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## 2005 Tax Return(s)

**Prepared for** AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION  
CLIENT CODE: 14AUTO

**Account Number** 721820  
**Release Number** 2005.07000

**Prepared by** GODFREY HAMMEL, DANNEELS & CO., P.C.  
21420 GREATER MACK AVENUE  
ST. CLAIR SHORES, MI  
48080-2353  
  
(586)772-8100

**Processing** Date: 12/19/2006  
Time: 16:59:01

**Special  
Instructions**

**Messages**

## Return Information

### CAUTION

Form: 990 Pg 4

- Form 990. Part IV, Balance Sheet, line 57, Column B. An entry has been made on Interview Form 990-6, Box 96 and/or Box 98, for end of year depreciation information. If the supporting statement for this line is desired, make sure that the appropriate entries have been made on Interview Form DP-1. Otherwise, be sure to attach an accountant prepared supporting statement before filing this return. (20046)

### INFORMATIONAL

Form: 9 Sheet: 1 Box: 50

- Form 990. Page 8. The preparer's social security number and/or employer identification number have been left blank in accordance with the official IRS instructions. Only Section 4947(a)(1) nonexempt charitable trusts that are filing Form 990 in lieu of Form 1041 are instructed to complete this information. If desired, an entry on Interview Form 9, Box 50, may be used to force this information to print. Please note, however, that forcing this information to print when it is not required will disqualify the return from electronic filing. (30102)

Form: Elect Filing

- Electronic Filing. Form 990 is being filed electronically. Entries have been made on Interview Form 5 for preparer footnotes. Please note that these footnote entries are not included in the electronic return. If applicable these must also be entered on Interview Form EF-2, Boxes 30 and 55, as appropriate. This will produce a General Explanation attachment in the electronic return. If an entry is made on Interview Form EF-2, Box 36, the General Explanation attachment will also be included in the paper return and the corresponding footnote entries may be removed. Please note, however, that a maximum of 10 General Explanation attachments are allowed in the electronic return. (36259)
- Electronic Filing. Form 990 has qualified for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. (39494)

## Return Information

Form: Form 990

- Forms 990, 990-EZ and 990-PF. Under the provisions of the Pension Protection Act of 2006 tax-exempt organizations must report activities involving controlled organizations. This is effective for returns due (without regard to extensions) after August 17, 2006. Interview Form 11 may be used to provide the required supporting statement, if applicable. Please note also that Section 501(c)(3) organizations must now disclose unrelated business income tax returns (Form 990-T) and make them available for public inspection. (30418)



## 2005 Return Summary

AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION

38-3027574

FORM 990:

TOTAL REVENUE	498,129.
TOTAL EXPENSES	497,756.
EXCESS <DEFICIT>	373.
BEGINNING NET ASSETS	452,216.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS (PAGE 1)	452,589.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	476,105.
ENDING TOTAL LIABILITIES	23,516.
ENDING TOTAL NET ASSETS OR FUND BALANCES (PAGE 3)	452,589.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 3	0.



21420 Greater Mack Avenue, St. Clair Shores, Michigan 48080 • 586.772.8100 • Fax: 586.772.6715 • www.ghd.com

December 15, 2006

Mrs. Virginia Ladd  
22100 Gratiot  
Eastpointe, MI 48021

Dear Virginia:

Enclosed is the organization's 2005 Exempt Organization return.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Godfrey J. Hammel, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
September 30, 2006

<b>Prepared for</b>	American Autoimmune Related Diseases Association 22100 Gratiot Eastpointe, MI 48021
<b>Prepared by</b>	Godfrey Hammel, Danneels & CO., P.C. 21420 Greater Mack Avenue St. Clair Shores, MI 48080-2353
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required.



**AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION**

Form 990 (2005)

38-3027574 Page 2

**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.

<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 \$ <u>70,800.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22	70,800.	70,800.	<b>STATEMENT 4</b>		
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	76,403.	69,376.		4,398.	2,629.
26 Other salaries and wages	26	132,120.	119,971.		7,604.	4,545.
27 Pension plan contributions	27	10,587.	9,426.		761.	400.
28 Other employee benefits	28					
29 Payroll taxes	29	16,761.	15,297.		774.	690.
30 Professional fundraising fees	30					
31 Accounting fees	31	5,548.			5,548.	
32 Legal fees	32					
33 Supplies	33	5,766.	5,435.		176.	155.
34 Telephone	34	7,112.	6,800.		208.	104.
35 Postage and shipping	35	15,385.	14,396.		220.	769.
36 Occupancy	36					
37 Equipment rental and maintenance	37	2,965.	2,721.		122.	122.
38 Printing and publications	38	19,109.	17,558.		227.	1,324.
39 Travel	39	15,655.	14,934.		125.	596.
40 Conferences, conventions, and meetings	40	43,796.	43,184.			612.
41 Interest	41					
42 Depreciation, depletion, etc. (attach schedule)	42	7,669.	7,109.		280.	280.
43 Other expenses not covered above (itemize):						
a	43a					
b	43b					
c	43c					
d	43d					
e	43e					
f	43f					
g <b>SEE STATEMENT 2</b>	43g	68,080.	58,124.	1,697.	8,259.	
44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	497,756.	455,131.	22,140.	20,485.	

**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 \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

\*\* SEE STATEMENT 3

**AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION**

Form 990 (2005)

38-3027574 Page **3**

**Part III Statement of Program Service Accomplishments** (See the instructions.)

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

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 5</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a SEE STATEMENT ATTACHED</b>	
(Grants and allocations \$ <b>70,800.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>455,131.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>455,131.</b>

Form **990** (2005)

**AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION**

Form 990 (2005)

38-3027574 Page 4

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	107,270.	45	111,978.
	46 Savings and temporary cash investments .....	136,459.	46	143,052.
	47 a Accounts receivable .....			
	b Less: allowance for doubtful accounts .....			
	48 a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....			
	49 Grants receivable .....			
	50 Receivables from officers, directors, trustees, and key employees .....			
	51 a Other notes and loans receivable .....	5,000.		
	b Less: allowance for doubtful accounts .....			
	52 Inventories for sale or use .....			
	53 Prepaid expenses and deferred charges .....			
	54 Investments - securities .....			
	55 a Investments - land, buildings, and equipment: basis .....			
b Less: accumulated depreciation .....				
56 Investments - other .....				
57 a Land, buildings, and equipment: basis .....	290,580.			
b Less: accumulated depreciation .....	74,505.			
58 Other assets (describe .....				
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	476,146.	59	476,105.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	8,173.	60	6,010.
	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 .....		64b	
	65 Other liabilities (describe .....	SEE STATEMENT 6		
66 <b>Total liabilities.</b> Add lines 60 through 65) .....	23,930.	66	23,516.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....		67	
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....	450,903.	70	452,215.
	71 Paid-in or capital surplus, or land, building, and equipment fund .....	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds .....	1,313.	72	374.
73 <b>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) .....	452,216.	73	452,589.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	476,146.	74	476,105.	

Form 990 (2005)





**AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION**

Form 990 (2005)

38-3027574 Page 7

<b>Part VI Other Information</b> (continued)		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	<b>82a</b>	<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		
	<b>82b</b> 989,815.		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>83a</b>	<b>X</b>
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	<b>83b</b>	<b>X</b>
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....	<b>84a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>84b</b>	
	N/A		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? .....	<b>85a</b>	
	N/A		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85b</b>	
	N/A		
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members .....	<b>85c</b>	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures .....	<b>85d</b>	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85e</b>	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85f</b>	N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85g</b>	
	N/A		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	<b>85h</b>	
	N/A		
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....	<b>86a</b>	N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities .....	<b>86b</b>	N/A
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders .....	<b>87a</b>	N/A
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>87b</b>	N/A
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....	<b>88</b>	<b>X</b>
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....	<b>89b</b>	<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		0.
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		0.
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <b>MI</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 .....	<b>90b</b>	6
<b>91 a</b>	The books are in care of ▶ <b>ROBERT MEYER</b> Telephone no. ▶ <b>(260) 436-6279</b> Located at ▶ <b>7149 POINTE INVERNESS WAY, FORT WAYNE, IN</b> ZIP + 4 ▶ <b>46804</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>91b</b>	<b>X</b>
	If "Yes," enter the name of the foreign country ▶ <b>N/A</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
<b>c</b>	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 ▶ <b>N/A</b>	<b>91c</b>	<b>X</b>
<b>92</b>	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-</b> Check here .....		<input type="checkbox"/>
	and enter the amount of tax-exempt interest received or accrued during the tax year .....	<b>92</b>	N/A

Form 990 (2005)

**AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION**

Form 990 (2005)

38-3027574 Page **8**

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

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
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 .....					
95 Interest on savings and temporary cash investments ...			14	6,697.	
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 .....					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		6,697.	0.
105 Total (add line 104, columns (B), (D), and (E)) .....					6,697.

**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).
▼	

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

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

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date		
	GODFREY J. HAMMEL, CPA	12/15/06		
	Date	Type or print name and title.		
	VIRGINIA T. LADD, PRESIDENT			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		
	523163 02-03-06	Phone no. (586) 772-8100		

Form **990** (2005)

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

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2005**

Name of the organization **AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION** Employer identification number **38 3027574**

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

(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

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

(See page 2 of the 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

**AMERICAN AUTOIMMUNE RELATED DISEASES**

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

	Yes	No
<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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.	1	X
<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.)		
<b>a</b> Sale, exchange, or leasing of property? .....	2a	X
<b>b</b> Lending of money or other extension of credit? .....	2b	X
<b>c</b> Furnishing of goods, services, or facilities? .....	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b> .....	2d	X
<b>e</b> Transfer of any part of its income or assets? .....	2e	X
<b>3 a</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.) .....	3a	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees? .....	3b	X
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? .....	3c	X
<b>4 a</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? .....	4a	X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....	4b	X

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

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ►  Type 1  Type 2  Type 3

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

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

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

AMERICAN AUTOIMMUNE RELATED DISEASES

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	478,478.	490,604.	453,516.	538,006.	1,960,604.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,594.	1,365.	2,653.	4,712.	12,324.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	482,072.	491,969.	456,169.	542,718.	1,972,928.
24 Line 23 minus line 17	482,072.	491,969.	456,169.	542,718.	1,972,928.
25 Enter 1% of line 23	4,821.	4,920.	4,562.	5,427.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.		
c Add: Amounts from column (e) for lines: 15 1,960,604. 16 _____ 17 _____ 20 _____ 21 _____	27c	1,960,604.
d Add: Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	1,960,604.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	1,972,928.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	99.3753%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	.6247%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**AMERICAN AUTOIMMUNE RELATED DISEASES**

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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

**AMERICAN AUTOIMMUNE RELATED DISEASES**

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) N/A  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>N/A</b>	
<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>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....		
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

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 page 12 of the 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:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (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: N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a 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: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

FOOTNOTES

STATEMENT 1

PAGE 2, PART III-STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

A) THE AMERICAN AUTOMIMMUNE RELATED DISEASES ASSOCIATION SPONSORS PHYSICIANS CONFERENCES, RESEARCH, LEGISLATIVE ADVOCACY & A NATIONAL AWARENESS CAMPAIGN TO BRING A NATIONAL FOCUS TO AUTOIMMUNITY.

PAGE 3, PART IV, LINE 57-LAND, BUILDING & EQUIPMENT

BEGINNING OF YEAR -

COST-LAND	25,000.
COST-BUILDING	230,839.
COST-OFFICE EQUIPMENT	31,755.
ACCUMULATED DEPRECIATION	-67,177.
NET BOOK VALUE	220,417.

END OF YEAR -

COST-LAND	25,000.
COST-BUILDING	230,839.
COST-OFFICE EQUIPMENT	34,741.
ACCUMULATED DEPRECIATION	-74,505.
NET BOOK VALUE	216,075.

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PUBLIC RELATIONS	40,400.	35,910.		4,490.
DUES AND				
SUBSCRIPTIONS	2,264.	2,189.	75.	
INSURANCE	3,104.	1,552.	776.	776.
BOARD EXPENSES	832.	832.		
MISCELLANEOUS	50.	10.	40.	
FILING FEES	4,063.	3,341.	361.	361.
FUNDRAISING	1,989.			1,989.
REPAIRS AND				
MAINTENANCE	1,795.	1,615.	90.	90.
UTILITIES	4,178.	3,928.	167.	83.
INSURANCE - HEALTH	9,405.	8,747.	188.	470.
TOTAL TO FM 990, LN 43	68,080.	58,124.	1,697.	8,259.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3  
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
VIRGINIA LADD	76,403.	3,900.		80,303.
A. PROGRAM SERVICES	69,374.	3,627.		73,001.
B. MANAGEMENT AND GENERAL	4,401.	78.		4,479.
C. FUNDRAISING	2,628.	195.		2,823.
TOTAL PROGRAM SERVICES				73,001.
TOTAL MANAGEMENT AND GENERAL				4,479.
TOTAL FUNDRAISING				2,823.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				80,303.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
RESEARCH	MALAYSIAN SOCIETY OF RHEUMATOLGY	19 JALAN FOLLY BARAT, KUALA LUMPUR, 50480,	NONE	2,000.
RESEARCH	NEW YORK ACADEMY OF SCIENCES	2 EAST 63RD STREET, NEW YORK, NY 10021	NONE	2,000.
RESEARCH	JOHN HOPKINS UNIVERSITY	615 NORTH WOLFE STREET, BALTIMORE, MD 21205	NONE	3,000.
RESEARCH	FOCIS	555 EAST WELLS ST, SUITE 1100, MILWAUKEE, WI	NONE	1,000.
RESEARCH	NATIONAL HEALTH COUNCIL	1730 M STREET NW, SUITE 500, WASHINGTON, DC	NONE	500.

RESEARCH	NATIONAL INSTITUTE OF STANDARDS & TECHNOLOGY	100 BUREAU DRIVE, MAIL STOP 4730, GAITHERSBURG, MD	NONE	5,000.
RESEARCH	LUPUS ALLIANCE OF AMERICA	2255 CENTRAL AVENUE, BELLMORE, NY 11710	NONE	500.
RESEARCH	LUPUS ALLIANCE OF AMERICA, UPSTATE NEW YORK AFFILIATE	3871 HARLEM ROAD, CHEEKTOWAGA, NY 14215	NONE	1,500.
RESEARCH	VITILIGO SUPPORT INTERNATIONAL, INC.	P.O. BOX 4008, VALLEY VILLAGE, CA 91617-0008	NONE	1,500.
RESEARCH	USC INSTITUTE FOR GENETIC MEDICINE	2250 ALCAZAR STREET, CSC-219, LOS ANGELES, CA	NONE	5,000.
RESEARCH	SLOVAK MEDICAL ASSOCIATION	LEGIONARSKA 4, 81322, BRATISLAVA, SLOVAKIA	NONE	2,000.
RESEARCH	INT'L ALLIANCE OF PATIENTS' ORGANIZATIONS	50 WESTMINSTER BRIDGE ROAD, LONDON, SE17QY,	NONE	1,300.
EDUCATION	AMERICAN THORACIC SOCIETY	1150 18TH STREET, NW SUITE 900, WASHINGTON, DC	NONE	500.
RESEARCH	MASSACHUSETTS GENERAL HOSPITAL	50 STANFORD STREET, SUITE 1001, BOSTON, MA	NONE	10,000.
RESEARCH	FOCIS	555 EAST WELLS ST, SUITE 1100, MILWAUKEE, WI	NONE	2,500.
RESEARCH	JOHN HOPKINS UNIVERSITY	615 NORTH WOLFE STREET, BALTIMORE, MD 21205	NONE	25,000.
RESEARCH	CANADIAN ARTHRITIS NETWORK	250 DUNDAS STREET, WEST-SUITE 204, TORONTO, ONTARIO,	NONE	1,000.
RESEARCH	USC INSTITUTE FOR GENETIC MEDICINE	2250 ALCAZAR STREET, CSC-219, LOS ANGELES, CA	NONE	5,000.
EDUCATION	WEGENER'S GRANULOMATOSIS ASSOCIATION	P.O. BOX 28660, KANSAS CITY, MO 64188-8660	NONE	1,500.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

70,800.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

EXPLANATION

TO PROMOTE PUBLIC AWARENESS, EDUCATION AND RESEARCH FOR AUTOIMMUNE DISEASES.

FORM 990 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	AMOUNT
ACCRUED WAGES	16,465.
ACCRUED RETIREMENT	1,041.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	17,506.



AMERICAN AUTOIMMUNE RELATED DISEASES ASS

38-3027574

JOHN G. VOELLER, P.E.	BD. MEMBER			
22100 GRATIOT	0.00	0.	0.	0.
EASTPOINTE, MI 48021				

TOTALS INCLUDED ON FORM 990, PART V-A

<u>76,403.</u>	<u>3,900.</u>	<u>0.</u>
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**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

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

Name(s) shown on return <b>AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>38-3027574</b>
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**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 .....	<b>1</b>	105,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	420,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 .....	<b>13</b>	

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

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

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

**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 .....	<b>17</b>	6,730.
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
<b>19a</b> 3-year property						
<b>b</b> 5-year property		2,986.	5.0	HY	200DB	597.
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> 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**

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

**Part IV Summary (see instructions)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
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 instr. ....	<b>22</b>	7,327.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**AMERICAN AUTOIMMUNE RELATED DISEASES**

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

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

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

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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 NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use .....							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								29

**Section B - Information on Use of Vehicles**

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

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See 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? .....		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

**Part VI Amortization**

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

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2005, or fiscal year beginning OCT 1, 2005, and ending SEP 30, 2006

**2005**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Return ID (20-digit number) ▶

N/A

Name of exempt organization **AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION**

Employer identification number  
**38-3027574**

Name and title of officer  
**VIRGINIA LADD  
PRESIDENT**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a** or **5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12) .....	<b>1b</b>	<u>498129</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b>	_____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b>	_____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax Based on Investment Income (Form 990-PF, Part VI, line 5) .....	<b>4b</b>	_____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b>	_____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize GODFREY HAMMEL, DANNEELS & CO., P.C. to enter my PIN 47572  
ERO firm name do not enter all zeros

as my signature on the organization's tax year 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 37341148080  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2005 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4206**, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 12/15/06

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**