

Return of Organization Exempt from Income Tax

2004

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

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 2004 calendar year, or tax year beginning Jul 1, 2004, and ending Jun 30, 2005

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

C Name of organization: American College for Advancement in Medicine; Address: 23121 Verdugo Drive, Laguna Hills, CA 92653

D Employer Identification Number: 94-2247140; E Telephone number: (949) 583-7666; F Accounting method: Accrual

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

G Web site: www.acam.org

J Organization type: 501(c)6

K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 1,266,181

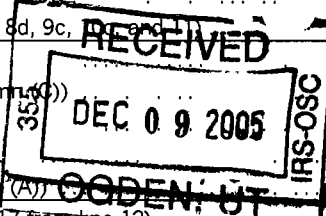
- H and I are not applicable to section 527 organizations; H(a) Is this a group return for affiliates?; H(b) If 'Yes,' enter number of affiliates; H(c) Are all affiliates included?; H(d) Is this a separate return filed by an organization covered by a group ruling?

I Group Exemption Number

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

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

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes sections for Contributions, Program Service Revenue, Other Investment Income, and Expenses.



SCANNED DEC 29 2005

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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.

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 (att sch) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25 90,325.	75,560.	14,515.	0.
26 Other salaries and wages	26 138,249.	110,600.	27,649.	0.
27 Pension plan contributions	27			
28 Other employee benefits	28 7,470.	5,976.	1,494.	0.
29 Payroll taxes	29 17,285.	13,828.	3,457.	0.
30 Professional fundraising fees	30			
31 Accounting fees	31 21,739.	21,739.	0.	0.
32 Legal fees	32 3,347.	0.	3,347.	0.
33 Supplies	33 10,349.	8,279.	2,070.	0.
34 Telephone	34 17,183.	13,746.	3,437.	0.
35 Postage and shipping	35 10,380.	8,304.	2,076.	0.
36 Occupancy	36 30,772.	24,618.	6,154.	0.
37 Equipment rental and maintenance	37 8,938.	7,150.	1,788.	0.
38 Printing and publications	38			
39 Travel	39 1,208.	0.	1,208.	0.
40 Conferences, conventions, and meetings	40 458,794.	458,794.	0.	0.
41 Interest	41 2,243.	1,794.	449.	0.
42 Depreciation, depletion, etc (attach schedule)	42 14,342.			
43 Other expenses not covered above (itemize):				
a ACAM exposition expense	43a 1,612.	1,612.	0.	0.
b Advertising and promotion	43b 2,026.	2,026.	0.	0.
c Answering service	43c 7,903.	6,322.	1,581.	0.
d Association dues & expenses	43d 3,515.	2,812.	703.	0.
e See Other Expenses Stmt	43e 136,962.	126,225.	10,737.	0.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 984,642.	889,385.	80,665.	0.

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

What is the organization's primary exempt purpose? <u>Medical education</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a Medical conferences attended by physicians, students and other health care professionals for continuing education on treatment and diagnostic methods in complementary and preventive medicine - 800+ attendees (Grants and allocations \$ _____)	0.
b Pre-conference workshops attended by physicians, students and other health care professionals. Two workshops provide direct training to physicians and technicians on the underlying scientific theory and clinical application of edetate therapy. Workshop on fundamentals of nutrition and complementary medicine for integration into a medical practice (Grants and allocations \$ _____)	0.
c Provision of medical abstracts, articles, books, tapes, etc, on preventive medicine to over 800 ACAM members and the public. (Grants and allocations \$ _____)	0.
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	0.

Part IV Balance Sheets (See 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
ASSETS	45 Cash – non-interest-bearing	58,045.	45	0.
	46 Savings and temporary cash investments	144,548.	46	424,556.
	47 a Accounts receivable	47 a 5,413.		
	b Less: allowance for doubtful accounts	47 b	942.	47 c 5,413.
	48 a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b		48 c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less: allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use	13,154.	52	21,056.
	53 Prepaid expenses and deferred charges	24,822.	53	28,521.
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments – land, buildings, & equipment: basis	55 a 99,297.		
	b Less: accumulated depreciation (attach schedule)	55 b 78,957.		55 c 20,340.
	56 Investments – other (attach schedule)			56
	57 a Land, buildings, and equipment: basis	57 a		
	b Less: accumulated depreciation (attach schedule)	57 b	34,683.	57 c
	58 Other assets (describe ► See Line 58 Stmt)	4,753.	58	4,069.
59 Total assets (add lines 45 through 58) (must equal line 74)	280,947.	59	503,955.	
LIABILITIES	60 Accounts payable and accrued expenses	46,114.	60	8,731.
	61 Grants payable		61	
	62 Deferred revenue	151,226.	62	179,262.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ► See Line 65 Stmt)	48,266.	65	31,123.
66 Total liabilities (add lines 60 through 65)	245,606.	66	219,116.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" 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	35,341.	72	284,839.
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	35,341.	73	284,839.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	280,947.	74	503,955.	

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

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990:	b	
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a :	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990:	b	
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a :	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see 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 and deferred compensation	(E) Expense account and other allowances
Biddle MD, James 832 Hendersonville Rd Asheville, NC 28803	Director As	250.	0.	0.
Bock MD, Kenneth 108 Montgomery St Rhinebeck, NY 12572	President Elect As	500.	0.	0.
Douglas III MD, William 2111 Ocean Dr New Smyrna Beach, FL 32169	Secretary As	2,500.	0.	0.
Drisko MD, Jeanne 3901 Rainbow Blvd Kansas City, KS 66160	Director/VP As	500.	0.	0.
Feiq DO, Stephen 208 Vista Bella Dr Santa Cruz, CA 95060	Board Advisor As	250.	0.	0.
See List of Officers, Etc Statement		86,325.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If 'Yes,' attach schedule - see instructions

Part VI Other Information (See instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity... 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b b If 'Yes,' has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b b If 'Yes,' enter the name of the organization and check whether it is exempt or nonexempt. 81a Enter direct and indirect political expenditures. See line 81 instructions... 81b b Did the organization file Form 1120-POL for this year? 82a 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? 82b 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) 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. 85c c Dues, assessments, and similar amounts from members 85d d Section 162(e) lobbying and political expenditures 85e e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85f f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85g g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85h h 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? 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a b Gross receipts, included on line 12, for public use of club facilities 86b 87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b 88 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 88 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955 89a b 501(c)(3) and 501(c)(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 a statement explaining each transaction 89b c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter: Amount of tax on line 89c, above, reimbursed by the organization 90a List the states with which a copy of this return is filed California 90a b Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b 91 The books are in care of John P Semmens CPA APC Telephone number (949) 496-8800 Located at 2449 S El Camino Real, San Clemente, CA ZIP + 4 92672 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Conferences/Expositions			7	347,019.	545,260.
b Royalty					4,777.
c Joint CME workshops					1,850.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					295,010.
95 Interest on savings & temporary cash invmnts			14	1,854.	
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			1		
101 Net income or (loss) from special events			1		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Other revenues			1	810.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				349,683.	846,897.
105 Total (add line 104, columns (B), (D), and (E))					1,196,580.

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 instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Provide medical education on developments in preventive medicine
93b	Tapes and journals educate preventive medicine.
93c	Provide medical education in workshops

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

N/A

(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
	0%			
	0%			
	0%			
	0%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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 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: *[Signature]* Date: 11/22/05

Treasurer

Date: 11/22/05 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W)

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

2004
67

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

American College for Advancement in Medicine

Identifying number

94-2247140

Business or activity to which this form relates

Form 990 / Form 990EZ

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 instructions for a higher limit for certain businesses	1	\$102,000.
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	\$410,000.
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 instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	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 2005. 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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	0.

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 2004	17	14,342.
18	If you are electing under section 168(i)(4) 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 2004 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
19 a 3-year property						
b 5-year property						
c 7-year property						
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	
i Nonresidential real property			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20 a 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	Total. 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 instructions	22	14,342.
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes,' is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use (see instructions)
27 Property used 50% or less in a qualified business use (see instructions):
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles - see instructions) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (see instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see instructions):
43 Amortization of costs that began before your 2004 tax year 43
44 Total. Add amounts in column (f) See instructions for where to report 44

Federal 990 Depreciation Report
Regular Tax

Activity Form 990 / Form 990EZ - 2004

Total cost of goods sold

Description	In Service	Cost	Land	Bus %	Type	Class	Conv	Depr
Cost of Goods Sold	Disposed	Basis	Sec. 179	Listed	Mthd	Life	Year	Prior
15" SVGA Monitor (Ext 1)	08/08/97	553.		100.00	MACRS	5	HY	0.
		553.			200DB	5.00	8	553.
Pentium 200MHZ (ext 10)	04/21/98	2,278.		100.00	MACRS	5	HY	0.
		2,278.			200DB	5.00	8	2,278.
Microtek Scanner (Ext 1)	03/15/99	327.		100.00	MACRS	5	HY	0.
		327.			200DB	5.00	7	327.
HP 2100 Printer (Ext 14)	09/22/99	699.		100.00	MACRS	5	HY	40.
		699.			200DB	5.00	6	659.
HP 2100 Printer install	10/05/99	248.		100.00	MACRS	5	HY	14.
		248.			200DB	5.00	6	234.
HP 1100 Printer (Ext 10)	12/04/00	484.		100.00	MACRS	5	HY	56.
		484.			200DB	5.00	5	400.
Pentium III (Ext 10)	02/20/01	653.		100.00	MACRS	5	HY	75.
		653.			200DB	5.00	5	540.
Gateway stations (Ext 1)	02/28/03	1,446.		100.00	MACRS	5	HY	278.
		1,446.			200DB	5.00	3	752.
Gateway stations (Ext 1)	02/28/03	1,446.		100.00	MACRS	5	HY	278.
		1,446.			200DB	5.00	3	752.
Gateway notebook (Ext 1)	02/28/03	2,922.		100.00	MACRS	5	HY	561.
		2,922.			200DB	5.00	3	1,519.
Gateway notebook (Ext 1)	02/28/03	2,922.		100.00	MACRS	5	HY	561.
		2,922.			200DB	5.00	3	1,519.
Gateway notebook (Ext 1)	02/28/03	3,030.		100.00	MACRS	5	HY	582.
		3,030.			200DB	5.00	3	1,576.
Dell server & components	02/28/03	3,639.		100.00	MACRS	5	HY	699.
		3,639.			200DB	5.00	3	1,892.
Installation of Gateway	02/28/03	2,500.		100.00	MACRS	5	HY	480.
		2,500.			200DB	5.00	3	1,300.
Unlocated difference	01/01/96	33.		100.00	MACRS	5	HY	0.
		33.			200DB	5.00	10	33.
Xerox copier	04/03/03	42,023.		100.00	MACRS	5	MQ	9,581.
		42,023.			200DB	5.00	3	18,070.
Safe and file cabinets	01/01/81	1,050.		100.00	ACRS	5	NA	0.
		1,050.			PRE	5.00	25	1,050.
Telephone System (AT&T)	05/22/95	14,473.		100.00	MACRS	5	HY	0.
		14,473.			200DB	5.00	11	14,473.
Pictures (Ext 14)	03/04/97	530.		100.00	MACRS	7	MQ	0.
		530.			200DB	7.00	9	530.
(2) Legal files - black	08/27/97	382.		100.00	MACRS	7	HY	17.
		382.			200DB	7.00	8	365.
Oak desk (Ext 12)	08/27/97	280.		100.00	MACRS	7	HY	12.
		280.			200DB	7.00	8	268.
Oak credenza (Ext 12)	08/27/97	242.		100.00	MACRS	7	HY	11.
		242.			200DB	7.00	8	231.
Oak 2 drawer file cabin	08/27/97	148.		100.00	MACRS	7	HY	7.
		148.			200DB	7.00	8	141.
Worktable 72" X 36" (co	08/27/97	288.		100.00	MACRS	7	HY	13.
		288.			200DB	7.00	8	275.

Federal 990 Depreciation Report
Alternative Minimum Tax

Activity Form 990 / Form 990EZ - 2004

Passive adjustment

Passive preference

Description	Real	Passive	AMT Cost	AMT Life	AMT Depr	AMT Adj
			AMT Basis	AMT Mthd	AMT Prior	AMT Pref
15" SVGA Monitor (Ext 10)	<input type="checkbox"/>	<input type="checkbox"/>	553.	5.00	0.	0.
			553.	150DB	553.	
Pentium 200 MHZ (ext 10)	<input type="checkbox"/>	<input type="checkbox"/>	2,278.	5.00	0.	0.
			2,278.	150DB	2,278.	
Microtek Scanner (Ext 15)	<input type="checkbox"/>	<input type="checkbox"/>	327.	5.00	0.	0.
			327.	150DB	327.	
HP 2100 Printer (Ext 14)	<input type="checkbox"/>	<input type="checkbox"/>	699.	5.00	58.	-18.
			699.	150DB	641.	
HP 2100 Printer installati	<input type="checkbox"/>	<input type="checkbox"/>	248.	5.00	21.	-7.
			248.	150DB	227.	
HP 1100 Printer (Ext 10)	<input type="checkbox"/>	<input type="checkbox"/>	484.	5.00	81.	-25.
			484.	150DB	363.	
Pentium III (Ext 10)	<input type="checkbox"/>	<input type="checkbox"/>	653.	5.00	109.	-34.
			653.	150DB	490.	
Gateway stations (Ext 14)	<input type="checkbox"/>	<input type="checkbox"/>	1,446.	5.00	258.	20.
			1,446.	150DB	586.	
Gateway stations (Ext 16)	<input type="checkbox"/>	<input type="checkbox"/>	1,446.	5.00	258.	20.
			1,446.	150DB	586.	
Gateway notebook (Ext 12)	<input type="checkbox"/>	<input type="checkbox"/>	2,922.	5.00	522.	39.
			2,922.	150DB	1,183.	
Gateway notebook (Ext 13)	<input type="checkbox"/>	<input type="checkbox"/>	2,922.	5.00	522.	39.
			2,922.	150DB	1,183.	
Gateway notebook (Ext 15)	<input type="checkbox"/>	<input type="checkbox"/>	3,030.	5.00	541.	41.
			3,030.	150DB	1,228.	
Dell server & components	<input type="checkbox"/>	<input type="checkbox"/>	3,639.	5.00	650.	49.
			3,639.	150DB	1,474.	
Installation of Gateways/D	<input type="checkbox"/>	<input type="checkbox"/>	2,500.	5.00	446.	34.
			2,500.	150DB	1,013.	
Unlocated difference	<input type="checkbox"/>	<input type="checkbox"/>	33.	5.00	0.	0.
			33.	150DB	33.	
Xerox copier	<input type="checkbox"/>	<input type="checkbox"/>	42,023.	5.00	8,494.	1,087.
			42,023.	150DB	13,710.	
Safe and file cabinets	<input type="checkbox"/>	<input type="checkbox"/>	1,050.			
					1,050.	
Telephone System (AT&T)	<input type="checkbox"/>	<input type="checkbox"/>	14,473.	5.00	0.	0.
			14,473.	150DB	14,473.	
Pictures (Ext 14)	<input type="checkbox"/>	<input type="checkbox"/>	530.	10.00	46.	-46.
			530.	150DB	408.	
(2) Legal files - black (E	<input type="checkbox"/>	<input type="checkbox"/>	382.	10.00	33.	-16.
			382.	150DB	265.	
Oak desk (Ext 12)	<input type="checkbox"/>	<input type="checkbox"/>	280.	10.00	25.	-13.
			280.	150DB	194.	
Oak credenza (Ext 12)	<input type="checkbox"/>	<input type="checkbox"/>	242.	10.00	21.	-10.
			242.	150DB	168.	
Oak 2 drawer file cabinet	<input type="checkbox"/>	<input type="checkbox"/>	148.	10.00	13.	-6.
			148.	150DB	103.	
Worktable 72" X 36" (copy	<input type="checkbox"/>	<input type="checkbox"/>	288.	10.00	25.	-12.
			288.	150DB	200.	
Box stand	<input type="checkbox"/>	<input type="checkbox"/>	179.	10.00	15.	-7.
			179.	150DB	125.	

Federal 990 Depreciation Report
Alternative Minimum Tax

Continued

Activity Form 990 / Form 990EZ - 2004

Passive adjustment Passive preference

Description	Real	Passive	AMT Cost	AMT Life	AMT Depr	AMT Adj
			AMT Basis	AMT Mthd	AMT Prior	AMT Pref
Phones (Various)	<input type="checkbox"/>	<input type="checkbox"/>	1,209.	5.00	0.	0.
			1,209.	150DB	1,209.	
Phone card (Lucent)	<input type="checkbox"/>	<input type="checkbox"/>	2,574.	5.00	0.	0.
			2,574.	150DB	2,574.	
Oak desk (Ext 13)	<input type="checkbox"/>	<input type="checkbox"/>	280.	10.00	25.	-13.
			280.	150DB	194.	
Oak 2 drawer file cabinet	<input type="checkbox"/>	<input type="checkbox"/>	153.	10.00	13.	-6.
			153.	150DB	106.	
Pictures (Ext 10)	<input type="checkbox"/>	<input type="checkbox"/>	237.	10.00	21.	-10.
			237.	150DB	165.	
Oak credenza (Ext 13)	<input type="checkbox"/>	<input type="checkbox"/>	222.	10.00	19.	-9.
			222.	150DB	154.	
Phone (Ext 13)	<input type="checkbox"/>	<input type="checkbox"/>	486.	5.00	0.	0.
			486.	150DB	486.	
Oak bookcase (Ext 13)	<input type="checkbox"/>	<input type="checkbox"/>	164.	10.00	15.	-8.
			164.	150DB	113.	
Water cooler	<input type="checkbox"/>	<input type="checkbox"/>	173.	10.00	15.	0.
			173.	150DB	104.	
(2) Oak bookcases (ext 14/	<input type="checkbox"/>	<input type="checkbox"/>	349.	10.00	30.	1.
			349.	150DB	212.	
Shelf with library doors (<input type="checkbox"/>	<input type="checkbox"/>	180.	7.00	23.	-7.
			180.	150DB	146.	
Two metal shelves (Invty R	<input type="checkbox"/>	<input type="checkbox"/>	217.	7.00	27.	-8.
			217.	150DB	177.	
Trade show booth - deposit	<input type="checkbox"/>	<input type="checkbox"/>	4,125.	7.00	505.	-137.
			4,125.	150DB	3,367.	
Trade show booth - balance	<input type="checkbox"/>	<input type="checkbox"/>	2,600.	7.00	319.	-87.
			2,600.	150DB	2,122.	
(3) 36" wide metal shelves	<input type="checkbox"/>	<input type="checkbox"/>	300.	7.00	37.	-10.
			300.	150DB	208.	
(2) 36" wide metal shelves	<input type="checkbox"/>	<input type="checkbox"/>	200.	7.00	24.	-6.
			200.	150DB	139.	
Assembly of 5 metal shelve	<input type="checkbox"/>	<input type="checkbox"/>	75.	7.00	10.	-4.
			75.	150DB	51.	
HP fax machine (general of	<input type="checkbox"/>	<input type="checkbox"/>	646.	5.00	54.	-17.
			646.	150DB	592.	
Burgandy lateral files (2)	<input type="checkbox"/>	<input type="checkbox"/>	1,060.	7.00	130.	-36.
			1,060.	150DB	736.	
HP fax machine (extra)	<input type="checkbox"/>	<input type="checkbox"/>	630.	5.00	52.	-16.
			630.	150DB	578.	
Credit card terminal	<input type="checkbox"/>	<input type="checkbox"/>	643.	5.00	115.	8.
			643.	150DB	260.	
Total			<u>99,298.</u>		<u>13,572.</u>	<u>770.</u>
			<u>98,248.</u>		<u>56,554.</u>	

Form 4562

Special Depreciation Allowance ReportActivity: Form 990 / Form 990EZ - 2004

Description	In Service	AMT Cost	AMT Basis	AMT SDA	Cost	SDA Basis	SDA
15" SVGA Monitor (Ext 10)	08/08/97	553.			553.		
Pentium 200 MHZ (ext 10)	04/21/98	2,278.			2,278.		
Microtek Scanner (Ext 15)	03/15/99	327.			327.		
HP 2100 Printer (Ext 14)	09/22/99	699.			699.		
HP 2100 Printer installat	10/05/99	248.			248.		
HP 1100 Printer (Ext 10)	12/04/00	484.			484.		
Pentium III (Ext 10)	02/20/01	653.			653.		
Gateway stations (Ext 14)	02/28/03	1,446.			1,446.		
Gateway stations (Ext 16)	02/28/03	1,446.			1,446.		
Gateway notebook (Ext 12)	02/28/03	2,922.			2,922.		
Gateway notebook (Ext 13)	02/28/03	2,922.			2,922.		
Gateway notebook (Ext 15)	02/28/03	3,030.			3,030.		
Dell server & components	02/28/03	3,639.			3,639.		
Installation of Gateways/	02/28/03	2,500.			2,500.		
Unlocated difference	01/01/96	33.			33.		
Xerox copier	04/03/03	42,023.			42,023.		
Safe and file cabinets	01/01/81	1,050.			1,050.		
Telephone System (AT&T)	05/22/95	14,473.			14,473.		
Pictures (Ext 14)	03/04/97	530.			530.		
(2) Legal files - black (08/27/97	382.			382.		
Oak desk (Ext 12)	08/27/97	280.			280.		
Oak credenza (Ext 12)	08/27/97	242.			242.		
Oak 2 drawer file cabinet	08/27/97	148.			148.		
Worktable 72" X 36" (copy	08/27/97	288.			288.		
Box stand	09/02/97	179.			179.		
Phones (Various)	09/11/97	1,209.			1,209.		
Phone card (Lucent)	12/23/97	2,574.			2,574.		
Oak desk (Ext 13)	03/05/98	280.			280.		
Oak 2 drawer file cabinet	03/05/98	153.			153.		
Pictures (Ext 10)	03/23/98	237.			237.		
Oak credenza (Ext 13)	04/08/98	222.			222.		
Phone (Ext 13)	04/27/98	486.			486.		
Oak bookcase (Ext 13)	04/30/98	164.			164.		
Water cooler	08/31/98	173.			173.		
(2) Oak bookcases (ext 14)	12/31/98	349.			349.		
Shelf with library doors	02/22/99	180.			180.		
Two metal shelves (Invty	02/22/99	217.			217.		
Trade show booth - deposit	03/17/99	4,125.			4,125.		
Trade show booth - balance	04/30/99	2,600.			2,600.		
(3) 36" wide metal shelve	01/27/00	300.			300.		
(2) 36" wide metal shelve	02/15/00	200.			200.		
Assembly of 5 metal shelv	02/17/00	75.			75.		
HP fax machine (general o	02/29/00	646.			646.		
Burgandy lateral files (2	06/05/00	1,060.			1,060.		
HP fax machine (extra)	06/15/00	630.			630.		
Credit card terminal	10/31/02	643.			643.		

Total

99,298.99,298.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Board meetings	4,105.	3,284.	821.	0.
Computer services	2,947.	2,358.	589.	0.
Contract services	13,176.	10,541.	2,635.	0.
Corporate sponsorship	607.	479.	128.	0.
Equipment lease	1,222.	978.	244.	0.
Insurance	25,617.	20,494.	5,123.	0.
Marketing	32,740.	32,740.	0.	0.
Membership services	4,417.	4,417.	0.	0.
Merchant & bank charges	33,349.	33,349.	0.	0.
Newsletter	11,698.	11,698.	0.	0.
Payroll processing fees	535.	428.	107.	0.
Property taxes	582.	466.	116.	0.
Subscriptions & publications	472.	0.	472.	0.
Utilities	2,508.	2,006.	502.	0.
Website	2,987.	2,987.	0.	0.
Total	136,962.	126,225.	10,737.	0.

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Deposits	3,663.	3,663.
Prepaid interest on capital lease	1,090.	406.
Total	4,753.	4,069.

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Accrued expenses	4,316.	6,098.
Capital lease	34,125.	25,025.
Contract payable	9,825.	0.
Total	48,266.	31,123.

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances
Hoffman MD, Ronald 40 E 30th Street New York, NY 10016	Past President As Required	500.	0.	0.
Hynote MD, Eleanor 935 Transcac St # 1-A Napa, CA 94558	Sargeant of Arms As Required	500.	0.	0.
Janson MD, Michael 202 Dune Circle New Smyrna Beach, FL 32169	Board Advisor As Required	250.	0.	0.
Magaziner DO, Allan 1907 Greentree Road Cherry Hill, NJ 08003	Director/President As Required	8,500.	0.	0.
Mark MD, Denise 26335 Carmel Rancho Blvd # 8 Carmel, CA 93923	Director As Required	250.	0.	0.
Rich, Joseph 9217 Parkwest Blvd # E-1 Knoxville, TN 37923	Director As Required	500.	0.	0.
Schachter MD, Michael Two Executive Blvd # 202 Suffern, NY 10901	Director As Required	500.	0.	0.
Schoenfield, Virginia 23121 Verdugo Dr # 204 Laguna Hills, CA 92653	Director 40 + Hours	72,575.	0.	0.
Shah MD, Sangeeta 211 E Kaliste Saloom Lafayette, LA 70508	Director As Required	500.	0.	0.
Speight MD, Mark O'Neal 2317 Randolph Rd. Charlotte, NC 28207	Treasurer As Required	500.	0.	0.
Whitaker MD, Julian 4321 Birch St # 100 Newport Beach, CA 92660	Director/Treasurer As Required	1,250.	0.	0.
Frackelton, MD FACAM James P. 24700 Center Ridge Rd. Cleveland, OH 44145	Board Advisor As Required	0.	0.	0.
Miranda, MD FACAM. Ralph Road #12 - Box 108 Greenburg, PA 15601	Board Advisor AS Required	500.	0.	0.

Total

86,325.

0.

0.