Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning , 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: ASON International, Inc.

Number and street (or P O box if mail is not delivered to street address): 3120 Cedar Bay Drive — Room/suite:

City or town, state or country, and ZIP + 4: Melbourne FL 32934

D Employer identification no. 59-3484464

E Telephone number 321-757-7252

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).**

G Website: ▶ www.ason.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 received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 304,934

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," att a list See instr)

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

	Line	Description			Ref	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	302,252		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	**Total** (add lines 1a through 1c) (cash $ 295,752 noncash $ 6,500)			1d	302,252
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	964
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	1,718
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less: cost or other basis and sales expenses — (A): ; (B): 73	8b	73		
	c	Gain or (loss) (attach schedule) — (A): ; (B): -73	8c	-73		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) See Stmt 1			8d	-73
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	304,861
Expenses	13	Program services (from line 44, column (B))			13	236,675
	14	Management and general (from line 44, column (C))			14	27,348
	15	Fundraising (from line 44, column (D))			15	6,800
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	270,823
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	34,038
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	110,210
	20	Other changes in net assets or fund balances (attach explanation) See Statement 2			20	-5,224
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	139,024

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of 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
22 Grants and allocations (attach schedule) Stmt 3 (cash $ 75,004 non-cash $ 6,500)	22	81,504	81,504		
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc	25	57,757	48,732	7,220	1,805
26 Other salaries and wages	26	13,279	11,204	1,660	415
27 Pension plan contributions	27				
28 Other employee benefits	28	13,839	11,677	1,730	432
29 Payroll taxes	29	1,016	871	145	
30 Professional fundraising fees	30				
31 Accounting fees	31	3,000	1,750	1,000	250
32 Legal fees	32				
33 Supplies	33	4,270	2,935	1,068	267
34 Telephone	34	2,228	1,532	557	139
35 Postage and shipping	35	1,851	1,272	463	116
36 Occupancy	36	2,811	1,932	703	176
37 Equipment rental and maintenance	37	1,461	1,005	365	91
38 Printing and publications	38	1,071	736	268	67
39 Travel	39	41,345	28,425	10,336	2,584
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	5,869	4,035	1,467	367
43 Other expenses not covered above (itemize): a	43a				
b See Statement 4	43b	39,522	39,065	366	91
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 - 43) **Organizations completing columns (B)-(D), carry these totals to lines 13-15**	44	270,823	236,675	27,348	6,800

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ________ , **(ii)** the amount allocated to Program services $ ________ ,

(iii) the amount allocated to Management and general $ ________ , and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ Assisting national christian leaders around the world. 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) & (4) orgs , & 4947(a)(1) trusts, but optional for others)
a See Statement 5 (Grants and allocations $ 81,504)	236,675
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	236,675

Part IV Balance Sheets (See page 25 of 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			10,907	45	6,590
	46 Savings and temporary cash investments			62,988	46	101,584
	47a Accounts receivable	47a				
	b Less allowance for doubtful accounts	47b			47c	
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule) See Worksheet	51a	10,505			
	b Less allowance for doubtful accounts	51b		18,548	51c	10,505
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	330
	54 Investments-securities See Statement 6 ▶ ☐ Cost ☒ FMV			25,359	54	23,481
	55a Investments-land, buildings, and equipment: basis	55a				
	b Less. accumulated depreciation (attach schedule)	55b			55c	
	56 Investments-other (attach schedule)				56	
	57a Land, buildings, and equipment: basis	57a	39,702			
	b Less: accumulated depreciation (attach schedule) See Statement 7	57b	26,471	17,057	57c	13,231
	58 Other assets (describe ▶ See Statement 8)				58	330
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			134,859	59	156,051
Liabilities	60 Accounts payable and accrued expenses			10,596	60	895
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶ See Statement 9)			14,053	65	16,132
	66 **Total liabilities** (add lines 60 through 65)			24,649	66	17,027
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here ▶** ☒ and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			54,658	67	43,373
	68 Temporarily restricted			20,182	68	60,181
	69 Permanently restricted			35,370	69	35,470
	Organizations that do not follow SFAS 117, check here ▶ ☐ 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; column (B) **must** equal line 21)			110,210	73	139,024
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			134,859	74	156,051

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

N/A

a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

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

N/A

a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify). $		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Ellen Abramson 3120 Cedar Bay D Melbourne FL 32934	President 40	57,757	13,839	0
Gary Black 309 Countryview Lane Auburn MI 48611	Director var	0	0	0
Walter Eriksen 9624 Lake Dougla Orlando FL 32817	Director var	0	0	0
Terry Jones 400 Red Sail Way Satellite FL 32937	Director var	0	0	0
Cam Platts 11 Battery Bend Montgomery MD 20886	Director var	0	0	0
Kristin Platts 11 Battery Bend Montgomery MD 20886	Director var	0	0	0
Laura Zirbel 1499 Summerland Winter Par FL 32789	Director var	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule-see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?		78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a		X
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt **or** ☐ nonexempt				
81a	Enter direct and indirect political expenditures See line 81 instructions	81a			
b	Did the organization file **Form 1120-POL** for this year?		81b		X
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?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		84b		
85	501(c)(4), (5), or (6) organizations. **a** Were substantially all dues nondeductible by members? N/A		85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A		85b		
	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? N/A		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? N/A		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			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		X
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0				
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0				
90a	List the states with which a copy of this return is filed ▶ FL				
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	3		
91	The books are in care of ▶ Ellen J. Abramson Telephone no ▶ 321-757-7252 Located at ▶ Melbourne, FL ZIP + 4 ▶ 32934-2908				
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 page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by sec 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 Loan interest income					964
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,718	
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					-73
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		1,718	891
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					2,609

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 page 34 of 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	National religious leaders and charities were given 8%
	loans for home construction, construction of a church,
	purchase of land and camp construction.

Part IX **Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

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

Part X **Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

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

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

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, inclu[redacted]
and belief, it is true, correct, and complete Declaration of preparer (other t[redacted]

▶ Ellen J Abramson [redacted]
Signature of officer

▶ Ellen J Abramson, Presiden[redacted]
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Mark James CPA [redacted]

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ James, Key & Dinho[redacted]
2717 North Wickham[redacted]
Melbourne, FL 329[redacted]

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 Section 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

2004

Name of the organization	Employer identification number
ASON International, Inc.	59-3484464

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

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

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

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

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	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		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? See Part V, Form 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
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)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
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?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

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

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

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions)

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

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	221,503	575,463	201,827	214,810	1,213,603
16	Membership fees received					0
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	1,501	4,278			5,779
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	546	428	2,734	6,017	9,725
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					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
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	629				629
23	Total of lines 15 through 22	224,179	580,169	204,561	220,827	1,229,736
24	Line 23 minus line 17	222,678	575,891	204,561	220,827	1,223,957
25	Enter 1% of line 23	2,242	5,802	2,046	2,208	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 24,479

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 2000 through 2003 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 195,490

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 1,223,957

d Add: Amounts from column (e) for lines. 18 9,725 19 ______ 22 629 26b 195,490 ▶ 26d 205,844

e Public support (line 26c minus line 26d total) ▶ 26e 1,018,113

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 83.1821%

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: N/A

(2003) (2002) (2001) (2000)

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 11, 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. N/A

(2003) (2002) (2001) (2000)

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 2000 through 2003, 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 7 of the 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?	29		
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?	30		
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?	31		
	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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
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 page 9 of the 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
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-	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		

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

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 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2004	**(b)** 2003	**(c)** 2002	**(d)** 2001	**(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 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
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.**)			

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 11 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)		X
(ii) Other assets	a(ii)		X
b Other transactions.			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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·

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

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·

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Forms **990 / 990-PF**

Other Notes and Loans Receivable

2004

For calendar year 2004, or tax year beginning , and ending

Name	Employer Identification Number
ASON International, Inc.	59-3484464

Form 990, Part IV, Line 51a - Additional Information

	Name of borrower	Relationship to disqualified person
(1)	Nicholas R Hanttula Memorial Fund	None
(2)	Nicholas R Hanttula Memorial Fund	None
(3)	Nicholas R Hanttula Memorial Fund	None
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	7,000	1/26/99	1/25/09	84.90 monthly P & I	8.000
(2)	9,000	1/23/99	1/22/09	109.19 monthly P & I	8.000
(3)	10,000	6/17/00	6/16/10	121.33 monthly P & I	8.000
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	None	Home construction-Rodriquez
(2)	La Fuente church property	Purchase church property (lot)
(3)	La Fuente church property	Educational building construction
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	None	3,229	2,440	
(2)	None	8,031	1,682	
(3)	None	7,288	6,383	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Totals		18,548	10,505	

1461 ASON International, Inc
59-3484464
FYE 12/31/2004

Federal Statements

Statement 1 - Form 990,Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Asset	Description	Date in Service	Date of Disposal	Cost	Period	Method	Prior	Current 2004	Loss on disposal
129	Micron Millennia Computer w/warranty and Monitor	02/01/2000	2004	1,951	5 0	S/L	1528	390	33
152	Emerson VHS	06/04/2001	2004	190	3 0	S/L	163	27	(0)
153	128 MB Staff computer, 256 MB Pres computer RAM memory	06/05/2001	2004	142	5 0	S/L	73	28	40
154	SmartMedia Memory Card for Olympus D400 Digital Camera	07/23/2001	2004	85	3 0	S/L	69	16	(0)
				2,367			1,833	461	73

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Correct notes receivable after prior yr filing	$ -5,224
Total	$ -5,224

Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Date of Gift	Relationship to Org / Description of Property	Class of Activity / Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explntn
various-see Stmt 4		none	missions				
			$ 75,004	$ 6,500	$		
Total			$ 75,004	$ 6,500	$ 0		

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	$	$	$	$
Expenses				
Team expenses	37,761	37,761		
Miscellaneous	1,761	1,304	366	91
Total	$ 39,522	$ 39,065	$ 366	$ 91

Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

Humanitarian assistance and start up resources for schools, churches and clinics internationally. Nationals were directly assisted, each one serving several hundred in impoverished communities. Countries assisted include Dominican Republic, Latvia, Russia, India, Ghana, Haiti as well as locations in the United States.

Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock			
287 sh Pioneer Fund Class C	10,573	11,689	Market
41 sh Pioneer Fund Class C	1,510	1,669	Market
Certificates of deposit	8,059	6,013	Market
Government Securities	5,217	4,110	Market
	25,359	23,481	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Office furniture and equipment	$ 40,940	$ 23,883	$ 39,702	$ 26,471
Total	$ 40,940	$ 23,883	$ 39,702	$ 26,471

Statement 8 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Deposit	$	$ 330
Total	$ 0	$ 330

Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
Agency Liabilities	$ 14,053	$ 16,132
Total	$ 14,053	$ 16,132

1461 ASON International, Inc
59-3484464
FYE: 12/31/2004

Federal Asset Report
Form 990

Asset	Description	Date in Service	Date of Disposal	Cost	Period	Method	Prior	Current 2004
1	Brown Leather Briefcase	06/01/1990		180	20.0	S/L	122	9
2	Panasonic telephone answering system	03/01/1995		120	10.0	S/L	106	12
3	Kodak Ektagraphic AF-2 Projector	06/19/1995		400	10 0	S/L	341	40
4	Tri-pod Vivitar	06/20/1995		17	20 0	S/L	7	1
5	In Focus LP725 750 lumens projector	06/21/1995		5,800	10.0	S/L	4,946	580
6	Gyro Point Pro II Handset	06/21/1995		149	10 0	S/L	127	15
7	Gyro Point Pro II Receiver	06/21/1995		120	10.0	S/L	102	12
8	Cable Wizard II	06/21/1995		20	10.0	S/L	17	2
9	Camcorder	02/01/1997		742	10.0	S/L	513	74
10	Clipboard	05/01/1997		2	3 0	S/L	2	-
11	American Power Conversion	08/01/1997		170	10 0	S/L	109	17
12	Pelouze Postal Scale 5lb. X 1/2oz Capacity	09/01/1997		27	5.0	S/L	27	-
13	High back Brg Lthr on rollers chair	12/01/1997		200	10 0	S/L	122	20
14	Corner Office heavy duty stapler	03/01/1998		19	5.0	S/L	19	-
17	Deluxe Travel Case for Litepro 720	06/01/1998		255	10 0	S/L	142	26
18	4 Drawer-Lateral filling cabinet	07/01/1998		500	15 0	S/L	183	33
21	Projector - True SVGA 800 X 600	09/01/1998		6,015	10.0	S/L	3,208	602
22	World Atlas	01/15/1999		30	3 0	S/L	30	-
31	Praise Worship "My Refuge"	01/15/1999		15	3.0	S/L	15	-
32	Scripture Memory songs	01/15/1999		15	3 0	S/L	15	-
33	Praise Worship "Victor's Crown"	01/15/1999		15	3 0	S/L	15	-
34	Praise Worship "We have Overcome"	01/15/1999		15	3.0	S/L	15	-
35	Bodyworks 6 0	01/15/1999		45	3.0	S/L	45	-
36	Iomega Ware	01/15/1999		45	3.0	S/L	45	-
39	PC Study Bible	01/15/1999		99	3 0	S/L	99	-
46	Work Center XD Series	01/15/1999		40	3.0	S/L	40	-
52	Key Photos for windows	01/15/1999		50	3.0	S/L	50	-
53	Photo Library	01/15/1999		50	3 0	S/L	50	-
61	Adobe Illustrator 9 0	01/15/1999		213	3 0	S/L	213	-
65	Fiskars paper cutter blades - deckle, perforating	03/01/1999		39	5 0	S/L	38	1
66	Fiskars cutting board	03/01/1999		45	5 0	S/L	44	2
67	Royal Paper Jaws Document Shredder	03/01/1999		25	5 0	S/L	24	1
68	Gray waste basket	03/01/1999		3	5 0	S/L	3	0
69	Waste basket	03/01/1999		14	5 0	S/L	14	0
70	Sony Cordless Telephone w/answering system	03/01/1999		140	5 0	S/L	135	5
71	Storage Cupboards (white)	04/01/1999		2,075	10.0	S/L	986	208
76	Clickart Premium Collection	04/01/1999		40	3 0	S/L	40	-
77	Black Leather Briefcase	04/06/1999		100	10.0	S/L	47	10
78	Xerox Corp Copier	05/01/1999		700	5 0	S/L	653	47
80	ACCO adjustable punch	06/01/1999		5	5 0	S/L	5	0
81	2 Drawer-Lateral filling cabinet	06/01/1999		75	10.0	S/L	34	8
82	Ellen's Brown wood Looking Desk	06/01/1999		150	10 0	S/L	69	15
84	Floor mat	06/01/1999		27	3.0	S/L	27	-
85	Office staff desk	06/01/1999		250	10.0	S/L	115	25
87	4 drawer tan metal file cabinet	06/01/1999		130	10 0	S/L	60	13
90	drawer on each side with computer keyboard in center	06/01/1999		250	10.0	S/L	115	25
91	Floor mat	06/01/1999		27	3.0	S/L	27	-
92	Brown wood, 2 drawer filing cabinet	06/01/1999		200	10.0	S/L	92	20
93	Belkin Bitronics Data Switch	06/01/1999		80	5.0	S/L	73	7
94	Zip Drive	06/01/1999		100	5 0	S/L	92	8
97	Color Quick Cam VC	06/01/1999		30	3.0	S/L	30	-
99	Adobe PageMaker 6 0 Enhancement Pack CD-	06/01/1999		30	3 0	S/L	30	-
100	Foam bd display and Black Case	06/01/1999		80	3 0	S/L	80	-
101	Overhead Projector 3M 9100	06/20/1999		300	8 0	S/L	170	37
102	Scotch Tapes Desk Dispenser	07/01/1999		4	5 0	S/L	4	0
103	Adobe PageMaker 6 0 Deluxe CD-Rom	07/01/1999		30	3 0	S/L	30	-
106	QuickBooks Pro 2000	07/01/1999		199	3 0	S/L	199	-
107	Canon Bubble Jet Printer BJC-80	09/01/1999		300	3 0	S/L	300	-
108	Black plastics paper clip holder	11/01/1999		3	5 0	S/L	2	0
109	Stanley Bostitch Standard Staplers	11/01/1999		18	5 0	S/L	15	3
110	2 Door Storage Cabinet	11/01/1999		70	10 0	S/L	29	7
111	Black plastic envelope holder for desk	12/01/1999		6	5 0	S/L	5	1
112	Black plastic Pencil Holder	12/01/1999		2	5.0	S/L	2	0
113	Black plastic post it note dispenser	12/01/1999		6	5 0	S/L	5	1
114	Date Stamp	12/01/1999		12	5 0	S/L	10	2
115	File trays	12/01/1999		16	5 0	S/L	13	3
116	Maroon paper holder	12/01/1999		4	5 0	S/L	4	1
117	Scissors	12/01/1999		8	5 0	S/L	7	1

1461 ASON International, Inc
59-3484464
FYE: 12/31/2004

Federal Asset Report
Form 990

Asset	Description	Date in Service	Date of Disposal	Cost	Period	Method	Prior	Current 2004
118	Scotch heavy duty dispenser	12/01/1999		5	5 0	S/L	4	1
119	Side-Load Stacking Desk Tray	12/01/1999		16	5 0	S/L	13	3
120	Stanley Bostitch Standard Staple removers	12/01/1999		1	5 0	S/L	1	0
121	Tray for Desk Drawer	12/01/1999		7	5.0	S/L	6	1
122	Wire file folder holder	12/01/1999		14	5 0	S/L	11	3
123	Canon adding machine	12/01/1999		35	5 0	S/L	29	6
124	New-Point power strip	12/01/1999		30	5.0	S/L	25	6
126	Black Suitcase on Rollers	12/01/1999		200	5 0	S/L	163	37
127	Sony Superstation Tape Backup	12/21/1999		201	5 0	S/L	162	39
128	Deposit stamps	01/01/2000		25	5 0	S/L	20	5
129	Micron Millennia Computer w/warranty and Mo	02/01/2000	2004	1,951	5.0	S/L	1,528	390
130	Monitor	02/01/2000		0.00	5.0	S/L	-	-
131	Surge Master, Belkin	02/01/2000		30	5 0	S/L	23	6
133	VISIONEER One Touch 8100 Scanner	02/04/2000		170	4 0	S/L	166	4
134	Canon Portable Printer BJC-80	02/18/2000		300	3 0	S/L	300	-
135	Backpack CD-rewriter	04/01/2000		80	3 0	S/L	80	-
136	Staff Micron Computer	04/06/2000		1,700	5 0	S/L	1,270	340
137	Monitor	04/06/2000		0 00	5.0	S/L	-	-
138	APC back-ups 200	04/06/2000		125	5.0	S/L	93	25
139	HP Photo/Smart P1000 Printer and cable	05/30/2000		456	3 0	S/L	456	-
140	HP DeskJet Printer 970 CSE	10/17/2000		250	3.0	S/L	250	-
141	BJC 85 Color Inkjet Printer	02/20/2001		300	3.0	S/L	286	14
142	Pasasonic Fax	04/10/2001		100	3 0	S/L	91	9
143	Cross and the Switchblade (Spanish)	06/04/2001		20	5 0	S/L	10	4
144	EL Refugio Secreto (Spanish)	06/04/2001		15	5 0	S/L	8	3
145	Through Gates of Splendor (Spanish)	06/04/2001		20	5 0	S/L	10	4
146	Peace Child (Spanish)	06/04/2001		20	5 0	S/L	10	4
147	EL Grito De China (Spanish)	06/04/2001		20	5.0	S/L	10	4
148	De la, Prision a la alabanza (Spanish)	06/04/2001		20	5 0	S/L	10	4
149	The Wait of the World (Spanish)	06/04/2001		20	5 0	S/L	10	4
150	Question 7	06/04/2001		8	5.0	S/L	4	2
151	Orion VHS	06/04/2001		199	3.0	S/L	171	28
152	Emerson VHS	06/04/2001	2004	190	3 0	S/L	163	27
153	128 MB Staff computer, 256 MB Pres compute	06/05/2001	2004	142	5 0	S/L	73	28
154	SmartMedia Memory Card for Olympus D400 D	07/23/2001	2004	85	3 0	S/L	69	16
156	Palm Pilot M505	09/08/2001		450	3 0	S/L	347	103
157	Backup card Palm Pilot M505	09/10/2001		40	5 0	S/L	18	8
159	earbud cell phone	10/03/2001		29	5 0	S/L	13	6
160	USB 4 port hub	11/06/2001		30	5 0	S/L	13	6
161	Sony Digital Video Camera	11/13/2001		1,055	5 0	S/L	450	211
162	Kodak Tripod	11/13/2001		8	10 0	S/L	2	1
163	Pinnacle Studio DV Firewire Port and software	11/13/2001		130	5 0	S/L	55	26
164	Palm Pilot case	12/07/2001		25	3 0	S/L	17	8
165	Compaq IPAQ3835 handheld	12/18/2001		665	3 0	S/L	451	214
166	Iomega Peerless 20GB Bundle Backup Unit	12/28/2001		400	5 0	S/L	161	80
167	X-Acto 15 in Paper Cutter	12/28/2001		52	5 0	S/L	21	10
168	Nokia 8260 Cell Phone	01/04/2002		170	4 0	S/L	85	43
169	Linksys Router	01/04/2002		100	3 0	S/L	66	33
170	HP4470c Scanner	01/04/2002		200	5.0	S/L	80	40
171	Visiontek GEForce 2 MX200 32 M	01/14/2002		80	5 0	S/L	31	16
172	2 Sauder Cabinets #399	04/05/2002		220	10 0	S/L	38	22
173	Memory stick, smart card, reader	05/02/2002		140	3.0	S/L	78	47
174	Battery backup for answering machine	07/24/2002		60	5 0	S/L	17	12
175	Memory card Palm Pilot M505	08/02/2002		36	3.0	S/L	17	12
182	Gateway 400SD4 Laptop computer	05/28/2003		2,390	5 0	S/L	283	478
183	Canon Powershot S45 digital camera	05/28/2003		642	5 0	S/L	76	128
184	Canon Powershot S45 digital camera	05/28/2003		642	5 0	S/L	76	128
185	Gateway DS Profile 4 XL desktop computer	06/14/2003		2,655	5 0	S/L	291	531
186	Gateway DS 200XL (ARC) Laptop computer	06/14/2003		3,005	5 0	S/L	329	601
190	emachines CPU w/3yr warranty	02/20/2004		1,130	5 0	S/L	-	195
	Grand Total			42,070			22,895	5,870
	Less: Disposals			2,367			1,833	461
	Adjust balance for prior year							
				39,702			21,062	5,409

Form **8868**
(Rev December 2004)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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.

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization: ASON International, Inc.	**Employer identification number**: 59-3484464
	Number, street, and room or suite no If a P.O box, see instructions: 3120 Cedar Bay Drive	
	City, town or post office, state, and ZIP code For a foreign address, see instructions: Melbourne FL 32934	

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

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶

Telephone No ▶ 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 8/15/05 , to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ ☒ calendar year 2004 or
▶ ☐ tax year beginning , and ending

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 $

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 $

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 $

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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

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.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization ASON International, Inc.	Employer identification number 59-3484464
	Number, street, and room or suite no. If a P O box, see instructions 3120 Cedar Bay Drive	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Melbourne FL 32934	

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

- [X] Form 990
- [ ] Form 990-BL
- [ ] Form 990-EZ
- [ ] Form 990-PF
- [ ] Form 990-T (sec 401(a) or 408(a) trust)
- [ ] Form 990-T (trust other than above)
- [ ] Form 1041-A
- [ ] Form 4720
- [ ] Form 5227
- [ ] Form 6069
- [ ] Form 8870

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 the care of ▶

Telephone No ▶ 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 is for

4 I request an additional 3-month extension of time until 11/15/05

5 For calendar year 2004 , or other tax year beginning ______, and ending ______

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
Additional time is requested to gather information to prepare a complete and accurate return.

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 $

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 081505 $

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 $

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 ▶ Mark Janes Title ▶ CPA Date ▶ 8/06/05

Notice to Applicant-To Be Completed by the IRS

- [X] 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 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

__________ By __________ __________

Director 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.

EXTENSION APPROVED

AUG 24 2005

DIRECTOR

S... ...ION PROCESSING, OGDEN

Type or print	
	Name Janes, Key & Dinho, PA
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2717 North Wickham Road Suite 3
	City or town, province or state, and country (including postal or ZIP code) Melbourne FL 32935