

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, 2004, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Please use IRS label or print or type. See specific instructions. UNLOCKING AUTISM, 319 WILTON DR., BATON ROUGE, LA 70815. D Employer Identification Number: 72-1437282. E Telephone number: 866-366-3361. F Accounting method: X 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).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? Yes No X

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No X

I Group Exemption Number

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

G Web site: UNLOCKINGAUTISM.ORG

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

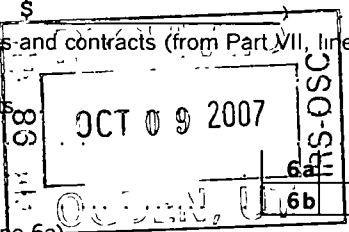
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 118,396.

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

Table with 21 rows and 4 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Sub-rows 1a-1c. Total 1d: 68,013. Row 2: Program service revenue including government fees and contracts (from Part VII, line 93). Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments. Row 5: Dividends and interest from securities. Row 6a: Gross rents. Sub-rows 6b, 6c. Row 7: Other investment income (describe). Sub-rows 7a, 7b. Row 8a: Gross amount from sales of assets other than inventory. Sub-rows 8b, 8c. Row 8d: Net gain or (loss) (combine line 8c, columns (A) and (B)). Row 9: Special events and activities (attach schedule). If any amount is from gaming, check here. Sub-rows 9a, 9b. Row 9c: Net income or (loss) from special events (subtract line 9b from line 9a). Row 10a: Gross sales of inventory, less returns and allowances. Sub-rows 10b. Row 10c: Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). Row 11: Other revenue (from Part VII, line 103). Row 12: Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). Row 13: Program services (from line 44, column (B)). Row 14: Management and general (from line 44, column (C)). Row 15: Fundraising (from line 44, column (D)). Row 16: Payments to affiliates (attach schedule). Row 17: Total expenses (add lines 16 and 44, column (A)). Row 18: Excess or (deficit) for the year (subtract line 17 from line 12). Row 19: Net assets or fund balances at beginning of year (from line 73, column (A)). Row 20: Other changes in net assets or fund balances (attach explanation). Row 21: Net assets or fund balances at end of year (combine lines 18, 19, and 20).

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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	12,000.	10,800.	1,200.	
26 Other salaries and wages	26	8,026.	7,223.	803.	
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	246.	221.	25.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 2	43a	84,945.	77,243.	7,227.	475.
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	105,217.	95,487.	9,255.	475.

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? <b>SEE STATEMENT 3</b>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 4 _____ _____ _____ (Grants and allocations \$ _____)	95,487.
b _____ _____ _____ (Grants and allocations \$ _____)	
c _____ _____ _____ (Grants and allocations \$ _____)	
d _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>95,487.</b>

**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	<b>45</b> Cash – non-interest-bearing	2,652.	<b>45</b>	2,294.
	<b>46</b> Savings and temporary cash investments	3,063.	<b>46</b>	4,736.
	<b>47a</b> Accounts receivable			
	<b>b</b> Less: allowance for doubtful accounts		<b>47c</b>	
	<b>48a</b> Pledges receivable			
	<b>b</b> Less: allowance for doubtful accounts		<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch)			
	<b>b</b> Less: allowance for doubtful accounts		<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54</b> Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>
	<b>55a</b> Investments – land, buildings, & equipment basis			
	<b>b</b> Less: accumulated depreciation (attach schedule)		<b>55c</b>	
	<b>56</b> Investments – other (attach schedule)		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis	<b>57a</b> 2,955.		
	<b>b</b> Less: accumulated depreciation (attach schedule) <b>STATEMENT 5</b>	<b>57b</b> 1,200.	2,001.	<b>57c</b> 1,755.
	<b>58</b> Other assets (describe ▶ _____)		500.	<b>58</b>
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		8,216.	<b>59</b> 8,785.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses		<b>60</b>	
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ <b>SEE STATEMENT 6</b> _____)			<b>65</b> 18,107.
<b>66 Total liabilities</b> (add lines 60 through 65)		0.	<b>66</b> 18,107.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted	8,216.	<b>67</b>	-9,322.
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	8,216.	<b>73</b>	-9,322.	
<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	8,216.	<b>74</b>	8,785.	

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	
<b>a</b> Total revenue, gains, and other support per audited financial statements.	▶ a	87,679.	
<b>b</b> Amounts included on line a but not on line 12, Form 990:			
(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		
<b>c</b> Line a minus line b	▶ c	87,679.	
<b>d</b> Amounts included on line 12, Form 990 but not on line a:			
(1) Investment expenses not included on line 6b, Form 990. \$ _____			
(2) Other (specify) _____ _____ \$ _____			
Add amounts on lines (1) and (2)	▶ d		
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)	▶ e	87,679.	
<b>a</b> Total expenses and losses per audited financial statements	▶ a	105,217.	
<b>b</b> Amounts included on line a but not on line 17, Form 990:			
(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		
<b>c</b> Line a minus line b	▶ c	105,217.	
<b>d</b> Amounts included on line 17, Form 990 but not on line a:			
(1) Investment expenses not included on line 6b, Form 990. \$ _____			
(2) Other (specify) _____ _____ \$ _____			
Add amounts on lines (1) and (2)	▶ d		
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)	▶ e	105,217.	

**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
SHELLEY REYNOLDS 319 WILTON DR. BATON ROUGE, LA 70815	PRESIDENT 25	0.	0.	0.
NANCY CALE 127 CANNON GATE CIR SHARPSBURG, GA 30277	VICE PRESIDENT 54	0.	0.	0.
JEANA SMITH 30986 BLOSSOM ST. DENHAM SPRINGS, LA 70726	DIRECTOR 40	12,000.	0.	0.
STEPHANIE CAVE 10562 S. GLENSTONE PLACE BATON ROUGE, LA 70810-2875	DIRECTOR 10	0.	0.	0.
STEPHEN SHORE 94 NAPLES RD. BROOKLINE, MA 02446-5771	DIRECTOR 10	0.	0.	0.
STEPHANIE CESSNA _____ BATON ROUGE, LA	SECRETARY/TREAS 25	0.	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)		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		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
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?		X
81a	b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
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?		X
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)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
84b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
85c	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	N/A
85d	c Dues, assessments, and similar amounts from members	85d	N/A
85e	d Section 162(e) lobbying and political expenditures	85e	N/A
85f	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	N/A
85g	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	N/A
85h	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85h	N/A
86a	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?	86a	N/A
86b	86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86b	N/A
86c	b Gross receipts, included on line 12, for public use of club facilities	86c	N/A
87a	87 501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
87b	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	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
89a	89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
89b	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	X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90a	90a List the states with which a copy of this return is filed <u>NONE</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	0
91	91 The books are in care of <u>SHELLEY REYNOLDS</u> Telephone number <u>225 272-7123</u> Located at <u>319 WILTON DR., BATON ROUGE, LA</u> ZIP + 4 <u>70815</u>		
92	92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A

**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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					7.
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					19,659.
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					19,666.
105 Total (add line 104, columns (B), (D), and (E))					19,666.

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).
102	AWARENESS TEE-SHIRTS BRING AWARENESS TO AUTISM BEARING THE CHARITY'S NAME AND LOGO.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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	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 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: *Shelley Reynolds* Date: 9-28-07

**SHELLEY REYNOLDS, PRESIDENT**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Paul E. Ramsey CPA* Date: 9-28-07 Check if self-employed:  Preparer's SSN or PTIN (See General instruction W): P00088747

Firm's name (or yours if self-employed), address, and ZIP + 4: BENNETT & BENNETT ASSOC., INC.  
7125 JEFFERSON HWY.  
BATON ROUGE, LA 70806-8114

EIN: 72-0848598 Phone no: (225) 927-8337

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

**Organization Exempt Under**  
**Section 501(c)(3)**

OMB No 1545-0047

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),**  
**501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**

**2004**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

UNLOCKING AUTISM

72-1437282

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III** Statements About Activities (See instructions.)

	Yes	No
<p><b>1</b> 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 ▶ \$ <u>                    N/A                    </u></p> <p>(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><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)</p> <p><b>a</b> Sale, exchange, or leasing of property?</p>	2a	X
<p><b>b</b> Lending of money or other extension of credit?</p>	2b	X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c	X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e	X
<p><b>3a</b> 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>b</b> Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p><b>4a</b> 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>b</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 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) (See section 509(a)(3) )

Provide the following information about the supported organizations (See 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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	35,005.	119,641.	119,161.	47,270.	321,077.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	35,005.	61,907.	55,205.	6,123.	158,240.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		19.	150.	212.	381.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	70,010.	181,567.	174,516.	53,605.	479,698.
<b>24</b> Line 23 minus line 17	35,005.	119,660.	119,311.	47,482.	321,458.
<b>25</b> Enter 1% of line 23	700.	1,816.	1,745.	536.	

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	<b>26a</b>	6,429.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	<b>26b</b>	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	<b>26c</b>	321,458.
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	<b>26d</b>	381.
e Public support (line 26c minus line 26d total)	<b>26e</b>	321,077.
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	<b>26f</b>	99.88 %

<b>27 Organizations described on line 12:</b> N/A		
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 (2003) _____ (2002) _____ (2001) _____ (2000) _____		
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 11, 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. (2003) _____ (2002) _____ (2001) _____ (2000) _____		
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>	
d Add: Line 27a total _____ and line 27b total _____	<b>27d</b>	
e Public support (line 27c total minus line 27d total)	<b>27e</b>	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	<b>27f</b>	
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27g</b>	%
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 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?  
 If 'Yes,' please describe; if 'No,' please explain (If you need more space, attach a separate statement.)

**31**

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 -----

**32** Does the organization maintain the following  
**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

**32 a**

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

**32 b**

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

**32 c**

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

**32 d**

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?

**33 a**

**b** Admissions policies?

**33 b**

**c** Employment of faculty or administrative staff?

**33 c**

**d** Scholarships or other financial assistance?

**33 d**

**e** Educational policies?

**33 e**

**f** Use of facilities?

**33 f**

**g** Athletic programs?

**33 g**

**h** Other extracurricular activities?

**33 h**

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )  
 -----  
 -----  
 -----

**34 a** Does the organization receive any financial aid or assistance from a governmental agency?

**34 a**

**b** Has the organization's right to such aid ever been revoked or suspended?

**34 b**

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 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		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is –</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$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 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 non-taxable 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 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

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h.)

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

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

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

	Yes	No
<b>51 a (i)</b>		X
<b>a (ii)</b>		X
<b>b (i)</b>		X
<b>b (ii)</b>		X
<b>b (iii)</b>		X
<b>b (iv)</b>		X
<b>b (v)</b>		X
<b>b (vi)</b>		X
<b>c</b>		X

(i) Cash

(ii) Other assets

**b** Other transactions

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

(ii) Purchases of assets from a noncharitable exempt organization

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

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

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

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

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

**b** If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

## UNLOCKING AUTISM

72-1437282

**STATEMENT 1**  
**FORM 990, PART I, LINE 10**  
**GROSS PROFIT (LOSS) FROM SALES OF INVENTORY**

AWARENESS TEE-SHIRTS	\$ 50,376.
GROSS SALES	<u>\$ 50,376.</u>
LESS RETURNS & ALLOWANCES	<u>0.</u>
NET SALES	\$ 50,376.
LESS COST OF GOODS SOLD	<u>30,717.</u>
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 19,659.</u>

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADMINISTRATIVE	7,227.		7,227.	
AWARENESS CAMPAIGNS	4,760.	4,760.		
CALL CENTER	5,799.	5,799.		
COMPUTER SERVICES	475.			475.
OPEN YOUR EYES PROJECT	2,378.	2,378.		
POWER OF 1.5 CONFERENCE	59,441.	59,441.		
STATE REP PROJECT	4,483.	4,483.		
WINGS FOR LITTLE ANGELS PROJEC	382.	382.		
TOTAL	<u>\$ 84,945.</u>	<u>\$ 77,243.</u>	<u>\$ 7,227.</u>	<u>\$ 475.</u>

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

UNLOCKING AUTISM, FOUNDED IN FEBRUARY OF 1999, GREW OUT OF A CONCERN THAT CHILDREN WERE BEING DIAGNOSED WITH AUTISM SPECTRUM DISORDERS AT AN ALARMING RATE AND YET THE PUBLIC WAS UNINFORMED. OUR PRIMARY MISSION FOR THE ORGANIZATION IS TO BRING THE ISSUES OF AUTISM FROM INDIVIDUAL HOMES TO THE FOREFRONT OF NATIONAL DIALOGUE. WE STRIVE TO JOIN PARENTS AND PROFESSIONALS IN ONE CONCERTED EFFORT TO FIGHT FOR THESE CHILDREN WHO CANNOT LIFT THEIR VOICES TO THE NATION FOR HELP. WE WORK DILIGENTLY TO EDUCATE PARENTS ABOUT PENDING LEGISLATION, EXISTING LAWS, AS WELL AS BIOMEDICAL AND BEHAVIORAL TREATMENT OPTIONS. WE ASSIST PARENTS OF NEWLY DIAGNOSED CHILDREN BY PROVIDING DIRECTION THROUGH OUR PARENT 2 PARENT NETWORK AND SUPPORT HOTLINE IN AN EFFORT TO NETWORK FAMILIES ACROSS THE COUNTRY. WE RAISE FUNDS FOR BIOMEDICAL RESEARCH, BEHAVIORAL RESEARCH AND PROJECTS. WE WORK TO INCREASE SOCIETY'S ABILITY TO WORK WITH AND UNDERSTAND PEOPLE WITH AUTISM. WE STRIVE TO HELP THOSE ON THE AUTISM SPECTRUM REACH THEIR GREATEST POTENTIAL IN LEADING FULFILLING AND PRODUCTIVE LIVES IN RELATIONSHIPS, SOCIETY AND EMPLOYMENT.

## UNLOCKING AUTISM

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**STATEMENT 4  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
WINGS FOR LITTLE ANGELS FLIGHT ASSISTANCE PROGRAM: DONATED MILES ARE USED TO TRANSPORT NEEDY FAMILIES AND THEIR CHILDREN WITH AUTISM TO TREATMENT FACILITIES AND PHYSICIANS ACROSS THE COUNTRY.		382.
IMPLEMENTATION OF THE 2004 POWER OF ONE CONFERENCE IN WASHINGTON, DC 2004 IN APRIL, 275 MEMBERS IN ATTENDANCE WITH ATTENDANTS FROM ALL 50 STATES FOR THE PURPOSES OF EDUCATING PARENTS ON THE IMPORTANCE AND RELEVANCE OF FEDERAL/STATE INITIATIVES. HELD IN CONJUNCTION WITH AN AWARENESS RALLY AND VISITS FOR ATTENDANTS ON CAPITOL HILL, AS WELL AS A CONGRESSIONAL RECEPTION. PARTNERED WITH AUTISM SOCIETY OF AMERICA, CURE AUTISM NOW, NATIONAL ALLIANCE FOR AUTISM RESEARCH, THE DOUG FLUTIE FOUNDATION, THE DAN MARINO FOUNDATION.		59,441.
NATIONAL CALL CENTER & HOTLINE: OPERATION OF THE UA NATIONAL HEADQUARTERS OFFICE IS ONGOING - STAFFED WITH 10 VOLUNTEERS AND AN EXECUTIVE DIRECTOR, THE OFFICE SERVED AS A HOME FOR THE UA NATIONAL CALL CENTER AND OPERATIONS FOR THE ORGANIZATION.		13,400.
OPEN YOUR EYES PROJECT: CONTINUATION OF THE OPEN YOUR EYES PROJECT IS ONGOING WITH WITH A GOAL OF COLLECTING 58,000 PICTURES OF CHILDREN/ADULTS WITH AUTISM FOR BANNERS TO BE USED IN NATIONAL AWARENESS EVENTS.		2,378.
AWARENESS CAMPAIGNS:		
- STATE PROCLAMATIONS AND AWARENESS PRESS CONFERENCES WITH GOVERNOR'S FOR APRIL AS AUTISM AWARENESS MONTH		
- TREE OF INDEPENDENCE PLANTED UP ON CAPITOL HILL IN WASHINGTON, DC		
- ATTENDANCE AT THE LOUISIANA STATE AUTISM CONFERENCE, JUNE		
- WINGS FOR LITTLE ANGELS MEDICAL TRANSPORTATION ASSISTANCE PROJECT		4,326.
GROWTH OF THE P2P NETWORK IS ONGOING FOR THE PURPOSE OF BUILDING GRASS ROOTS AND NETWORKING FAMILIES THROUGHOUT THE COUNTRY, UA ESTABLISHED THE P2P NETWORK COMPRISED OF MORE THAN 250 VOLUNTEERS NATIONWIDE THAT ARE AVAILABLE TO ANSWER QUESTIONS FROM FAMILIES CALLING OUR HOTLINE AND TO NETWORK WITH OTHER PARENTS WITHIN THEIR CITY AND STATE.		5,300.
NBC AWARENESS WEEK ASSISTED WITH PHONE CALL OVERFLOW FROM THE AWARENESS GENERATED IN THE MEDIA (PRIMARILY NBC) FOR THE NEWLY FOUNDED AUTISM SPEAKS ORGANIZATION.		2,981.
DEVELOPMENT OF A PRESIDENTIAL QUESTIONNAIRE DISTRIBUTED TO GEORGE BUSH AND JOHN KERRY CAMPAIGNS FOR THE PURPOSES OF GARNERING INFORMATION FOR THE AUTISM COMMUNITY SO THAT THEY COULD BE EDUCATED ON WHERE EACH CANDIDATE STOOD ON ISSUES FACING THE AUTISM COMMUNITY.		275.
ATTENDANCE AT DAN SPRING CONFERENCE IN TYSONS CORNER, VA,		

## UNLOCKING AUTISM

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**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
APRIL WITH MEMBERS OF OUR BOARD OF DIRECTORS ATTENDED FOR ONGOING EDUCATION FOR BETTER INFORMATIONAL GUIDANCE FOR FAMILIES CALLING THE CALL CENTER. TRADE SHOW BOOTH FOR ONGOING AWARENESS PROJECTS AND DISSEMINATION OF INFORMATION FOR NEW FAMILIES.		
ATTENDANCE AT DAN FALL CONFERENCE IN LOS ANGELES, CA IN OCTOBER. THE MEMBERS OF OUR BOARD OF DIRECTORS ATTENDED FOR ONGOING EDUCATION FOR BETTER INFORMATIONAL GUIDANCE FOR FAMILIES CALLING THE CALL CENTER. TRADE SHOW BOOTH FOR ONGOING AWARENESS PROJECTS AND DISSEMINATION OF INFORMATION FOR NEW FAMILIES.		
ATTENDANCE AT AUTISM ONE CONFERENCE IN CHICAGO, IL IN MAY. MEMBERS OF OUR BOARD OF DIRECTORS ATTENDED FOR THE PURPOSES OF ONGOING BIOMEDICAL/BEHAVIORAL EDUCATION FOR THE PURPOSE OF TRAINING CALL CENTER PHONE ATTENDANTS FOR BETTER INFORMATIONAL GUIDANCE FOR FAMILIES CALLING THE CALL CENTER. TRADE SHOW BOOTH MANNED FOR ONGOING AWARENESS PROJECTS AND DISSEMINATION OF INFORMATION FOR NEW FAMILIES.		7,004.
	<u>\$ 0.</u>	<u>\$ 95,487.</u>

**STATEMENT 5**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 2,955.	\$ 1,200.	\$ 1,755.
TOTAL	<u>\$ 2,955.</u>	<u>\$ 1,200.</u>	<u>\$ 1,755.</u>

**STATEMENT 6**  
**FORM 990, PART IV, LINE 65**  
**OTHER LIABILITIES**

CREDIT CARDS	\$ 18,106.
ROUNDING	1.
TOTAL	<u>\$ 18,107.</u>

UNLOCKING AUTISM

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
MACHINERY AND EQUIPMENT																
1	MACHINERY AND EQUIPMENT	6/01/02		1,455							1,455	432	S/L	10		146
2	MACHINERY AND EQUIPMENT	6/01/01		1,500							1,500	522	S/L	15		100
TOTAL MACHINERY AND EQUIPME																
				2,955		0	0	0	0	0	2,955	954				246
TOTAL DEPRECIATION				2,955		0	0	0	0	0	2,955	954				246
GRAND TOTAL DEPRECIATION				2,955		0	0	0	0	0	2,955	954				246