

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning Jun 1, 2005, and ending May 31, 2006

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

Please use  
IRS label  
or print  
or type.  
See  
specific  
instructions.

## C Name of organization

Bi-Lingual International Assistant Services

Number and street (or P O box if mail is not delivered to street addr) Room/suite

10950 Schuetz Rd

City, town or country

St. Louis

State ZIP code + 4

MO 63146

## D Employer Identification Number

56-2376877

## E Telephone number

(314) 812-9320

## 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).

H and I are not applicable to section 527 organizations

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

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

H (c) Are all affiliates included? ☐ Yes ☒ No

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

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 Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: N/A

## J Organization type (check only one)

☒ 501(c) 4 (insert no) ☐ 4947(a)(1) or ☐ 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 372,997.

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

## 1 Contributions, gifts, grants, and similar amounts received

## a Direct public support

1a 174,219.

## b Indirect public support

1b

## c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ 174,219. noncash \$ 0.)

1d 174,219.

## 2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 188,241.

## 3 Membership dues and assessments

3

## 4 Interest on savings and temporary cash investments

4

## 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

## b Less cost or other basis and sales expenses

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 ☐

## 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

## 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

## 11 Other revenue (from Part VII, line 103)

11 10,537.

## 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 372,997.

## 13 Program services (from line 44, column (B))

13 258,008.

## 14 Management and general (from line 44, column (C))

14 84,211.

## 15 Fundraising (from line 44, column (D))

15 0.

## 16 Payments to affiliates (attach schedule)

16

## 17 Total expenses (add lines 16 and 44, column (A))

17 342,219.

## 18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 30,778.

## 19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 900.

## 20 Other changes in net assets or fund balances (attach explanation)

20

## 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 31,678.

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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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	61,761.	0.	0.
26	Other salaries and wages	26	107,776.	33,549.	0.
27	Pension plan contributions	27	6,671.	2,348.	0.
28	Other employee benefits	28	275.	0.	0.
29	Payroll taxes	29	13,276.	2,623.	0.
30	Professional fundraising fees	30			
31	Accounting fees	31	1,590.	0.	0.
32	Legal fees	32	30.	0.	0.
33	Supplies	33	1,213.	0.	0.
34	Telephone	34	4,899.	1,099.	0.
35	Postage and shipping	35	375.	0.	0.
36	Occupancy	36	5,089.	0.	0.
37	Equipment rental and maintenance	37	270.	0.	0.
38	Printing and publications	38			
39	Travel	39	833.	0.	0.
40	Conferences, conventions, and meetings	40	1,707.	0.	0.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	472.	0.	0.
43	Other expenses not covered above (itemize).				
a	advertisement	43a	170.	0.	0.
b	automobile expense	43b	22,288.	18,697.	0.
c	bank service	43c	168.	0.	0.
d	dues	43d	488.	0.	0.
e	insurance	43e	16,474.	0.	0.
f	licenses and permit	43f	313.	0.	0.
g	See Other Expenses Stmt	43g	96,081.	86,973.	0.
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	342,219.	258,008.	84,211.

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 \$ \_\_\_\_\_

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Form 990 (2005)

**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>health care services</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others )
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p><b>a</b> <u>FACES- helps refugee and immigrant families dealing with mental or substance abuse issues develop problem-solving and behavior strategies to improve family functioning. Family support group.</u></p> <p>(Grants and allocations \$ <u>28,679.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	28,679.
<p><b>b</b> <u>LIFELINES-Case management &amp; therapeutic services to the frail &amp; or disabled to the Bosnian and Russian communities</u></p> <p>(Grants and allocations \$ <u>11,155.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	11,155.
<p><b>c</b> <u>UCITY Grant to provide outreach services to the elderly and disabled residents of University City.</u></p> <p>(Grants and allocations \$ <u>18,750.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	18,750.
<p><b>d</b> <u>Mental Health Board - to create time limited support for the elderly isolated or mentally ill residents of St. Louis City and County.</u></p> <p>(Grants and allocations \$ <u>39,864.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	39,864.
<p><b>e</b> Other program services <u>grants and fee</u></p> <p>(Grants and allocations \$ <u>159,560.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	159,560.
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	<b>258,008.</b>

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Form 990 (2005)

**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
<b>ASSETS</b>	<b>45</b> Cash – non-interest-bearing	4,360.	<b>45</b>	36,848.
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable		<b>47a</b>	
	<b>b</b> Less: allowance for doubtful accounts		<b>47b</b>	<b>47c</b>
	<b>48a</b> Pledges receivable		<b>48a</b>	
	<b>b</b> Less: allowance for doubtful accounts		<b>48b</b>	<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>51a</b>	
	<b>b</b> Less: allowance for doubtful accounts		<b>51b</b>	<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>55a</b>	
	<b>b</b> Less: accumulated depreciation (attach schedule)		<b>55b</b>	<b>55c</b>
	<b>56</b> Investments – other (attach schedule)		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis	1,707.	<b>57a</b>	
	<b>b</b> Less: accumulated depreciation (attach schedule)	732.	<b>57b</b>	<b>57c</b>
	<b>58</b> Other assets (describe ► )		<b>58</b>	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	5,485.	<b>59</b>	37,823.	
<b>LIABILITIES</b>	<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>	2,538.
	<b>65</b> Other liabilities (describe ► See Line 65 Stmt )	4,585.	<b>65</b>	3,607.
<b>66 Total liabilities.</b> Add lines 60 through 65	4,585.	<b>66</b>	6,145.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted	872.	<b>67</b>	31,678.
	<b>68</b> Temporarily restricted	28.	<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<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)	900.	<b>73</b>	31,678.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	5,485.	<b>74</b>	37,823.

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Form 990 (2005)

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

		n/a	
<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments	<b>b1</b>	
2	Donated services and use of facilities	<b>b2</b>	
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify):	<b>b4</b>	
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>	<b>e</b>	

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

		N/A	
<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify):	<b>b4</b>	
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>	<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Julia Ostropolkiy 778 belerive Manor Dr St. Louis MO 63141	president 40	61,761.	0.	0.

<b>Yes</b>	<b>No</b>
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**X**

**X**

**X**

<b>Yes</b>	<b>No</b>
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**X**

**X**

**X**

10

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**X**

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**X**

**X**

2005

Part VI Other Information (continued)		Yes	No
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?		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.)	82 b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	X
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.			
c	Dues, assessments, and similar amounts from members	85 c	
d	Section 162(e) lobbying and political expenditures	85 d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	X
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?	85 h	X
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86 a	
b	Gross receipts, included on line 12, for public use of club facilities	86 b	
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	87 a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	
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	89 b	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		
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, 2005 (See instructions.)	90 b	5
91 a	The books are in care of ▶ SVETLANA MIRETSKY Telephone number ▶ (314) 812-9320 Located at ▶ 10950 Schuetz Rd ST LOUIS MO ZIP + 4 ▶ 63146		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	91 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶	91 c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

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Form 990 (2005)

**Part VII Analysis of Income-Producing Activities** (See 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) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					188,241.
g Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts					
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a					
b other fee					10,537.
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))					198,778.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					198,778.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	mental health services (counseling, psychotherapy, mental health assessments)

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.) N/A

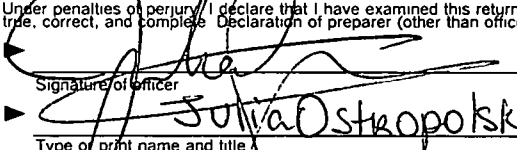
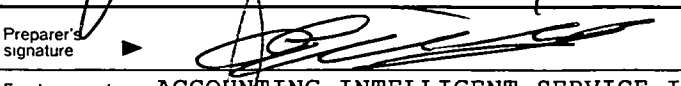
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer 	Date 08/24/06
Paid Preparer's Use Only	Type of print name and title Sofia Ostropovsky - President / CEO	
	Preparer's signature 	Date 08.14.06
	Firm's name (or yours if self-employed), address, and ZIP + 4 ACCOUNTING INTELLIGENT SERVICE IBC 1270 HIDDEN OAK CHESTERFIELD MO 63017	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See General Instruction W) 43-1936995
	EIN Phone no	(636) 728-1628



Form **4562**

(Rev January 2006)

Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
**(Including Information on Listed Property)**

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

OMB No 1545-0172

**2005**Attachment  
Sequence No **67**

Name(s) shown on return

**Bi-Lingual International Assistant Services**

Identifying number

**56-2376877**

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I*

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

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	472.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

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

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

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations – see instructions	22	472.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

## Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

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

## Section B – Information on Use of Vehicles

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

[illegible]

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

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

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

## Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2005 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2005 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See instructions for where to report.					<b>44</b>

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
education	1,405.	0.	1,405.	0.
laboratory fee	110.	0.	110.	0.
gift	400.	0.	400.	0.
membership	335.	0.	335.	0.
contract labor	86,973.	86,973.	0.	0.
office supplies	5,989.	0.	5,989.	0.
other expences	536.	0.	536.	0.
proffecional development	333.	0.	333.	0.
Total	<u>96,081.</u>	<u>86,973.</u>	<u>9,108.</u>	<u>0.</u>

Form 990, Page 4, Part IV, Line 65

**Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year
payroll	2,047.	
loan to company	2,538.	
Total	<u>4,585.</u>	