

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

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

## A For the 2005 calendar year, or tax year beginning

, 2005, and ending

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

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

## C Name of organization

International Association for Near Death Studies, Inc

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

P.O. 502

City, town or country

East Windsor Hill

State ZIP code + 4

CT 06028-0502

## D Employer identification number

06-1050150

## E Telephone number

(860) 882-1211

## F Accounting method:

☒ Cash ☐ Accrual☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations

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

H (b) If "Yes," enter number of affiliates ▶

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

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

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

I Group Exemption Number ▶

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

## G Web site: WWW.IANDS.ORG

## J Organization type (check only one)

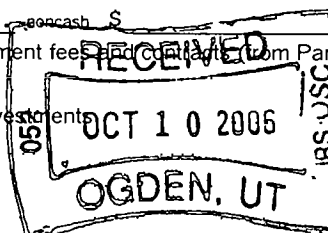
☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 116,453.

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

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a	6,294.	
b Indirect public support	1b	0.	
c Government contributions (grants)	1c	0.	
d Total (add lines 1a through 1c) (cash \$ 6,294 noncash \$ 0.)	1d	6,294.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	47,459.	
3 Membership dues and assessments	3	57,932.	
4 Interest on savings and temporary cash investments	4	196.	
5 Dividends and interest from securities	5	0.	
6a Gross rents	6a	0.	
b Less: rental expenses	6b	0.	
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	0.	
7 Other investment income (describe ▶)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d			
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11	4,572.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	116,453.	
13 Program services (from line 44, column (B))	13	110,371.	
14 Management and general (from line 44, column (C))	14	14,388.	
15 Fundraising (from line 44, column (D))	15	0.	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	124,759.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-8,306.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	51,912.	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	43,606.	



SCANNED OCT 17 2005

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (att sch) (cash \$ 0. non-cash \$ 0.)  If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (att sch)	0.	0.		
<b>24</b> Benefits paid to or for members (att sch)	0.	0.		
<b>25</b> Compensation of officers, directors, etc	0.	0.	0.	0.
<b>26</b> Other salaries and wages	0.	0.	0.	0.
<b>27</b> Pension plan contributions	0.	0.	0.	0.
<b>28</b> Other employee benefits	0.	0.	0.	0.
<b>29</b> Payroll taxes	0.	0.	0.	0.
<b>30</b> Professional fundraising fees	0.	0.	0.	0.
<b>31</b> Accounting fees	563.	0.	563.	0.
<b>32</b> Legal fees	0.	0.	0.	0.
<b>33</b> Supplies	473.	473.	0.	0.
<b>34</b> Telephone	723.	723.	0.	0.
<b>35</b> Postage and shipping	6,456.	6,456.	0.	0.
<b>36</b> Occupancy	0.	0.	0.	0.
<b>37</b> Equipment rental and maintenance	0.	0.	0.	0.
<b>38</b> Printing and publications	36,409.	36,409.	0.	0.
<b>39</b> Travel	0.	0.	0.	0.
<b>40</b> Conferences, conventions, and meetings	33,416.	31,433.	1,983.	0.
<b>41</b> Interest	0.	0.	0.	0.
<b>42</b> Depreciation, depletion, etc (attach schedule)				
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> INSURANCE	1,350.	0.	1,350.	0.
<b>b</b> ADMINISTRATIVE SERVICES	32,938.	24,704.	8,234.	0.
<b>c</b> BANK SERVICE CHARGES	2,390.	2,365.	25.	0.
<b>d</b> WEB SITE	5,647.	5,647.	0.	0.
<b>e</b> OFFICE EXPENSE	1,241.	0.	1,241.	0.
<b>f</b> LICENSE & PERMITS	175.	0.	175.	0.
<b>g</b> See Other Expenses Stmt	2,978.	2,161.	817.	0.
<b>44</b> Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	124,759.	110,371.	14,388.	0.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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Form 990 (2005)

**Part III Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose? ▶ SEE ATTACHED STATEMENT 1 FOR FURTHER DETAILS  
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

**a ORGANIZATIONAL PURPOSES MET VIA PUBLICATION OF A**  
**QUARTERLY NEWSLETTER AND A QUARTERLY PROFESSIONAL**  
**JOURNAL**

See Attached Statement 1 for further details

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐

36,409.

**b CONFERENCE AND MEMBERSHIP MEETINGS**

See Attached Statement 1 for further details

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐

31,433.

**c MEMBER SERVICES, POSTAGE, COPYING**

See Attached Statement 1 for further details

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐

36,882.

**d WEBSITE**

See Attached Statement 1 for further details

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐

5,647.

**e Other program services**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

110,371.

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Form 990 (2005)

**Part IV Balance Sheets** (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>45</b> Cash – non-interest-bearing	24,376.	<b>45</b>	18,779.
	<b>46</b> Savings and temporary cash investments	25,145.	<b>46</b>	21,949.
	<b>47a</b> Accounts receivable	<b>47a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>	<b>47c</b>	
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54</b> Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>	
	<b>55a</b> Investments – land, buildings, & equipment basis	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>	
<b>56</b> Investments – other (attach schedule)		<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis	<b>57a</b> 2,391.			
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b>	2,391.	<b>57c</b> 2,391.	
<b>58</b> Other assets (describe ► )		<b>58</b>		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58		51,912.	<b>59</b>	43,119.
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	0.	<b>60</b>	-487.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe ► )		<b>65</b>	
	<b>66 Total liabilities.</b> Add lines 60 through 65		0.	<b>66</b>
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted		<b>67</b>	
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds	51,912.	<b>72</b>	43,606.
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	51,912.	<b>73</b>	43,606.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	51,912.	<b>74</b>	43,119.

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

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

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

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

Yes	No
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Yes	No
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76		X
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77		X
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78a		X
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78b		
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79		X
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80 a		x
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and check whether it is ☐ exempt **or** ☐ nonexempt

81a	0
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81 b		X
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**Part VI Other Information** (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?		X
<b>82 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>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
<b>84 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>85 a</b>	<b>501(c)(4), (5), or (6) organizations</b> Were substantially all dues nondeductible by members?	N/A	
<b>85 b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	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>85 c</b>	Dues, assessments, and similar amounts from members	N/A	
<b>85 d</b>	Section 162(e) lobbying and political expenditures	N/A	
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>85 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?	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>86 a</b>		N/A	
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>87</b>	<b>501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders		
<b>87 a</b>		N/A	
<b>87 b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	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		X
<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>89 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		X
<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>90 a</b>	List the states with which a copy of this return is filed <u>none</u>		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		0
<b>91 a</b>	The books are in care of <u>FOX COMPUTER SYSTEMS</u> Telephone number <u>(860) 882-1205</u> Located at <u>MAIL: PO BOX 113 E. WINDSOR HILL, CT</u> ZIP + 4 <u>06028-0113</u>		
<b>91 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)? If 'Yes,' enter the name of the foreign country <u></u>		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
<b>91 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 <u></u>		X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		

BAA

Form 990 (2005)

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CONFERENCE					38,627.
b Sales Qtrly Newslette &					
c PROFESSIONAL JOURNAL					7,672.
d AUDIO TAPE SALES ETC					1,160.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					57,932.
95 Interest on savings & temporary cash invmnts			14	196.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b silent auction					4,572.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				196.	109,963.
105 Total (add line 104, columns (B), (D), and (E))					110,159.

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)
93A	MEETING TO ENHANCE, DISCUSS AND PROVIDE INFORMATION REGARDING THE NEAR DEATH TOPIC.
93B	PROGRAM SALES ON NEAR DEATH TOPICS DESIGNED FOR EDUCATIONAL PURPOSES.

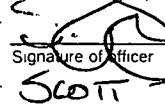
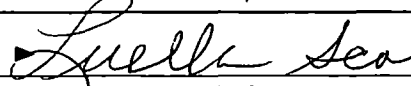
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

N/A

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ Nob 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 knowledge.
	Signature of officer  Type or print name and title SCOTT TAYLOR, Treasurer
Paid Preparer's Use Only	Preparer's signature 
	Firm's name (or yours if self-employed), address, and ZIP + 4 LUELLA SCOLLO 76 CLAYTON RD EAST HARTFORD

BAA



**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

International Association for Near Death Studies, Inc

Employer identification number

06-1050150

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

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

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

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

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

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

**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 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 ▶		NONE

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2005

**Part III** Statements About Activities (See 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

- 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?

**b** Lending of money or other extension of credit?

**c** Furnishing of goods, services, or facilities?

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**e** Transfer of any part of its income or assets?

- 3a** 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)

**b** Do you have a section 403(b) annuity plan for your employees?

**c** During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

- 4a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

**b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

**Part IV** Reason for Non-Private Foundation Status (See instructions)

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

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

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

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	8,323.	7,360.	24,689.	27,087.	67,459.
<b>16</b> Membership fees received	56,351.	49,445.	40,389.	42,220.	188,405.
<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	49,643.	24,424.	22,478.	66,543.	163,088.
<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	249.	253.	687.	677.	1,866.
<b>19</b> Net income from unrelated business activities not included in line 18	0.	0.	0.	0.	0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.
<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.	0.	0.	0.	0.	0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	0.	0.	0.	0.	0.
<b>23</b> Total of lines 15 through 22	114,566.	81,482.	88,243.	136,527.	420,818.
<b>24</b> Line 23 minus line 17	64,923.	57,058.	65,765.	69,984.	257,730.
<b>25</b> Enter 1% of line 23	1,146.	815.	882.	1,365.	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	5,155.
<b>b</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.		<b>26b</b>	0.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)		<b>26c</b>	257,730.
<b>d</b> Add: Amounts from column (e) for lines	<b>18</b> 1,866. <b>19</b> 0.	<b>26d</b>	1,866.
	<b>22</b> 0. <b>26b</b> 0.	<b>26e</b>	255,864.
<b>e</b> Public support (line 26c minus line 26d total)		<b>26f</b>	99.28 %
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

**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) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

**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) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

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

**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.

**Part V Private School Questionnaire** (See instructions )  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
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 )			
34a	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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –			
<b>If the amount on line 40 is –</b>	<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>		
<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 )

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions )

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:

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

### Exempt Organizations (See instructions)

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

(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.

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

[illegible]

► ☐ Yes ☒ No

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

[illegible]

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize).	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
CONSULTING	817.	0.	817.	0.
OTHER SERVICES	2,161.	2,161.	0.	0.
Total	<u>2,978.</u>	<u>2,161.</u>	<u>817.</u>	<u>0.</u>

**Supporting Statement of:**

Form 990 p 2/Line 38 column (A)

Description	Amount
PRINTING & REPRODUCTION	24,368.
DVD PRODUCTION	5,700.
BIBLIOGRAPHY PRINTING	1,020.
TAPES/CD	1,509.
LAYOUT/DESKTOP PUB/DESIGN	3,608.
GIFT AUDIO TAPES	204.
Total	<u>36,409.</u>

**Supporting Statement of:**

Form 990 p 2/Line 40 column (A)

Description	Amount
BOARD MEETINGS	1,983.
CONFERENCE	31,433.
Total	<u>33,416.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (A)-5

Description	Amount
STORAGE	1,200.
CHECKS	41.
Total	<u>1,241.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (A)-7

Description	Amount
LODGING	148.
AIR FARE	419.
AMAZON GIFT CERTIFICATE	250.
Total	<u>817.</u>



**Supporting Statement of:**

Form 990 p 4/Line 46, column (B)

Description	Amount
RESEARCH PASS BOOK	6,204.
MONEY MARKET	15,745.
Total	<u>21,949.</u>

The International Association  
for Near-Death Studies, Inc.

P.O. Box 502, East Windsor Hill, CT 06028-0502 USA



Phone: (860) 882-1211

Fax: (860) 882-1212

Email: [services@iands.org](mailto:services@iands.org)

Web: <http://www.iands.org>

06-1050150  
Supporting Statement - Form 990 (2005) Part V

(A)	(B)	(C)	(D)	(E)
Janice Holden, Ed.D. U of N Tx Dept of Counseling PO Box 311337 Denton, TX 76203	President less than 10	0	0	0
Linda Jacquin 2251 Ebert Ln Wentzville, MO 63385	Vice President less than 10	0	0	0
Diane Corcoran, Ph.D. 2708 Montecastle Crt Durham, NC 27705	Secretary less than 10	0	0	0
Scott Taylor, Ed.D. 4528 Casco Ave. Edina, MN 55424	Treasurer less than 10	0	0	0
Dan Punzak, PE 2720 Timer Pointe Dr Springfield, IL 62702	Secretary less than 10	0	0	0
Debbie James, RN 4707 Pin Oak Park, Apt 1403 Houston, TX 77081	Director less than 10	0	0	0
Allen Katsoff 126 Oakdale Rd Newton, MA 02461	Director less than 10	0	0	0
Yolaine Stout PO Box 2146 Alpine, CA 91903	Director less than 10	0	0	0
Chuck Swedrock 122 Regatta Dr Webster, NY 14580	Director less than 10	0	0	0
Bruce Greyson, M.D. Division of Personality Studies Box 152 University of Virginia Health Center Charlottesville, VA 22908	Director of Research less than 10	0	0	0

Note: The organization does not have any paid employees to date, all services performed by any above individual are on a volunteer basis.

*Building global understanding of near-death and near-death-like experiences through research, education and support*

**Application for Extension of Time to File an  
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time** – Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part I only ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b> File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	International Association for Near Death Studies, Inc	06-1050150
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P.O. 502	
	City, town or post office. For a foreign address, see instructions	state ZIP code
	East Windsor Hill	CT 06028-0502

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

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

- The books are in the care of ▶ FOX COMPUTER SYSTEMS

Telephone No ▶ (860) 882-1205 FAX No ▶ \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box ☒ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until Aug 15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for▶ ☒ calendar year 20 05 or▶ ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_**2** If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

\$ \_\_\_\_\_ 0.

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

\$ \_\_\_\_\_ 0.

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

\$ \_\_\_\_\_ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 12-2004)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.**

<b>Type or print</b>  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	International Association for Near Death Studies, Inc	06-1050150
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	P.O. 502	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	East Windsor Hill CT 06028-0502	

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

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

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

- The books are in care of FOX COMPUTER SYSTEMS  
Telephone No (860) 882-1205 FAX No \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☒ If it is **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until Nov 15, 2006
- 5 For calendar year 2005, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension We need some more information which has not been received yet. Should have it soon.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_ 0.
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_ 0.
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_ 0.

**Signature and Verification**

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

Signature Livella Scallo Title Tax Preparer Date 08/15/06

**Notice to Applicant – To be Completed by the IRS**

- ☒ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

<b>Type or print</b>	Name	<b>EXTENSION APPROVED</b>  <b>SEP 01 2006</b>  FIELD DIRECTOR SUBMISSION PROCESSING CENTER
	Number and street (include suite, room, or apartment number) or a P.O. box number	
	City or town, province or state, and country (including postal or ZIP code)	

Statement Attached to and Made Part of Form 990  
Return of Organization Exempt from Income Tax for  
International Association for Near-Death Studies, Inc. (IANDS)  
EIN # 06-1050150 for Calendar Year 2005

## About IANDS

IANDS' mission is to build global understanding of near-death and near-death-like experiences through research, education, and support.

Our goals are:

- To encourage thoughtful exploration of all facets of near-death and near-death-like experiences;
- To provide reliable information about near-death and near-death-like experiences to experiencers, caregivers, researchers, educators, and the public;
- To serve as a contact point and community for people with particular interest in near-death and near-death-like experiences.

IANDS' purpose is to promote responsible, multi-disciplinary exploration of near-death and near-death-like experiences, their effects on people's lives, and their implications for beliefs about life, death, and human purpose. IANDS does not subscribe to any particular interpretation of the near-death experience.

IANDS publishes two quarterly periodicals, the scholarly *Journal of Near-Death Studies* and the newsletter *Vital Signs*, in addition to other informational and research materials. It sponsors a national conference in North America annually and other conferences occasionally.

IANDS has evolved from an organization serving mainly researchers to a much more inclusive one. Today IANDS serves six distinct classes of people:

**Researchers:**

People who are interested in doing research on near-death experiences and/or near-death-like experiences.

**Health Care Professionals:**

People who care for experiencers' physical and/or mental health.

**Experiencers:**

People who have had a near-death or near-death-like experience.

**People close to experiencers**

Many of our services for experiencers are also applicable to people who know them well. We also have specialized materials for those close to experiencers.

**Educators:**

People who teach about near-death and near-death-like experiences.

**Interested other people:**

People with special needs or other interests related to these experiences, including those with terminal illness, those in grief, and the general public.

**IANDS Programs and Activities**

- IANDS provides reliable information to caregivers, experiencers, and the public by hosting a comprehensive website at [www.iands.org](http://www.iands.org), by publication of the quarterly newsletter *Vital Signs*; maintaining a Speaker's Bureau; working with media around the world; sponsoring an annual North American conference, continuing education programs, and other programs; and producing a wide variety of educational materials.
- IANDS encourages interest in research and professional applications through publication of the quarterly *Journal of Near-Death Studies*, management of a program of small grants to encourage scholarly research, creation of an NDE Research Fund, sponsorship of an annual conference, publication of an indexed bibliography to the periodical literature on near-death and near-death like experiences, and maintenance of an archive for these referenced articles.
- IANDS facilitates support. Near-death and similar experiences can raise deeply troubling questions for many experiencers. Aftereffects of the NDE can be disturbing to the experiencers as well as to their families, friends, and caregivers. To meet these special needs, support and interest groups have developed across North America and in countries elsewhere in the world. The Board of Directors of IANDS has periodic informal public gatherings at various locations.

**2005 Accomplishments**

The following are IANDS' accomplishments over the last year. These focus only on major activities and on innovations. Though a lot could be said about each of these items, for the sake of brevity, listed below are just the "subject line" and main point of each. Rather than try to determine some hierarchy of "importance," they are listed in quasi-alphabetical order.

**2005 Accomplishments**

- Conducted two major strategic planning sessions to clarify IANDS' course and energize our pursuit of it
- Conducted a mock-IRS audit of IANDS' operations to assure appropriate financial operations for IANDS' non-profit status
- Created the "Road Show" PowerPoint program for official IANDS presentations on NDEs to health care professionals
- Made the first presentation of Road Show at Association for Transpersonal Psychology conference in California
- Established the monthly Local Group Leaders' Network conference call to improve connection between national IANDS and Local Groups (FOIs)
- Established new Local Groups, including first university campus Local Group
- Established the Physicians Advisory Committee to assist in educating and liaisoning with the medical profession regarding NDEs
- Held an outstanding 3-day conference in Virginia Beach in September

- Made the program *The Day I Died* available for purchase in the U.S. – and at a discount to IANDS members
- Created Viewing Guide for *The Day I Died*. Available by clicking “related resources” at [http://www.films.com/id/11685/The\\_Day\\_I\\_Died\\_The\\_Mind\\_the\\_Brain\\_and\\_Near-Death\\_Experiences.htm](http://www.films.com/id/11685/The_Day_I_Died_The_Mind_the_Brain_and_Near-Death_Experiences.htm)
- Conducted a grant DVD program of *The Day I Died* to U.S. and Canadian medical schools
- Planned for the first-ever Experienter-Only Retreat to be held in St. Louis on April 17-20, 2006
- Published four issues of the *Journal of Near-Death Studies*
- Published four issues of *Vital Signs*
- Published the updated *Near-Death Experiences: Index to the Periodical Literature through 2001*
- Revised and expanded our website: [www.iands.org](http://www.iands.org)
- Strengthened the Board with the addition of a development specialist to help with fundraising
- Began conversion of past conference tapes to digital format for more accessible purchase and download at website
- Began reorganization of NDE database—information from hundreds of NDErs who have registered their experiences with IANDS—to make these data more accessible to NDE researchers
- Began revision of the process NDErs use to register their experiences with IANDS

Our 2005 accomplishments show that IANDS has vigorously pursued its mission over the past year. As you readers know, virtually everything IANDS accomplishes is through the effort, dedication, and commitment of its volunteers. We appreciate your ongoing support and participation in our organization as, together, we continue building global understanding of near-death and near-death like experiences through research, education, and support.

## **Statistics for 2005**

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- Average number of members—836
- Number of hits to web site—3,000,000
- Number of new near-death experiences reported to our website—50
- Number of near-death experiences held in archive—800
- Number of articles published in scientific journal JNDS—24 plus letters
- Number of members in interest & support groups (FOIs)—4000
- Annual Convention attendance (Virginia Beach, VA, Sept 8-10)—228
  - Title of conference: “Message and Meaning: Using the Near-Death Experience as a tool for living”
  - 4 Keynote addresses:
    - Bruce Greyson, MD “*Impact of NDEs on NDErs Religious & Spiritual Lives*”
    - Bruce Horacek, PhD “*Using Near-Death and Related Experiences in Facing Dying and Grieving*”
    - Pim van Lommel, MD “*Continuity of Consciousness*”
    - Pam Kircher, MD “*How NDEs and Hospice are Changing American Values: A Personal Perspective*”
  - 28 speakers in concurrent sessions (details at [www.iands.com](http://www.iands.com))
  - 2 Experienter panels
  - “Healing Connection” with area providers
  - Networking events
  - Bookstore
  - Vendors and authors