7.0</b>	<b>HY</b>	<b>200DB</b>	<b>351</b>
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	<b>1,663</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2005) (Rev. 1-2006)

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**Federal Asset Report**

FYE: 12/31/2005

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b><u>5-year GDS Property:</u></b>									
1	Laptop	3/01/05	1,245			1,245	5 HY 200DB	0	249
2	Computer	2/05/05	742			742	5 HY 200DB	0	148
3	Computer	8/05/05	550			550	5 HY 200DB	0	110
4	Computer	8/01/05	939			939	5 HY 200DB	0	188
5	Intuit	2/01/05	1,404			1,404	5 HY 200DB	0	281
6	Intuit	8/01/05	840			840	5 HY 200DB	0	168
7	Intuit	10/01/05	840			840	5 HY 200DB	0	168
			<u>6,560</u>			<u>6,560</u>		<u>0</u>	<u>1,312</u>
<b><u>7-year GDS Property:</u></b>									
8	Desk	3/01/05	558			558	7 HY 200DB	0	80
9	Shelving	4/01/05	1,900			1,900	7 HY 200DB	0	271
			<u>2,458</u>			<u>2,458</u>		<u>0</u>	<u>351</u>
<b>Grand Totals</b>			9,018			9,018		0	1,663
<b>Less: Dispositions</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>9,018</u>			<u>9,018</u>		<u>0</u>	<u>1,663</u>

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**MO Asset Report**

FYE: 12/31/2005

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	MO Prior	MO Current	Federal Current	Difference Fed - MO
<b><u>5-year GDS Property:</u></b>								
1	Laptop	3/01/05	1,245	1,245	0	249	249	0
2	Computer	2/05/05	742	742	0	148	148	0
3	Computer	8/05/05	550	550	0	110	110	0
4	Computer	8/01/05	939	939	0	188	188	0
5	Intuit	2/01/05	1,404	1,404	0	281	281	0
6	Intuit	8/01/05	840	840	0	168	168	0
7	Intuit	10/01/05	840	840	0	168	168	0
			<u>6,560</u>	<u>6,560</u>	<u>0</u>	<u>1,312</u>	<u>1,312</u>	<u>0</u>
<b><u>7-year GDS Property:</u></b>								
8	Desk	3/01/05	558	558	0	80	80	0
9	Shelving	4/01/05	1,900	1,900	0	271	271	0
			<u>2,458</u>	<u>2,458</u>	<u>0</u>	<u>351</u>	<u>351</u>	<u>0</u>
<b>Grand Totals</b>			9,018	9,018	0	1,663	1,663	0
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>9,018</u>	<u>9,018</u>	<u>0</u>	<u>1,663</u>	<u>1,663</u>	<u>0</u>

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**AMT Asset Report**

FYE: 12/31/2005

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>5-year GDS Property:</b>									
1	Laptop	3/01/05	1,245			1,245	5 HY 150DB	0	187
2	Computer	2/05/05	742			742	5 HY 150DB	0	111
3	Computer	8/05/05	550			550	5 HY 150DB	0	83
4	Computer	8/01/05	939			939	5 HY 150DB	0	141
5	Intuit	2/01/05	1,404			1,404	5 HY 150DB	0	211
6	Intuit	8/01/05	840			840	5 HY 150DB	0	126
7	Intuit	10/01/05	840			840	5 HY 150DB	0	126
			<u>6,560</u>			<u>6,560</u>		<u>0</u>	<u>985</u>
<b>7-year GDS Property:</b>									
8	Desk	3/01/05	558			558	7 HY 150DB	0	60
9	Shelving	4/01/05	1,900			1,900	7 HY 150DB	0	204
			<u>2,458</u>			<u>2,458</u>		<u>0</u>	<u>264</u>
<b>Grand Totals</b>			9,018			9,018		0	1,249
<b>Less: Dispositions</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>9,018</u>			<u>9,018</u>		<u>0</u>	<u>1,249</u>

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# Depreciation Adjustment Report

FYE: 12/31/2005

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	1	Laptop	249	187	62
Page 1	1	2	Computer	148	111	37
Page 1	1	3	Computer	110	83	27
Page 1	1	4	Computer	188	141	47
Page 1	1	5	Intuit	281	211	70
Page 1	1	6	Intuit	168	126	42
Page 1	1	7	Intuit	168	126	42
Page 1	1	8	Desk	80	60	20
Page 1	1	9	Shelving	271	204	67
				<u>1,663</u>	<u>1,249</u>	<u>414</u>



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**Future Depreciation Report****FYE: 12/31/06**

FYE: 12/31/2005

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
1	Laptop	3/01/05	1,245	399	317
2	Computer	2/05/05	742	238	190
3	Computer	8/05/05	550	176	140
4	Computer	8/01/05	939	300	239
5	Intuit	2/01/05	1,404	449	358
6	Intuit	8/01/05	840	269	214
7	Intuit	10/01/05	840	269	214
8	Desk	3/01/05	558	136	106
9	Shelving	4/01/05	1,900	466	363
			<u>9,018</u>	<u>2,702</u>	<u>2,141</u>
<b>Grand Totals</b>			<u>9,018</u>	<u>2,702</u>	<u>2,141</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MO</u>
<b>Prior MACRS:</b>				
1	Laptop	3/01/05	1,245	399
2	Computer	2/05/05	742	238
3	Computer	8/05/05	550	176
4	Computer	8/01/05	939	300
5	Intuit	2/01/05	1,404	449
6	Intuit	8/01/05	840	269
7	Intuit	10/01/05	840	269
8	Desk	3/01/05	558	136
9	Shelving	4/01/05	1,900	466
			<u>9,018</u>	<u>2,702</u>
<b>Grand Totals</b>			<u>9,018</u>	<u>2,702</u>

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**Federal Statements**

FYE: 12/31/2005

**Form 990, Part I, Line 1a - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
INDIVIDUAL & BUSINESS CONTRIBUTION	\$ 165,834	\$	\$ 165,834
NONPROFIT ORGANIZATION GRANTS	1,612		1,612
AFFILIATED ORGANIZATION REVENUE	47,181		47,181
Total	<u>\$ 214,627</u>	<u>\$ 0</u>	<u>\$ 214,627</u>

**Federal Statements**

**Schedule A, Part IV, Line 27b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
2004	\$ 82,123	\$ 77,123
2003	18,995	13,995
Total	<u>\$ 101,118</u>	<u>\$ 91,118</u>

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**Federal Statements**

FYE: 12/31/2005

Special Events Direct Expenses

Description	Amount
Column A	\$
NAA SCRAMBLE	
DJ	400
SubTotal	400
Column B	
LIFE'S A BEACH	
DJ	400
SubTotal	400
Total	800

Direct expenses other than fundraising expenses reported on Form 990, page 1, line 9b.