

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)

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 and ending

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

C Name of organization
AMERICAN COLLEGE OF FORENSIC EXAMINERS, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2750 E. SUNSHINE
 City or town, state or country, and ZIP + 4
SPRINGFIELD, MO 65804

D Employer identification number
43-1602599

E Telephone number
417-881-3818

F Accounting method Cash Accrual
 Other (specify) ▶

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

G Website: ▶ N/A

J Organization type (check only one) 501(c) (6) (insert no) 4947(a)(1) or 527

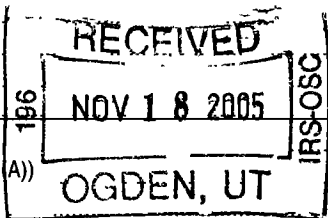
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **831,134.**

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? N/A Yes No (If "No," attach a list.)
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).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances				
Revenue	1	Contributions, gifts, grants, and similar amounts received:		
	a	Direct public support	1a	
	b	Indirect public support	1b	
	c	Government contributions (grants)	1c	
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	0.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3	Membership dues and assessments	3	815,532.
	4	Interest on savings and temporary cash investments	4	3,654.
	5	Dividends and interest from securities	5	
	6a	Gross rents	6a	
	b	Less: rental expenses	6b	
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe ▶ _____)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		8a		
		8b		
c	Gain or (loss) (attach schedule)	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a	6,056.	
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	6,056.	
11	Other revenue (from Part VII, line 103)	11	5,892.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	831,134.	
Expenses	13	Program services (from line 44, column (B))	13	
	14	Management and general (from line 44, column (C))	14	
	15	Fundraising (from line 44, column (D))	15	
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 16 and 44, column (A))	17	798,241.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	32,893.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	773,071.
	20	Other changes in net assets or fund balances (attach explanation)	20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	805,964.



SCANNED DEC 19 2005

12P

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. Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	91,253.		
26 Other salaries and wages	26	257,027.		
27 Pension plan contributions	27			
28 Other employee benefits	28	80,477.		
29 Payroll taxes	29	32,575.		
30 Professional fundraising fees	30			
31 Accounting fees	31	7,045.		
32 Legal fees	32	6,689.		
33 Supplies	33	36,302.		
34 Telephone	34	30,434.		
35 Postage and shipping	35	47,718.		
36 Occupancy	36	47,987.		
37 Equipment rental and maintenance	37	18,999.		
38 Printing and publications	38	54,532.		
39 Travel	39	620.		
40 Conferences, conventions, and meetings	40			
41 Interest	41	4,133.		
42 Depreciation, depletion, etc. (attach schedule)	42	32,072.		
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 2	43e	50,378.		
44 <small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44	798,241.		

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? **SEE STATEMENT 3**

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)	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)</small>
a PUBLICATION OF THE FORENSIC EXAMINER _____ _____ _____ (Grants and allocations \$ _____)	
b HELD ANNUAL CONFERENCE _____ _____ _____ (Grants and allocations \$ _____)	
c DEVELOPED CURRICULUMS FOR COURSES _____ _____ _____ (Grants and allocations \$ _____)	
d COORDINATED THE ACCREDITATION PROCESS FOR VARIOUS DISCIPLINES _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	

Part IV Balance Sheets

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	22,787.	45	21,315.
	46 Savings and temporary cash investments	116,667.	46	118,149.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees	19,801.	50	19,801.
	51 a Other notes and loans receivable	51a 306,235.		
	b Less: allowance for doubtful accounts	51b	51c	306,235.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 845,726.			
b Less: accumulated depreciation	57b 456,788.	421,011.	57c	388,938.
58 Other assets (describe TRADEMARK - NET)		509.	58	421.
59 Total assets (add lines 45 through 58) (must equal line 74)		848,735.	59	854,859.
Liabilities	60 Accounts payable and accrued expenses	51,363.	60	36,614.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	24,301.	64b	12,281.
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)		75,664.	66	48,895.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	773,071.	67	805,964.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <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 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)		773,071.	73	805,964.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		848,735.	74	854,859.

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.

**AMERICAN COLLEGE OF FORENSIC EXAMINERS,
INC.**

Form 990 (2004)

43-1602599

Page 5

Part VI Other Information		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a 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?	80a	X	
b If "Yes," enter the name of the organization SEE STATEMENT 4 _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.			
b Did the organization file Form 1120-POL for this year?	81b		X
82 a 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?	82a		X
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.) 82b N/A			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b		X
c Dues, assessments, and similar amounts from members 85c 815,532.			
d Section 162(e) lobbying and political expenditures 85d 0.			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e 0.			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f 0.			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
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? N/A	85h		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
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		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A			
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 N/A	89b		
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A			
90 a List the states with which a copy of this return is filed MISSOURI			
b Number of employees employed in the pay period that includes March 12, 2004 90b 15			
91 The books are in care of MARY BROWN Telephone no. 417-881-3818			
Located at 2750 E SUNSHINE SPRINGFIELD, MO ZIP + 4 65804			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A			

423041
01-13-05

Form 990 (2004)

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion 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					815,532.
95 Interest on savings and temporary cash investments			14	3,654.	
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					
102 Gross profit or (loss) from sales of inventory					6,056.
103 Other revenue:					
a OTHER REVENUE - RELATED					5,892.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		3,654.	827,480.
105 Total (add line 104, columns (B), (D), and (E))					831,134.

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 page 34 of 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).
94	FEES CHARGED TO MEMBERS FOR PROVIDING TRAINING
103A	MISCELLANEOUS INCOME INCIDENTAL TO OPERATING THE ASSOCIATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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 page 34 of 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: *[Signature]* Date: 11/15/05 Type or print name and title: Robert O'Block, Exec. Dir.

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 11/14/05 Check if self-employed: Preparer's SSN or PTIN: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: WHITLOCK, SELIM & KEEHN, LLP
 3271 E BATTLEFIELD, SUITE 300
 SPRINGFIELD, MO 65804
 EIN: _____ Phone no.: (417) 881-0145

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ▶

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization AMERICAN COLLEGE OF FORENSIC EXAMINERS, INC.	Employer identification number 43-1602599
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2750 E. SUNSHINE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPRINGFIELD, MO 65804	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **MARY BROWN**
 Telephone No. ▶ **417-881-3818** FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box ▶
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year **2004** or
 - ▶ tax year beginning _____, and ending _____.
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization AMERICAN COLLEGE OF FORENSIC EXAMINERS, INC.	Employer identification number 43-1602599
	Number, street, and room or suite no. If a P.O. box, see instructions. 2750 E. SUNSHINE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPRINGFIELD, MO 65804	

Check type of return to be filed (File a separate application for each return):

Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870

Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **MARY BROWN**
Telephone No. **417-881-3818** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for.
- I request an additional 3-month extension of time until **NOVEMBER 15, 2005**.
- For calendar year **2004**, or other tax year beginning _____ and ending _____
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

ENVELOPE POSTMARK DATE AUG 12 2005

ADDITIONAL TIME IS NEEDED TO GATHER SUFFICIENT INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Sally Hillery** Title **Accountant** Date **8/12/05**

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to _____ for an extension of time to _____
- We have not approved this application. After considering the reasons stated file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended _____ nsion was requested.
- Other _____

EXTENSION APPROVED
AUG 26 2005
FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

By: _____
Director

Alternate Mailing Address - Enter the address if you want the copy of this application different than the one entered above.

Type or print	Name WHITLOCK, SELIM & KEEHN, LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 3271 E BATTLEFIELD, SUITE 300
	City or town, province or state, and country (including postal or ZIP code) SPRINGFIELD, MO 65804

RECEIVED
AUG 15 2005
OGDEN, UT

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	6,056	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		6,056
4. COST OF GOODS SOLD (LINE 13)		
5. GROSS PROFIT (LINE 3 LESS LINE 4)		6,056

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT LABOR	6,465.			
CONTINUING EDUCATION	3,341.			
BANK CHARGES	656.			
TAXES AND LICENSES	14,636.			
MISCELLANEOUS EXPENSE	2,803.			
AMORTIZATION	88.			
CREDIT CARD FEES	7,786.			
REFERENCE MATERIALS	10,709.			
DIRECTORS FEES	1,300.			
DUES AND SUBSCRIPTIONS	2,594.			
TOTAL TO FM 990, LN 43	50,378.			

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

TO PROVIDE CERTIFICATION AND CONTINUING EDUCATION FOR MEMBERS, AND TO KEEP MEMBERS ABREAST OF CURRENT DEVELOPMENTS

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 4
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
ACFE INSTITUTE OF FORENSIC SCIENCE, INC.		X
AMERICAN PSYCHOTHERAPY ASSOCIATION, INC.		X
AMERICAN ASSOCIATION OF INTEGRATIVE MEDICINE, INC.		X

Depreciation Expense

Financial

01/01/2004 - 12/31/2004

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2 #1 - Form 990, Page 2												
2		LASER PRINTERS										
3		PRINTER (OD)	2/20/1994	SL / N/A	5.0000	1,198.00	100.0000	0.00	0.00	1,198.00	0.00	1,198.00
4		MAC WAREHOUSE	11/30/1994	SL / N/A	5.0000	699.00	100.0000	0.00	0.00	699.00	0.00	699.00
5		MAC WAREHOUSE	6/12/1995	M / HY	5.0000	262.00	100.0000	0.00	0.00	262.00	0.00	262.00
6		DATABASE DISP MNTR	6/24/1995	M / HY	5.0000	178.00	100.0000	0.00	0.00	178.00	0.00	178.00
7		MAC WAREHOUSE (JAN)	1/30/1995	M / HY	5.0000	489.00	100.0000	0.00	0.00	489.00	0.00	489.00
8		LASER PRINTER	7/1/1996	M / HY	5.0000	3,329.00	100.0000	0.00	0.00	3,329.00	0.00	3,329.00
9		LASER PRINTER	7/1/1996	M / HY	5.0000	899.00	100.0000	0.00	0.00	899.00	0.00	899.00
10		LASER PRINTER	7/1/1996	M / HY	5.0000	899.00	100.0000	0.00	0.00	899.00	0.00	899.00
11		COMPUTERS	7/1/1996	M / HY	5.0000	899.00	100.0000	0.00	0.00	899.00	0.00	899.00
12		COMPUTERS	7/1/1996	M / HY	5.0000	991.00	100.0000	0.00	0.00	991.00	0.00	991.00
13		COMPUTERS	7/1/1996	M / HY	5.0000	3,198.00	100.0000	0.00	0.00	3,198.00	0.00	3,198.00
14		COMPUTERS	7/1/1996	M / HY	5.0000	1,599.00	100.0000	0.00	0.00	1,599.00	0.00	1,599.00
15		PRINTER	7/1/1996	M / HY	5.0000	948.00	100.0000	0.00	0.00	948.00	0.00	948.00
16		COMPUTERS	7/1/1996	M / HY	5.0000	203.00	100.0000	0.00	0.00	203.00	0.00	203.00
17		COMPUTERS	10/16/1996	M / HY	5.0000	2,290.00	100.0000	0.00	0.00	2,290.00	0.00	2,290.00
18		COMPUTERS	9/13/1996	M / HY	5.0000	2,299.00	100.0000	0.00	0.00	2,299.00	0.00	2,299.00
19		COMPUTER	1/16/1997	M / HY	5.0000	18,951.00	100.0000	0.00	0.00	18,951.00	0.00	18,951.00
20		MAC COMPUTER	2/7/1997	M / HY	5.0000	3,066.00	100.0000	0.00	0.00	3,066.00	0.00	3,066.00
21		COMPUTER EQUIPMENT	2/16/1997	M / HY	5.0000	6,187.00	100.0000	0.00	0.00	6,187.00	0.00	6,187.00
22		COMPUTER	4/30/1997	M / HY	5.0000	172.00	100.0000	0.00	0.00	172.00	0.00	172.00

Depreciation Expense

Financial

01/01/2004 - 12/31/2004

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2 #1 - Form 990, Page 2												
23		COLOR PRINTER	4/30/1997	M / HY	5.0000	775.00	100.0000	0.00	0.00	775.00	0.00	775.00
24		8 COMPUTERS AND NETWORK SERVER	5/31/1997	M / HY	5.0000	508.00	100.0000	0.00	0.00	508.00	0.00	508.00
25		COMPAQ COMPUTER	7/27/1999	SL / N/A	10.0000	14,066.00	100.0000	0.00	0.00	6,329.70	1,406.60	7,736.30
26		GATEWAY COMPUTER	4/28/2000	SL / N/A	10.0000	4,008.43	100.0000	0.00	0.00	1,503.15	400.84	1,903.99
27		GATEWAY COMPUTER	11/21/2000	SL / N/A	10.0000	1,866.26	100.0000	0.00	0.00	590.99	186.63	777.62
28		Software	12/21/2000	SL / N/A	10.0000	1,887.63	100.0000	0.00	0.00	582.01	188.76	770.77
29		4 STS Analysis Plats	4/28/1994	M / HY	5.0000	293.00	100.0000	0.00	0.00	293.00	0.00	293.00
30		SOFTWARE	3/15/1995	M / HY	5.0000	506.00	100.0000	0.00	0.00	506.00	0.00	506.00
31		IMIS SOFTWARE UPGRADE	7/1/1996	SL / N/A	3.0000	7,690.00	100.0000	0.00	0.00	7,690.00	0.00	7,690.00
32		IMIS MILLENIUM	7/31/1998	SL / N/A	3.0000	2,602.60	100.0000	0.00	0.00	2,602.60	0.00	2,602.60
33		FURNITURE	7/31/1999	SL / N/A	3.0000	30,175.00	100.0000	0.00	0.00	30,175.00	0.00	30,175.00
34		DESK	1/1/1993	M / HY	5.0000	821.00	100.0000	0.00	0.00	821.00	0.00	821.00
35		FILE CABINET	7/3/1994	SL / N/A	7.0000	100.00	100.0000	0.00	0.00	100.00	0.00	100.00
36		CHAIR	5/17/1994	SL / N/A	7.0000	940.00	100.0000	0.00	0.00	940.00	0.00	940.00
37		COAT RACK	5/20/1994	SL / N/A	7.0000	100.00	100.0000	0.00	0.00	100.00	0.00	100.00
38		PICTURES	6/3/1994	SL / N/A	7.0000	83.00	100.0000	0.00	0.00	83.00	0.00	83.00
39		2 CHAIRS	6/8/1994	SL / N/A	7.0000	188.00	100.0000	0.00	0.00	188.00	0.00	188.00
40		OFFICE FURNITURE MULHOLLA	6/22/1994	SL / N/A	7.0000	200.00	100.0000	0.00	0.00	200.00	0.00	200.00
41		MINI CART	8/28/1994	SL / N/A	7.0000	2,367.00	100.0000	0.00	0.00	2,367.00	0.00	2,367.00
42		4 BOOKSHELVES	7/12/1994	SL / N/A	7.0000	100.00	100.0000	0.00	0.00	100.00	0.00	100.00
43			9/20/1994	SL / N/A	7.0000	791.00	100.0000	0.00	0.00	791.00	0.00	791.00

Depreciation Expense

Financial

01/01/2004 - 12/31/2004

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2 #1 - Form 990, Page 2												
DECOR												
44			10/13/1994	SL / N/A	7.0000	319.00	100.0000	0.00	0.00	319.00	0.00	319.00
DESK												
45			9/30/1994	SL / N/A	7.0000	279.00	100.0000	0.00	0.00	279.00	0.00	279.00
FILE												
46			9/26/1994	SL / N/A	7.0000	760.00	100.0000	0.00	0.00	760.00	0.00	760.00
LOGO WOODCARVING												
47			7/16/1994	SL / N/A	7.0000	480.00	100.0000	0.00	0.00	480.00	0.00	480.00
ABFE CUSTOM BANNER												
48			7/20/1994	SL / N/A	7.0000	328.00	100.0000	0.00	0.00	328.00	0.00	328.00
US FLAG												
49			7/20/1994	SL / N/A	7.0000	273.00	100.0000	0.00	0.00	273.00	0.00	273.00
2 4-DR LAT FILES												
50			12/30/1994	SL / N/A	7.0000	940.00	100.0000	0.00	0.00	940.00	0.00	940.00
EAGLE ON WOOD												
51			7/21/1994	SL / N/A	7.0000	191.00	100.0000	0.00	0.00	191.00	0.00	191.00
CHAIR												
52			6/12/1994	SL / N/A	7 0000	100.00	100.0000	0.00	0.00	100 00	0.00	100.00
DESK, TABLES												
53			7/25/1995	M / HY	7.0000	759.00	100.0000	0.00	0.00	759.00	0 00	759.00
RUGS FOR OFFICE												
54			6/13/1995	ME / HY	7.0000	717.00	100 0000	717.00	0.00	717.00	0 00	717.00
FURNITURE												
55			7/13/1995	M / HY	7 0000	1,595.00	100.0000	0.00	0.00	1,595.00	0.00	1,595.00
SHEEDS OFFICE CHAIR												
56			1/12/1995	ME / HY	7.0000	602.00	100.0000	602.00	0.00	602.00	0.00	602.00
DECK FURNITURE												
57			3/26/1995	ME / HY	7.0000	623.00	100.0000	623.00	0.00	623.00	0.00	623.00
TABLE, CHAIRS												
58			1/14/1995	ME / HY	7.0000	497.00	100.0000	497.00	0.00	497.00	0.00	497.00
DESK												
59			1/14/1995	ME / HY	7.0000	399 00	100.0000	399.00	0.00	399.00	0.00	399.00
DESK												
60			1/16/1995	M / HY	7.0000	4,244 00	100.0000	1,645.00	0.00	4,128.00	0 00	4,128.00
CEILING FAN												
61			1/16/1995	M / HY	7.0000	442.00	100.0000	0.00	0.00	442.00	0 00	442.00
CREDENZA												
62			1/20/1995	M / HY	7 0000	795.00	100.0000	0.00	0.00	795.00	0.00	795.00
FILING CABINET												
63			1/25/1995	M / HY	7.0000	360.00	100.0000	0.00	0.00	360.00	0.00	360.00
DESKS												

Depreciation Expense

Financial

01/01/2004 - 12/31/2004

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2 #1 - Form 990, Page 2												
64		APPLIANCES	7/1/1996	M / HY	7.0000	833.00	100.0000	0.00	0.00	833.00	0.00	833.00
65		FANS	7/1/1996	M / HY	5.0000	2,355.00	100.0000	0.00	0.00	2,355.00	0.00	2,355.00
66		GRILL	7/1/1996	M / HY	5.0000	246.00	100.0000	0.00	0.00	246.00	0.00	246.00
67		DESK	7/1/1996	M / HY	5.0000	312.00	100.0000	0.00	0.00	312.00	0.00	312.00
68		PAINTING	7/1/1996	M / HY	7.0000	885.00	100.0000	0.00	0.00	885.00	0.00	885.00
69		FURNITURE	7/1/1996	No Calc / N/A	10.0000	325.00	100.0000	0.00	0.00	0.00	0.00	0.00
70		FURNITURE	7/1/1996	M / HY	7.0000	1,528.00	100.0000	0.00	0.00	1,528.00	0.00	1,528.00
71		FURNITURE	7/1/1996	M / HY	7.0000	3,127.00	100.0000	0.00	0.00	3,127.00	0.00	3,127.00
72		FURNITURE	7/1/1996	M / HY	7.0000	2,609.00	100.0000	0.00	0.00	2,609.00	0.00	2,609.00
73		FURNITURE	7/1/1996	M / HY	7.0000	3,605.00	100.0000	0.00	0.00	3,605.00	0.00	3,605.00
74		FURNITURE	7/1/1996	M / HY	7.0000	484.00	100.0000	0.00	0.00	484.00	0.00	484.00
75		FURNITURE	7/1/1996	M / HY	7.0000	3,017.00	100.0000	0.00	0.00	3,017.00	0.00	3,017.00
76		FURNITURE	7/1/1996	M / HY	7.0000	800.00	100.0000	0.00	0.00	800.00	0.00	800.00
77		FURNITURE	7/1/1996	M / HY	7.0000	920.00	100.0000	0.00	0.00	920.00	0.00	920.00
78		FURNITURE	7/1/1996	M / HY	7.0000	428.00	100.0000	0.00	0.00	428.00	0.00	428.00
79		FURNITURE	7/1/1996	M / HY	7.0000	1,382.00	100.0000	0.00	0.00	1,382.00	0.00	1,382.00
80		FURNITURE	7/1/1996	M / HY	7.0000	1,104.00	100.0000	0.00	0.00	1,104.00	0.00	1,104.00
81		RUG RUNNERS	7/1/1996	M / HY	7.0000	5,167.00	100.0000	0.00	0.00	5,167.00	0.00	5,167.00
82		FURNITURE	7/1/1996	M / HY	7.0000	2,000.00	100.0000	0.00	0.00	2,000.00	0.00	2,000.00
83		FURNITURE	1/20/1997	M / HY	7.0000	5,500.00	100.0000	0.00	0.00	5,254.57	245.43	5,500.00
84		FURNITURE	1/22/1997	M / HY	7.0000	3,288.00	100.0000	0.00	0.00	3,141.28	146.72	3,288.00

Depreciation Expense

Financial

01/01/2004 - 12/31/2004

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2 #1 - Form 990, Page 2												
DESK												
85			2/14/1997	M / HY	7.0000	2,288.00	100.0000	0.00	0.00	2,185.90	102.10	2,288.00
FURNITURE												
86			1/15/1997	M / HY	7.0000	1,754.00	100.0000	0.00	0.00	1,675.73	78.27	1,754.00
BRONZE LAMP												
87			1/17/1997	M / HY	7.0000	8,000.00	100.0000	0.00	0.00	7,642.97	357.03	8,000.00
OFFICE FURNITURE												
88			1/31/1997	M / HY	7.0000	4,000.00	100.0000	0.00	0.00	3,821.50	178.50	4,000.00
CHAIR												
89			8/31/1997	M / HY	7.0000	205.00	100.0000	0.00	0.00	195.85	9.15	205.00
DESK												
90			10/31/1997	M / HY	7.0000	1,104.00	100.0000	0.00	0.00	1,054.73	49.27	1,104.00
LAND												
91			12/31/1996	No Calc / N/A	5.0000	26,500.00	100.0000	0.00	0.00	0.00	0.00	0.00
PARKING LOT												
92			7/1/1996	ME / HY	15.0000	8,517.00	100.0000	0.00	0.00	4,745.67	502.84	5,248.51
PRIVACY FENCE												
93			10/4/1996	ME / HY	15.0000	3,760.00	100.0000	0.00	0.00	2,095.07	221.99	2,317.06
BUILDING												
94			7/1/1996	SL / N/A	39.0000	222,365.00	100.0000	0.00	0.00	42,524.95	5,701.67	48,226.62
BUILDING												
95			7/1/1996	SL / N/A	39.0000	76,665.00	100.0000	0.00	0.00	14,661.37	1,965.77	16,627.14
ALARM SYSTEM												
96			7/1/1996	M / HY	5.0000	2,921.00	100.0000	0.00	0.00	2,921.00	0.00	2,921.00
CARPET												
97			7/1/1996	M / HY	5.0000	8,867.00	100.0000	0.00	0.00	8,867.00	0.00	8,867.00
WALLPAPER												
98			7/1/1996	M / HY	5.0000	1,762.00	100.0000	0.00	0.00	1,762.00	0.00	1,762.00
PAINTING WALLS												
99			7/1/1996	SL / N/A	39.0000	3,200.00	100.0000	0.00	0.00	615.38	82.05	697.43
CONSTRUCTION LABOR												
100			7/1/1996	SL / N/A	39.0000	3,011.00	100.0000	0.00	0.00	579.08	77.21	656.29
CARPET STAIRS												
101			12/23/1996	M / HY	7.0000	1,144.00	100.0000	0.00	0.00	1,144.00	0.00	1,144.00
SECURITY SYSTEM												
102			1/3/1993	SL / N/A	7.0000	620.00	100.0000	0.00	0.00	620.00	0.00	620.00
PHONE												
103			5/3/1994	SL / N/A	7.0000	105.00	100.0000	0.00	0.00	105.00	0.00	105.00
BREAKROOM TV												
104			8/25/1994	SL / N/A	7.0000	199.00	100.0000	0.00	0.00	199.00	0.00	199.00
STEREO - MAILROOM												

Depreciation Expense

Financial

01/01/2004 - 12/31/2004

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2 #1 - Form 990, Page 2												
105		TYPEWRITER	10/6/1994	SL / N/A	7.0000	129.00	100.0000	0.00	0.00	129.00	0.00	129.00
106		COPIER (OD)	6/22/1994	SL / N/A	5.0000	110.00	100.0000	0.00	0.00	110.00	0.00	110.00
107		PROTEL PHONE SYSTEM	5/19/1994	SL / N/A	5.0000	650.00	100.0000	0.00	0.00	650.00	0.00	650.00
108		FAX MACHINE	2/14/1995	ME / HY	7.0000	3,869.00	100.0000	3,869.00	0.00	3,869.00	0.00	3,869.00
109		FAX MACHINE	7/1/1996	M / HY	7.0000	604.00	100.0000	0.00	0.00	604.00	0.00	604.00
110		FAX MACHINE	7/1/1996	M / HY	7.0000	600.00	100.0000	0.00	0.00	600.00	0.00	600.00
111		TELEPHONE EQUIPMENT	7/1/1996	M / HY	5.0000	2,156.00	100.0000	0.00	0.00	2,156.00	0.00	2,156.00
112		SECURITY SYSTEM	7/1/1996	M / HY	5.0000	4,299.00	100.0000	0.00	0.00	4,299.00	0.00	4,299.00
113		PHONE SYSTEM	7/1/1996	M / HY	7.0000	7,363.00	100.0000	0.00	0.00	7,363.00	0.00	7,363.00
114		PHONES	7/1/1996	M / HY	7.0000	8,206.00	100.0000	0.00	0.00	8,206.00	0.00	8,206.00
115		TV	7/1/1996	M / HY	5.0000	650.00	100.0000	0.00	0.00	650.00	0.00	650.00
116		FAX MACHINE	7/1/1996	M / HY	7.0000	2,155.00	100.0000	0.00	0.00	2,155.00	0.00	2,155.00
117		FAX MACHINE	7/1/1996	M / HY	7.0000	960.00	100.0000	0.00	0.00	960.00	0.00	960.00
118		FAX MACHINE	7/1/1996	M / HY	7.0000	1,107.00	100.0000	0.00	0.00	1,107.00	0.00	1,107.00
119		FAX MACHINE	7/1/1996	M / HY	5.0000	500.00	100.0000	0.00	0.00	500.00	0.00	500.00
120		PHONE SYSTEMS	7/1/1996	M / HY	7.0000	27,074.00	100.0000	0.00	0.00	27,074.00	0.00	27,074.00
121		PHONE SYSTEM	1/29/1997	M / HY	5.0000	8,841.00	100.0000	0.00	0.00	8,841.00	0.00	8,841.00
122		OFFICE CHAIR	4/30/1997	M / HY	7.0000	785.00	100.0000	0.00	0.00	749.97	35.03	785.00
123		SAFE	5/31/1997	M / HY	5.0000	1,650.00	100.0000	0.00	0.00	1,650.00	0.00	1,650.00
124		BOOTH	3/24/2000	SL / N/A	10.0000	2,328.21	100.0000	0.00	0.00	892.48	232.82	1,125.30
125		BOOTH	10/25/2000	SL / N/A	10.0000	1,513.15	100.0000	0.00	0.00	491.79	151.32	643.11

Depreciation Expense

Financial

01/01/2004 - 12/31/2004

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2 #1 - Form 990, Page 2												
CHAIR												
126			12/21/2000	SL / N/A	10.0000	999.80	100.0000	0.00	0.00	308.27	99.98	408.25
2001 Mercedes												
128			9/6/2001	M / HY	5.0000	88,287.00	100.0000	0.00	0.00	10,910.00	1,775.00	12,685.00
Laptop												
129			7/6/2001	M / HY	5.0000	1,326.90	100.0000	0.00	0.00	944.75	152.86	1,097.61
Laptop												
130			7/13/2001	M / HY	5.0000	1,905.88	100.0000	0.00	0.00	1,356.99	219.56	1,576.55
Office systems												
131			7/17/2001	M / HY	5.0000	2,595.00	100.0000	0.00	0.00	1,847.64	298.94	2,146.58
Envelope printer												
132			7/26/2001	M / HY	5.0000	534.00	100.0000	0.00	0.00	380.21	61.52	441.73
BCC software												
133			9/11/2001	SL / N/A	3.0000	5,481.00	100.0000	0.00	0.00	4,628.40	852.60	5,481.00
Computer												
134			3/14/2001	M / HY	5.0000	2,305.96	100.0000	0.00	0.00	1,641.84	265.65	1,907.49
Computer												
135			3/14/2001	M / HY	5.0000	2,488.82	100.0000	0.00	0.00	1,772.04	286.71	2,058.75
Advanced solutions-software update												
136			6/7/2001	SL / N/A	3.0000	7,606.72	100.0000	0.00	0.00	6,550.22	1,056.50	7,606.72
Service world												
137			6/28/2001	M / HY	5.0000	14,585.10	100.0000	0.00	0.00	10,384.59	1,680.20	12,064.79
Circuit City												
138			12/31/2001	M / HY	5.0000	1,649.96	100.0000	0.00	0.00	1,317.33	133.05	1,450.38
Computer innovations												
139			9/12/2001	SL / N/A	3.0000	3,400.00	100.0000	0.00	0.00	2,871.10	528.90	3,400.00
Freezer												
140			7/11/2001	M / HY	5.0000	125.00	100.0000	0.00	0.00	89.00	14.40	103.40
Oak Express-furniture												
141			6/14/2001	M / HY	7.0000	1,584.35	100.0000	0.00	0.00	891.49	197.96	1,089.45
Havertys Office furniture												
142			12/31/2001	M / HY	7.0000	510.97	100.0000	0.00	0.00	354.55	44.69	399.24
Slone Architects												
143			5/29/2001	MSL / MM	39.0000	2,165.89	100.0000	0.00	0.00	145.79	55.54	201.33
Carpet												
144			5/29/2001	M / HY	5.0000	4,900.81	100.0000	0.00	0.00	3,489.38	564.57	4,053.95
Int Assoc Mgmt equip												
145			7/10/2001	M / HY	5.0000	32,748.00	100.0000	0.00	0.00	23,316.58	3,772.57	27,089.15
146				/	0.0000	0.00	100.0000	0.00	0.00	0.00	0.00	0.00
2002 Toyota Sola Coupe												
147			3/15/2002	M / HY	5.0000	26,342.00	100.0000	0.00	0.00	17,491.09	3,540.36	21,031.45

Depreciation Expense

Financial

01/01/2004 - 12/31/2004

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2 #1 - Form 990, Page 2												
IMAC G4-800 COMPUTER												
148			5/22/2002	M / HY	5 0000	1,860.00	100 0000	0.00	0.00	1,235.04	249.98	1,485.02
6 OFFICE CHAIRS												
149			4/8/2002	M / HY	5 0000	1,680.00	100 0000	0.00	0.00	1,115.52	225.79	1,341.31
Savin Fax 3720												
150			6/30/2003	M / MQ	5 0000	1,032.00	100 0000	0.00	0.00	258.00	309.60	567.60
Apple 23" LCD Montior												
151			7/23/2003	M / MQ	5 0000	1,999.95	100 0000	0.00	0.00	299.99	679.98	979.97
Power Mac CPU G4 1 25 256MB												
152			7/23/2003	M / MQ	5 0000	1,449.90	100.0000	0.00	0.00	217.49	492.96	710.45
Epson Stylus Printer												
153			7/30/2003	M / MQ	5 0000	499.95	100.0000	0.00	0.00	74.99	169.98	244.97
DCR-TRV350												
154			9/16/2003	M / MQ	5 0000	505.27	100.0000	0.00	0.00	75.79	171.79	247.58
Computer												
155			9/22/2003	M / MQ	5 0000	609.84	100.0000	0.00	0.00	91.48	207.34	298.82
IMAC												
156			10/1/2003	M / MQ	5 0000	1,329.95	100.0000	0.00	0.00	66.50	505.38	571.88
BCC Software, Inc.												
157			9/8/2003	M / MQ	5 0000	1,750.00	100.0000	0.00	0.00	262.50	595.00	857.50
Landscaping (Maplewood Gardens)												
158			10/30/2003	M / MQ	15 0000	5,490.00	100.0000	0.00	0.00	68.63	542.14	610.77
Subtotal: 990, Pg 2 #1 - Form 990, Page 2						845,728.30		8,352.00	0.00	424,716.93	32,071.50	456,788.43
Less dispositions and exchanges.						0.00		0.00	0.00	0.00	0.00	0.00
Net for: 990, Pg 2 #1 - Form 990, Page 2						845,728.30		8,352.00	0.00	424,716.93	32,071.50	456,788.43
Subtotal:						845,728.30		8,352.00	0.00	424,716.93	32,071.50	456,788.43
Less dispositions and exchanges:						0.00		0.00	0.00	0.00	0.00	0.00
Grand Totals						845,728.30		8,352.00	0.00	424,716.93	32,071.50	456,788.43