

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)

OMB No 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 1/1/2006, 2006, and ending 12/31/2006, 20

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

C Name of organization
INTERNATIONAL ASSOCIATION FOR NEAR DEATH STUDIES I
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 502
 City or town, state or country, and ZIP + 4
EAST WINDSOR HILL, CT 06028-0502

D Employer identification number
06 1050150

E Telephone number
 (**860**) **882-1211**

F Accounting method. ☐ Cash ☒ Accrual
☐ Other (specify) ►

G Website: ► **WWW.IANDS.ORG**

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 ►

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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ► **203028**

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 (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a		0	
	b	Direct public support (not included on line 1a)	1b	40,551		
	c	Indirect public support (not included on line 1a)	1c	0		
	d	Government contributions (grants) (not included on line 1a)	1d	0		
	e	Total (add lines 1a through 1d) (cash \$ <u>40,551</u> noncash \$ <u>0</u>)	1e		40,551	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		100,512	
	3	Membership dues and assessments	3		47,416	
	4	Interest on savings and temporary cash investments	4		379	
	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		0	
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	0	
	b	Less: cost or other basis and sales expenses	8b	0		
	c	Gain or (loss) (attach schedule)	8c	0		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		0	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>			See Statement 1	
	a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1b)	9a	3,130		
	b	Less: direct expenses other than fundraising expenses	9b	0		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		3,130	
	10a	Gross sales of inventory, less returns and allowances Stmt 2 10a		11,040		
	b	Less: cost of goods sold		1,439		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		9,601	
	11	Other revenue (from Part VII, line 103)	11		0	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		201,589	
	Expenses	13	Program services (from line 44, column (B))	13		153,562
		14	Management and general (from line 44, column (C))	14		15,742
		15	Fundraising (from line 44, column (D))	15		1,229
16		Payments to affiliates (attach schedule)	16		0	
17		Total expenses. Add lines 13 and 14, column (A)	17		170,533	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		31,056	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		43,606	
	20	Other changes in net assets or fund balances (attach explanation)	20		0	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		74,662	

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. (See the instructions.)

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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	0	0	0	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
c	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)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	0	0	0	0
27	Pension plan contributions not included on lines 25a, b, and c	0	0	0	0
28	Employee benefits not included on lines 25a - 27	0	0	0	0
29	Payroll taxes	0	0	0	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	875	0	875	0
32	Legal fees	0	0	0	0
33	Supplies	1,258	1,069	126	63
34	Telephone	749	636	75	38
35	Postage and shipping	7,407	7,296	74	37
36	Occupancy	0	0	0	0
37	Equipment rental and maintenance	423	423	0	0
38	Printing and publications	18,389	18,389	0	0
39	Travel	0	0	0	0
40	Conferences, conventions, and meetings	63,132	62,330	802	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	0	0	0	0
43	Other expenses not covered above (itemize): See Statement 3	78,300	63,419	13,790	1,091
a					
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	170,533	153,562	15,742	1,229

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 \$ _____

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? ► **See Attached**

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) orgs., and 4947(a)(1) trusts, but optional for others.)

a See Statement 4

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

b

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

c

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

d

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

e Other program services (attach schedule)

(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). ►**153,562**

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
Assets	45 Cash—non-interest-bearing	18,779	45	45,827
	46 Savings and temporary cash investments	21,949	46	26,789
	47a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	0 47c	0
	48a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0 48c	0
	49 Grants receivable	0	49	0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	50b	0
	51a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0 51c	0
	52 Inventories for sale or use	0	52	0
	53 Prepaid expenses and deferred charges	0	53	0
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0 55c	0
	56 Investments—other (attach schedule)	0	56	0
	57a Land, buildings, and equipment: basis	57a 2,391		
b Less: accumulated depreciation (attach schedule) Stmt 5	57b 0	2,391 57c	2,391	
58 Other assets, including program-related investments (describe ►)	0	58	0	
59 Total assets (must equal line 74) Add lines 45 through 58	43,119	59	75,007	
Liabilities	60 Accounts payable and accrued expenses	-487	60	345
	61 Grants payable	0	61	0
	62 Deferred revenue	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe ►)	0	65	0
66 Total liabilities. Add lines 60 through 65	-487	66	345	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	43,606	67	74,662
	68 Temporarily restricted	0	68	0
	69 Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	43,606	73	74,662
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	43,119	74	75,007	

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

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



Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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89	90
91	92
93	94
95	96
97	98
99	100




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

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.)

[illegible]

Yes	No
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75b		✓

		
75c		✓

75d	✓	
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Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
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76		✓

77		✓
		

78a	✓
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78b		
-----	--	--

79		✓
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80a		✓



81b		✓
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Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
82b	3,500		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	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	88a	<input checked="" type="checkbox"/>
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	88b	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<input checked="" type="checkbox"/>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	<input checked="" type="checkbox"/>
90a	List the states with which a copy of this return is filed CT		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	<input type="text" value="0"/>
91a	The books are in care of Fox Computer Systems Telephone no. 860-882-1205 Located at PO Box 113, East Windsor Hills, CT ZIP + 4 06028-0013		
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 <input type="text"/>	91b	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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 **▶****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** |**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					90,960
b Quarterly Newsletter & Professional Journal					9,552
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					47,416
95 Interest on savings and temporary cash investments			14	379	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					3,130
102 Gross profit or (loss) from sales of inventory					9,601
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		379	160,659
105 Total (add line 104, columns (B), (D), and (E))					161,038

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).
▼	See Statement 7

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
	%			
	%			

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly, from any source?

(b) Did the organization, during the year, pay premiums, directly or indirectly, for any insurance?

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

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).

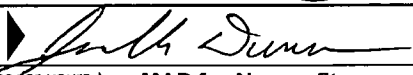
106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from 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				
Totals				

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?

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer Scott Taylor, Treasurer		Date 11/14/07	
Paid Preparer's Use Only	Preparer's signature 		Date 11/17/07	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 MAP for Nonprofits 2314 University Avenue W Suite 28, St Paul, MN 55114-1		EIN 393-2161	Phone no (651) 393-2161



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

INTERNATIONAL ASSOCIATION FOR NEAR DEATH STUDIES I

Employer identification number

06 1050150

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
Foxcom PO Box 502, East Windsor Hills, CT 06028-0502, US	Administrative Services	61,872
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

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 ▶ \$ <u>0</u> (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?	2a	✓
b	Lending of money or other extension of credit?	2b	✓
c	Furnishing of goods, services, or facilities?	2c	✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e	Transfer of any part of its income or assets?	2e	✓
3a	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	✓
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	✓
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	✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.	4a	✓
b	Did the organization make any taxable distributions under section 4966?	4b	✓
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	✓
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
f	Enter the total number of separate funds or accounts owned at the end of the tax 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 held 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	
Total					0

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	6,294	8,323	7,360	24,689	46,666
16 Membership fees received	57,932	56,351	49,445	40,389	204,117
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	52,031	49,643	24,424	22,478	148,576
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	196	249	253	687	1,385
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	116,453	114,566	81,482	88,243	400,744
24 Line 23 minus line 17	64,422	64,923	57,058	65,765	252,168
25 Enter 1% of line 23	1,165	1,146	815	882	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 5,043
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					26b 0
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 252,168
d Add: Amounts from column (e) for lines 18 <u>1,385</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u>					26d 1,385
e Public support (line 26c minus line 26d total)					26e 250,783
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99 %
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
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					

Part V Private School Questionnaire (See page 9 of the instructions.)
(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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
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?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
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?		
b Has the organization's right to such aid ever been revoked or suspended? 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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (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.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table—		
If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38.	44	

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				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	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 page 13 of the 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:

	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h.)			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? _____

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	✓
	(ii) Other assets	a(ii)	✓
b	Other transactions		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	✓
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	✓
	(iii) Rental of facilities, equipment, or other assets	b(iii)	✓
	(iv) Reimbursement arrangements	b(iv)	✓
	(v) Loans or loan guarantees	b(v)	✓
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	✓
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.		

[illegible]

- 52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule:

[illegible]

Statement 1

Form 990

Page 1

Part I

Question 9

INTERNATIONAL ASSOCIATION FOR NEAR DEATH STUDIES I

06-1050150

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
Auction	\$3,130 00	\$0 00	\$3,130 00	\$0 00	\$3,130 00
Total:	\$3,130.00	\$0.00	\$3,130.00	\$0.00	\$3,130.00

Statement 2

Form 990

Page 1

Part I

Question 10

INTERNATIONAL ASSOCIATION FOR NEAR DEATH STUDIES I**06-1050150****Sales of Inventory**

Description	Gross Sales	COGS	Gross Profit
AUDIO VIDEO CONFERENCE	\$4,746 00	\$1,439 00	\$3,307 00
PUBLICATIONS	\$1,857 00	\$0 00	\$1,857 00
OTHER MERCHANDISE	\$4,437 00	\$0 00	\$4,437 00
Total:	\$11,040.00	\$1,439.00	\$9,601.00

Statement 3

Form 990

Page 2

Part II

Question 43

INTERNATIONAL ASSOCIATION FOR NEAR DEATH STUDIES I**06-1050150****Attachment listing other expenses for Part II**

Description	Total:	Pgm Services	Mgt and General	Fundrasing
LAYOUT/DESKTOP PUB/DESIGN	\$2,012 00	\$2,012 00	\$0 00	\$0 00
STORAGE	\$1,200 00	\$1,200 00	\$0 00	\$0 00
PROFESSIONAL FEES	\$570 00	\$570 00	\$0 00	\$0 00
MISCELLANEOUS	\$265 00	\$265 00	\$0 00	\$0 00
ADMINISTRATIVE SERVICES	\$61,872 00	\$54,594 00	\$6,187 00	\$1,091 00
LIABILITY INSURANCE	\$2,704 00	\$0 00	\$2,704 00	\$0 00
BANK CHARGES	\$3,997 00	\$0 00	\$3,997 00	\$0 00
WEB DEVELOPMENT	\$5,680 00	\$4,778 00	\$902 00	\$0 00
Total:	\$78,300.00	\$63,419.00	\$13,790.00	\$1,091.00

Statement 4
Form 990
Page 3
Part III
Question

INTERNATIONAL ASSOCIATION FOR NEAR DEATH STUDIES I
06-1050150

Program Services

Achievement	Pgm. Svc. Exp.
Medical Research, General/Other See Attached (859 MEMBERS)	\$153,562 00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
	Total: \$153,562.00

Statement 5

Form 990

Page 4

Part IV

Question 57

INTERNATIONAL ASSOCIATION FOR NEAR DEATH STUDIES I**06-1050150****Schedule of Land, Buildings and Equipment**

Description	Cost	Depreciation	Book Value
COMPUTER HARDWARE	\$2,391 00	\$0 00	\$2,391 00
Total:	\$2,391.00	\$0.00	\$2,391.00

Statement 6

Form 990

Page 5

Part V

Question

INTERNATIONAL ASSOCIATION FOR NEAR DEATH STUDIES I

06-1050150

Officers, Directors, Trustees, and Key Employees

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Janice Holden	10	\$0 00	\$0 00	\$0 00
Title President				
Addr 1 PO BOX 502				
Addr 2				
CSZ EAST WINDSOR HILL, CT 06028-0502				
Country United States				
Debbie James	10	\$0 00	\$0 00	\$0 00
Title Vice President				
Addr 1 PO BOX 502				
Addr 2				
CSZ EAST WINDSOR HILL, CT 06028				
Country United States				
Diane Corcoran	10	\$0 00	\$0 00	\$0 00
Title Secretary				
Addr 1 PO BOX 502				
Addr 2				
CSZ EAST WINDSOR HILL, CT 06028				
Country United States				
Scott Taylor	10	\$0 00	\$0 00	\$0 00
Title Treasurer				
Addr 1 PO BOX 502				
Addr 2				
CSZ EAST WINDSOR HILL, CT 06028				
Country United States				
Charles Sweedrock	10	\$0 00	\$0 00	\$0 00
Title Secretary				
Addr 1 PO BOX 502				
Addr 2				
CSZ EAST WINDSOR HILL, CT 06028				
Country United States				
Dan Punzak	10	\$0 00	\$0 00	\$0 00
Title Board Member				
Addr 1 PO BOX 502				
Addr 2				
CSZ EAST WINDSOR HILL, CT 06028				
Country United States				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Allen Katzoff	10	\$0 00	\$0 00	\$0 00
Title Board Member Addr 1 PO BOX 502 Addr 2 CSZ EAST WINDSOR HILL, CT 06028 Country United States				
Yolaine Stout	10	\$0 00	\$0 00	\$0 00
Title Board Member Addr 1 PO BOX 502 Addr 2 CSZ EAST WINDSOR HILL, CT 06028 Country United States				
Nancy Clark	10	\$0 00	\$0 00	\$0 00
Title Board Member Addr 1 PO BOX 502 Addr 2 CSZ EAST WINDSOR HILL, CT 06028 Country United States				
Nancy Evans Bush	10	\$0 00	\$0 00	\$0 00
Title Board Member Addr 1 PO BOX 502 Addr 2 CSZ EAST WINDSOR HILL, CT 06028 Country United States				
Linda Jacquin	10	\$0 00	\$0 00	\$0 00
Title Board Member Addr 1 PO BOX 502 Addr 2 CSZ EAST WINDSOR HILL, CT 06028-0502 Country United States				
TOTALS		\$0.00	\$0.00	\$0.00

Statement 7

Form 990

Page 8

Part VIII

Question

INTERNATIONAL ASSOCIATION FOR NEAR DEATH STUDIES I**06-1050150****Relationship of Activities**

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
94	Fees Charged to members to help support IANDS
102	Audio Tape/CD Sales and sell of other merchandise on near death topics
93 a	Meeting to Enhance, Discuss and provide information regarding the near death topic
93 b	Program sales of near death topics designed for educational purposes
101	Fundraiser to help support IANDS

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 2006

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 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.iansds.org
 - publication of the quarterly newsletter *[Vital Signs](#)*
 - maintaining a Speaker's Bureau
 - working with media around the world
 - sponsoring an [annual North American conference](#)
 - developing and presenting continuing education programs
 - 5 part on-line introduction to near-death experiences
 - 2-day educational program for military & VA Hospitals "NDE Educational program for military & VA hospitals"
 - 1-day program on NDEs for medical providers
 - producing a wide variety of [educational materials](#)
 - created comprehensive on-line survey which integrated with research software easily
- IANDS **encourages interest in research and professional applications** through:
 - publication of the academic quarterly *[Journal of Near-Death Studies](#)*
 - management of a program of small grants to encourage scholarly research
 - creation of an [NDE Research Fund](#)
 - sponsoring an [annual North American 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](#) (Friends of IANDS) 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
 - IANDS holds an annual retreat for near-death experiencers

2006 Accomplishments

The following are IANDS' accomplishments over the last year. These focus only on major activities and on innovations. Though much 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. They are not listed in a hierarchy of "importance."

2006 Accomplishments

- Published four issues of the *Journal of Near-Death Studies*
- Published four issues of *Vital Signs*

- Revised database of experiencer submissions for availability to researchers
- Completed the update of the *Index to the Periodical Literature* for publications from 2002-2005
- Held landmark conference at The University of Texas M.D. Anderson Cancer Center in Houston, TX October 25-28 on the first 30 years of NDE research.
- Catalogued & archived audio recordings from past conferences
- Held second annual retreat for near-death experiencers in St. Louis, April 17-20, 2006
- Strengthened organizational governance structure with respect to board, committees, advisory boards, local groups and volunteers
- Revised membership structure to reflect needs identified in survey
- Established Legacy Society
- Established the Col. Diane Corcoran Veterans' Fund
- Established the Dorothy Johnston Memorial Peace Fund
- Established the David LaMotte Sr. memorial Fund
- Established new local FOI groups

Our 2006 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 2006

- Average number of members—859
- Number of hits to web site—4,972,518
- Number of new near-death experiences reported to our website—65
- Number of near-death experiences held in archive—1,000
- Number of articles published in scientific journal JNDS—24 plus letters
- Number of persons attending interest & support groups (FOIs)—8036
- Number of FOIs--33
- Number of new FOIs—8
- Annual Convention attendance (The University of Texas M. D. Anderson Cancer Center in Houston, Texas October 25-28)—293
 - Title of conference: *"Near-Death Experiences--30 Years of Research: Implications for health care professionals and others interested in this phenomenon"*
 - 11 Keynote addresses:
 - Jan Holden, EdD, LPC-S, LMFT, NCC, Bruce Greyson, MD, Debbie James, MSN, RN, CCRN, CNS, UTMDACC *"History, Controversy, and Ethical Implications in the Field of Near-Death Studies"*
 - Scott Taylor, EdD, Pim van Lommel, MD *"Pleasurable Western Adult NDEs: Circumstances and Contents"*
 - Russell Noyes, MD, Peter Fenwick, MD *"Pleasurable Western Adult NDEs: Aftereffects"*
 - Nancy Evans Bush, MA *"Western NDEs: Circumstances, Contents, and Aftereffects"*
 - Cherie Sutherland, PhD *"Western Children's and Teens' NDEs"*
 - Jeff Long, MD, Jason MacLurg, MD *"Characteristics of Western NDEs"*
 - Allan Kellehear, PhD *"NDEs throughout History and across Cultures"*
 - Farnáz Ma'súmián, MA *"World Religions and NDEs"*
 - Bruce Greyson, MD *"Explanatory Models of NDEs"*
 - Jan Holden, EdD, LPC-S, LMFT, NCC *"Veridical Perception in NDEs"*
 - Diane Corcoran, PhD, RN, Debbie James, MSN, RN, CCRN, CNS, UTMDACC *"Practical and Ethical Implications of NDE Research for*