

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2006 calendar year, or tax year beginning **OCT 1, 2006** and ending **SEP 30, 2007**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>22100 GRATIOT</b></p> <p>City or town, state or country, and ZIP + 4 <b>EASTPOINTE, MI 48021</b></p>	<p><b>D</b> Employer identification number <b>38-3027574</b></p> <p><b>E</b> Telephone number <b>586-776-3900</b></p> <p><b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
--	--	---	---

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

Hand 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 ▶ **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

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

**G** Website: ▶ **WWW.AARDA.ORG**

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

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**I** Group Exemption Number ▶ **5208**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **578,601.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

	<p><b>1</b> Contributions, gifts, grants, and similar amounts received:</p> <p><b>a</b> Contributions to donor advised funds ..... <b>1a</b></p> <p><b>b</b> Direct public support (not included on line 1a) ..... <b>1b</b> <b>568,459.</b></p> <p><b>c</b> Indirect public support (not included on line 1a) ..... <b>1c</b></p> <p><b>d</b> Government contributions (grants) (not included on line 1a) ..... <b>1d</b></p> <p><b>e</b> Total (add lines 1a through 1d) (cash \$ <b>568,459.</b> noncash \$ _____ ) ... <b>1e</b> <b>568,459.</b></p> <p><b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) ..... <b>2</b></p> <p><b>3</b> Membership dues and assessments ..... <b>3</b></p> <p><b>4</b> Interest on savings and temporary cash investments ..... <b>4</b> <b>10,142.</b></p> <p><b>5</b> Dividends and interest from securities ..... <b>5</b></p> <p><b>6 a</b> Gross rents ..... <b>6a</b></p> <p><b>b</b> Less: rental expenses ..... <b>6b</b></p> <p><b>c</b> Net rental income or (loss). Subtract line 6b from line 6a ..... <b>6c</b></p> <p><b>7</b> Other investment income (describe ▶ _____ ) ..... <b>7</b></p> <p><b>8 a</b> Gross amount from sales of assets other than inventory ..... (A) Securities (B) Other</p> <p><b>b</b> Less: cost or other basis and sales expenses ..... <b>8a</b></p> <p><b>c</b> Gain or (loss) (attach schedule) ..... <b>8b</b></p> <p><b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) ..... <b>8c</b> <b>8d</b></p> <p><b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/></p> <p><b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b) ... <b>9a</b></p> <p><b>b</b> Less: direct expenses other than fundraising expenses ..... <b>9b</b></p> <p><b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a ..... <b>9c</b></p> <p><b>10 a</b> Gross sales of inventory, less returns and allowances ..... <b>10a</b></p> <p><b>b</b> Less: cost of goods sold ..... <b>10b</b></p> <p><b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a ..... <b>10c</b></p> <p><b>11</b> Other revenue (from Part VII, line 103) ..... <b>11</b></p> <p><b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 ..... <b>12</b> <b>578,601.</b></p>	
Expenses	<p><b>13</b> Program services (from line 44, column (B)) ..... <b>13</b> <b>479,612.</b></p> <p><b>14</b> Management and general (from line 44, column (C)) ..... <b>14</b> <b>25,423.</b></p> <p><b>15</b> Fundraising (from line 44, column (D)) ..... <b>15</b> <b>19,182.</b></p> <p><b>16</b> Payments to affiliates (attach schedule) ..... <b>16</b></p> <p><b>17</b> Total expenses. Add lines 16 and 44, column (A) ..... <b>17</b> <b>524,217.</b></p>	
Net Assets	<p><b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12 ..... <b>18</b> <b>54,384.</b></p> <p><b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) ..... <b>19</b> <b>452,589.</b></p> <p><b>20</b> Other changes in net assets or fund balances (attach explanation) ..... <b>20</b> <b>0.</b></p> <p><b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20 ..... <b>21</b> <b>506,973.</b></p>	

**AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION**

Form 990 (2006)

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			<b>STATEMENT 3</b>	
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>103000</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	103,000.	103,000.		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	80,663.	73,841.	4,033.	2,789.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	134,695.	123,302.	6,735.	4,658.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	13,530.	12,173.	895.	462.
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes	17,458.	16,000.	834.	624.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	7,378.	420.	6,958.	
<b>32</b> Legal fees				
<b>33</b> Supplies	5,661.	5,353.	239.	69.
<b>34</b> Telephone	5,958.	5,661.	198.	99.
<b>35</b> Postage and shipping	14,348.	13,596.	196.	556.
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance	4,105.	3,809.	148.	148.
<b>38</b> Printing and publications	18,747.	17,423.	80.	1,244.
<b>39</b> Travel	24,470.	23,868.	409.	193.
<b>40</b> Conferences, conventions, and meetings	16,060.	15,129.	824.	107.
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	7,632.	5,988.	822.	822.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 2</b>	70,512.	60,049.	3,052.	7,411.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	524,217.	479,612.	25,423.	19,182.

**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

623011  
01-23-07

Form 990 (2006)

**AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION**

Form 990 (2006)

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 4</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>103,000.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>479,612.</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>479,612.</b>

Form **990** (2006)

**AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION**

Form 990 (2006)

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 .....	111,978.	45	99,188.
	46 Savings and temporary cash investments .....	143,052.	46	211,657.
	47 a Accounts receivable .....			
	b Less: allowance for doubtful accounts .....		47c	
	48 a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....		48c	
	49 Grants receivable .....		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b	
	51 a Other notes and loans receivable .....			
	b Less: allowance for doubtful accounts .....	5,000.	51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....		53	
	54 a Investments - publicly-traded securities .....	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities .....	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment: basis .....			
	b Less: accumulated depreciation .....		55c	
	56 Investments - other .....		56	
57 a Land, buildings, and equipment: basis .....	294,277.			
b Less: accumulated depreciation <b>STMT 5</b> .....	82,135.			
58 Other assets, including program-related investments (describe ▶ <b>DEPOSITS</b> ) .....		58	10,000.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	476,105.	59	532,987.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	6,010.	60	8,682.
	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 ▶ <b>SEE STATEMENT 6</b> ) .....	17,506.	65	17,332.
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	23,516.	66	26,014.	
<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 .....	452,215.	70	452,589.
	71 Paid-in or capital surplus, or land, building, and equipment fund .....	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds .....	374.	72	54,384.
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 and column (B) must equal line 21) .....	452,589.	73	506,973.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	476,105.	74	532,987.	

Form 990 (2006)





**AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION**

Form 990 (2006)

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> <u>1,424,740.</u>		
<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>	
	<b>N/A</b>		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? .....	<b>85a</b>	
	<b>N/A</b>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85b</b>	
	<b>N/A</b>		
	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>	<b>N/A</b>
<b>d</b>	Section 162(e) lobbying and political expenditures .....	<b>85d</b>	<b>N/A</b>
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85e</b>	<b>N/A</b>
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85f</b>	<b>N/A</b>
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85g</b>	
	<b>N/A</b>		
<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>	
	<b>N/A</b>		
<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>	<b>N/A</b>
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities .....	<b>86b</b>	<b>N/A</b>
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders .....	<b>87a</b>	<b>N/A</b>
<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>	<b>N/A</b>
<b>88 a</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>88a</b>	<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....	<b>88b</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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u> .....		
<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 .....		
	<u>0.</u>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		
	<u>0.</u>		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....	<b>89e</b>	<b>X</b>
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	<b>89f</b>	<b>X</b>
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	<b>89g</b>	<b>X</b>
<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, 2006 .....	<b>90b</b>	<b>7</b>
<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.		

Form **990** (2006)

**AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION**

Form 990 (2006)

38-3027574 Page **8**

**Part VI Other Information** (continued) Yes No

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

**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 N/A

**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) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments .....					
<b>g</b> Fees and contracts from government agencies ...					
<b>94</b> Membership dues and assessments .....					
<b>95</b> Interest on savings and temporary cash investments ...			14	10,142.	
<b>96</b> Dividends and interest from securities .....					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property .....					
<b>b</b> not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property					
<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:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		0.		10,142.	0.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) .....					10,142.

**Note:** Line 105 plus line 1e, 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).

**AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION**

Form 990 (2006)

38-3027574 Page 9

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

				Yes	No
106 Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- -----				
b	----- -----				
c	----- -----				
<b>Totals</b>					

				Yes	No
107 Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- -----				
b	----- -----				
c	----- -----				
<b>Totals</b>					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?			

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.

**Please Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_  
**VIRGINIA T. LADD, PRESIDENT**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: **THOMAS H. BEARD, CPA** Date: **01/21/08** Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **GODFREY HAMMEL, DANNEELS & CO., P.C.**  
**21420 GREATER MACK AVENUE**  
**ST. CLAIR SHORES, MI 48080-2353** EIN: \_\_\_\_\_  
 Phone no.: **(586) 772-8100**

Form 990 (2006)

**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

**2006**

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 2 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
1	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
2	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.)		
a	Sale, exchange, or leasing of property? .....	2a	X
b	Lending of money or other extension of credit? .....	2b	X
c	Furnishing of goods, services, or facilities? .....	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b> .....	2d	X
e	Transfer of any part of its income or assets? .....	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
b	Did the organization make any taxable distributions under section 4966? .....	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year .....	0	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	491,432.	478,478.	490,604.	453,516.	1,914,030.
<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					
<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	6,697.	3,594.	1,365.	2,653.	14,309.
<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	498,129.	482,072.	491,969.	456,169.	1,928,339.
<b>24</b> Line 23 minus line 17	498,129.	482,072.	491,969.	456,169.	1,928,339.
<b>25</b> Enter 1% of line 23	4,981.	4,821.	4,920.	4,562.	

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	<b>26a</b>	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 2002 through 2005 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>	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	<b>26c</b>	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	<b>26d</b>	N/A
e Public support (line 26c minus line 26d total)	<b>26e</b>	N/A
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	<b>26f</b>	N/A %

<b>27 Organizations described on line 12:</b> 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: (2005) 0. (2004) 0. (2003) 0. (2002) 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: (2005) 0. (2004) 0. (2003) 0. (2002) 0.		
c Add: Amounts from column (e) for lines: 15 1,914,030. 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>	1,914,030.
d Add: Line 27a total 0. and line 27b total 0.	<b>27d</b>	0.
e Public support (line 27c total minus line 27d total)	<b>27e</b>	1,914,030.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	<b>27f</b>	1,928,339.
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27g</b>	99.2580%
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27h</b>	.7420%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 of the instructions.)

N/A

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

		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? .....		
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? .....		
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.)			
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	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.)			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
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? .....	34a	
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.			
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	

**AMERICAN AUTOIMMUNE RELATED DISEASES**

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<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 .....	<b>41</b>	
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>		

**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 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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 13 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, 51a(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, ADVOCACY & A NATIONAL AWARENESS CAMPAIGN TO BRING A NATIONAL FOCUS TO AUTOIMMUNITY.

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

BEGINNING OF YEAR -

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

END OF YEAR -

COST-LAND	25,000.
COST-BUILDING	230,839.
COST-OFFICE EQUIPMENT	38,438.
ACCUMULATED DEPRECIATION	-82,135.
NET BOOK VALUE	212,142.

FORM 990	OTHER EXPENSES			STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PUBLIC RELATIONS DUES AND SUBSCRIPTIONS	45,847.	40,869.		4,978.
INSURANCE	1,821.	1,706.	115.	
BOARD EXPENSES	2,940.	1,470.	735.	735.
MISCELLANEOUS	604.		604.	
FILING FEES	720.	166.	554.	
FUNDRAISING REPAIRS AND MAINTENANCE	3,851.	2,472.	673.	706.
UTILITIES	491.			491.
INSURANCE - HEALTH	1,735.	1,561.	87.	87.
	3,960.	3,738.	148.	74.
	8,543.	8,067.	136.	340.
<b>TOTAL TO FM 990, LN 43</b>	<b>70,512.</b>	<b>60,049.</b>	<b>3,052.</b>	<b>7,411.</b>

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	3
----------	--	-----------	---

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
RESEARCH JOHN HOPKINS UNIVERSITY 615 NORTH WOLFE STREET BALTIMORE, MD 21205	20,000.
RESEARCH FOCIS 555 EAST WELLS ST, SUITE 1100 MILWAUKEE, WI 53202-3823	2,500.
RESEARCH MASSACHUSETTS GENERAL HOSPITAL 50 STANFORD STREET, SUITE 1001 BOSTON, MA 02115-2554	10,000.
RESEARCH JOHN HOPKINS UNIVERSITY 615 NORTH WOLFE STREET BALTIMORE, MD 21205	5,000.
RESEARCH USC INSTITUTE FOR GENETIC MEDICINE 2250 ALCAZAR STREET, CSC-219 LOS ANGELES, CA 90033	5,000.
RESEARCH UNIVERSITY OF PENNSYLVANIA-REHEUMATOLOGY 421 CURIE BOULEVARD PHILDELPHIA, PA 19104-6160	3,000.
RESEARCH UNIVERSITY OF NORTH CAROLINA-DERMATOLOGY SUITE 3100, THURSTON-BOWLES BLDG. CHAPEL HILL, NC 27599-7287	3,000.
RESEARCH FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 350 COMMUNITY DRIVE MANHASSET, NY 11030	10,000.
RESEARCH CEIBAC, S.C. JUSTO SIERRA NO. 2821-4 MEXICO, CP 44690	2,000.

RESEARCH ORGANIZZAZIONE INTERNAZIONALE VIAIE MATEOTTI 7 05121 FIRENZE, ITALY	6,000.
RESEARCH JOHN HOPKINS UNIVERSITY 615 NORTH WOLFE STREET BALTIMORE, MD 21205	25,000.
RESEARCH 5TH INT'L CONGRESS ON AUTOIMMUNITY P.O. BOX 56 BEN GURION AIRPORT 70100 BEN GURION AIRPORT, 70100, ISRAEL	10,000.
EDUCATION SJOGREN'S SYNDROME FOUNDATION 8120 WOODMONT, STE 530 BETHESDA, MD 20814	1,500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	103,000.

---

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

---

EXPLANATION

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

---

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

---

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS AND EQUIPMENT	269,277.	82,135.	187,142.
LAND	25,000.	0.	25,000.
TOTAL TO FORM 990, PART IV, LN 57	294,277.	82,135.	212,142.

FORM 990	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION		AMOUNT	
ACCRUED WAGES		16,099.	
ACCRUED RETIREMENT		1,233.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		17,332.	

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STANLEY M. FINGER, PH.D. 22100 GRATIOT EASTPOINTE, MI 48021	CHRMN OF BD. 0.00	0.	0.	0.
VIRGINIA T. LADD, R.T. 22100 GRATIOT EASTPOINTE, MI 48021	PRESIDENT 40.00	80,663.	4,075.	0.
MICHELLE OUELLET 22100 GRATIOT EASTPOINTE, MI 48021	SECRETARY 0.00	0.	0.	0.
ROBERT MEYER, CPA 22100 GRATIOT EASTPOINTE, MI 48021	TREASURER 0.00	0.	0.	0.
ABBY BERNSTEIN 22100 GRATIOT EASTPOINTE, MI 48021	BD. MEMBER 0.00	0.	0.	0.
JEANNE SCOBY 22100 GRATIOT EASTPOINTE, MI 48021	BD. MEMBER 0.00	0.	0.	0.
HERBERT G. FORD, D. MIN. 22100 GRATIOT EASTPOINTE, MI 48021	BD. MEMBER 0.00	0.	0.	0.
JOHN MCCARTHY, PH.D. 22100 GRATIOT EASTPOINTE, MI 48021	BD. MEMBER 0.00	0.	0.	0.

AMERICAN AUTOIMMUNE RELATED DISEASES ASS

38-3027574

MARIANNE SHOECRAFT 22100 GRATIOT EASTPOINTE, MI 48021	BD. MEMBER 0.00	0.	0.	0.
HOWARD E. HAGON 22100 GRATIOT EASTPOINTE, MI 48021	BD. MEMBER 0.00	0.	0.	0.
T. STEPHEN BALCH, M.D. 22100 GRATIOT EASTPOINTE, MI 48021	BD. MEMBER 0.00	0.	0.	0.
JOHN G. VOELLER, P.E. 22100 GRATIOT EASTPOINTE, MI 48021	BD. MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		80,663.	4,075.	0.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2006

Department of the Treasury Internal Revenue Service

For calendar year 2006 or other tax year beginning OCT 1, 2006, and ending SEP 30, 2007

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions.) AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION

D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 38-3027574

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 22100 GRATIOT City or town, state, and ZIP code EASTPOINTE, MI 48021

E Unrelated business activity codes (See instructions for Block E on page 9.)

C Book value of all assets at end of year 532,987.

F Group exemption number (see instructions for Block F.) 5208

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. TELEPHONE EXCISE TAX REFUND

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ROBERT MEYER Telephone number (260) 436-6279

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-34.

**AMERICAN AUTOIMMUNE RELATED DISEASES  
ASSOCIATION**

Form 990-T (2006)

38-3027574

Page 2

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34	<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	0.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>	
<b>c</b> General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	0.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>	0.
<b>44a</b> Payments: A 2005 overpayment credited to 2006	<b>44a</b>	
<b>b</b> 2006 estimated tax payments	<b>44b</b>	
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Credit for federal telephone excise tax paid (attach Form 8913)	<b>44f</b>	329.
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>44g</b>	
<b>45 Total payments.</b> Add lines 44a through 44g	<b>45</b>	329.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	329.
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2007 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>49</b>	329.

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

<b>1</b> At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs	<b>4a</b>				X
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date	PRESIDENT	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	THOMAS H. BEARD, CPA	01/21/08		
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	GODFREY HAMMEL, DANNEELS & CO., P.C. 21420 GREATER MACK AVENUE ST. CLAIR SHORES, MI 48080-2353			P00063644
623711 01-30-07	EIN 38-1878652		Phone no. (586) 772-8100	

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instr. on pg 20)

<b>1</b> Description of property		
(1)		
(2)		
(3)		
(4)		
<b>2</b> Rent received or accrued		<b>3</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
		0.
<b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....		<b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ...
		0.

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 20)

<b>1</b> Description of debt-financed property	<b>2</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property		
		<b>(a)</b> Straight-line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)	<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0.	0.
<b>Totals</b> .....			0.	0.
<b>Total dividends-received deductions</b> included in column 8 .....			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 21)

<b>1</b> Name of Controlled Organization	<b>2</b> Employer Identification Number	Exempt Controlled Organizations			
		<b>3</b> Net unrelated income (loss) (see instructions)	<b>4</b> Total of specified payments made	<b>5</b> Part of column 4 that is included in the controlling organization's gross income	<b>6</b> Deductions directly connected with income in column (5)
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
<b>7</b> Taxable Income	<b>8</b> Net unrelated income (loss) (see instructions)	<b>9</b> Total of specified payments made	<b>10</b> Part of column 9 that is included in the controlling organization's gross income	<b>11</b> Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
			0.	0.	
<b>Totals</b> .....			0.	0.	

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	0.	0.				0.

**Schedule J - Advertising Income** (see instructions on page 23)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II</b> (lines 1-5) .....	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

**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>
--	---	---

**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>	108,000.
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>	430,000.
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 2005 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 2007. 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 qualified New York Liberty or Gulf Opportunity 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 2006 .....	<b>17</b>	7,447.
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 2006 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		3,697.	5.0	MQ	200DB	185.
<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 2006 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>	7,632.
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  
ASSOCIATION**

**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.)**

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

**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
<b>42</b> Amortization of costs that begins during your 2006 tax year:					
	:				
	:				
<b>43</b> Amortization of costs that began before your 2006 tax year .....					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report .....					<b>44</b>

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your income tax return.**

Name(s) as shown on your income tax return <b>AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION</b>	Identifying number <b>38-3027574</b>
---	---

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

**Caution.** See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

**Amount of federal excise tax on long distance or  
bundled service only**

(a) Bills dated during:	(b) Long distance service	(c) Bundled service	(d) Tax credit or refund (add columns (b) and (c))	(e) Interest (see instructions)
<b>1</b> March, April, and May 2003	\$	\$	\$ 20.	\$ 6.
<b>2</b> June, July, and August 2003			20.	5.
<b>3</b> September, October, and November 2003			20.	5.
<b>4</b> December 2003; January and February 2004			20.	5.
<b>5</b> March, April, and May 2004			20.	5.
<b>6</b> June, July, and August 2004			20.	5.
<b>7</b> September, October, and November 2004			20.	4.
<b>8</b> December 2004; January and February 2005			20.	4.
<b>9</b> March, April, and May 2005			20.	4.
<b>10</b> June, July, and August 2005			20.	4.
<b>11</b> September, October, and November 2005			20.	3.
<b>12</b> December 2005; January and February 2006			20.	3.
<b>13</b> March, April, and May 2006			20.	2.
<b>14</b> June and July 2006			13.	1.
<b>15</b> Add lines 1 - 14 in columns (d) and (e) .....			\$ 273.	\$ 56.
<b>16</b> Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1041-N, line 17; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns .....				\$ 329.

LHA **For Paperwork Reduction Act Notice, see the instructions.**

Form **8913** (2006)