

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)

2005

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 2005 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: AMERICAN COLLEGE OF FORENSIC EXAMINERS, INC. D Employer identification number: 43-1602599. E Telephone number: 417-881-3818. F Accounting method: Cash, Accrual.

G Website: N/A. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

J Organization type: 501(c)(6). K Check here if the organization's gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 768,488. 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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes sections for Contributions, Program service revenue, Other investment income, Sales of assets, Special events, and Expenses.

**AMERICAN COLLEGE OF FORENSIC EXAMINERS,
INC.**

Form 990 (2005)

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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.

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) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	4,100.		
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31	4,610.		
32 Legal fees	32	5,473.		
33 Supplies	33	7,214.		
34 Telephone	34	12,487.		
35 Postage and shipping	35	24,178.		
36 Occupancy	36	42,003.		
37 Equipment rental and maintenance	37	1,086.		
38 Printing and publications	38	57,976.		
39 Travel	39	232.		
40 Conferences, conventions, and meetings	40			
41 Interest	41	29.		
42 Depreciation, depletion, etc. (attach schedule)	42	24,387.		
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 2	43g	670,736.		
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	854,511.		

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ; (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

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 STATEMENT 3

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

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a PUBLICATION OF THE FORENSIC EXAMINER

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

b HELD ANNUAL CONFERENCE

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

c DEVELOPED CURRICULUMS FOR COURSES

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

d COORDINATED THE ACCREDITATION PROCESS FOR VARIOUS DISCIPLINES

(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)

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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	21,315.	45	40,673.
	46 Savings and temporary cash investments	118,149.	46	116,233.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees	19,801.	50	
	51 a Other notes and loans receivable	51a 227,207.		
	b Less: allowance for doubtful accounts	51b	51c	227,207.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 731,098.			
b Less: accumulated depreciation	57b 446,267.	57c	284,831.	
58 Other assets (describe ▶ TRADEMARK - NET)	421.	58	333.	
59 Total assets (must equal line 74). Add lines 45 through 58	854,859.	59	669,277.	
Liabilities	60 Accounts payable and accrued expenses	36,614.	60	27,411.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	12,281.	64b	
	65 Other liabilities (describe ▶)		65	
66 Total liabilities. Add lines 60 through 65	48,895.	66	27,411.	
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	805,964.	67	641,866.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	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; column (B) must equal line 21)	805,964.	73	641,866.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	854,859.	74	669,277.	

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**AMERICAN COLLEGE OF FORENSIC EXAMINERS,
INC.**

Form 990 (2005)

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

a	Total revenue, gains, and other support per audited financial statements		a	N/A
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

a	Total expenses and losses per audited financial statements		a	N/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.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ROBERT L O'BLOCK 3686 E KINGSWOOD DRIVE SPRINGFIELD, MO 65809	PRESIDENT 40.00	0.	0.	0.
SUMMER O'BLOCK 3423 GLENHAVEN SPRINGFIELD, MO 65809	DIRECTOR 20.00	0.	0.	3,000.
LILA HUDSON 203 W 24TH PITTSBURGH, KS 66762	DIRECTOR 1.00	0.	0.	1,100.
STEPHANIE O'BLOCK 706 MARLAN AVE SPRINGFIELD, MO 65804	DIRECTOR 7.00	0.	0.	0.

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Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ _____ 4		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 5	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? SEE STATEMENT 6	75c	X
Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		
d Does the organization have a written conflict of interest policy?	75d	X

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions.)</i>	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
78 a 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? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a 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 ▶ SEE STATEMENT 4		
_____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a _____ 0.		
b Did the organization file Form 1120-POL for this year?	81b	X

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Part VI Other Information (continued)		Yes	No
82 a 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		N/A
83 a 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	
84 a 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?	84b		N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		X
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.	85b		X
c Dues, assessments, and similar amounts from members	85c		710,912.
d Section 162(e) lobbying and political expenditures	85d		0.
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		0.
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		0.
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
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		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
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
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>			
b 501(c)(3) and 501(c)(4) organizations. 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		N/A
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			N/A
90 a List the states with which a copy of this return is filed <u>NONE</u>			
b Number of employees employed in the pay period that includes March 12, 2005	90b		0
91 a The books are in care of <u>MARY BROWN</u> Telephone no. <u>417-881-3818</u> Located at <u>2750 E SUNSHINE, SPRINGFIELD, MO</u> ZIP + 4 <u>65804</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

Form 990 (2005)

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <u>SUBSCRIPTION INCOME</u>					5,630.
b <u>CONFERENCE EDUCATION</u>					
c <u>INCOME</u>					1,003.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					710,912.
95 Interest on savings and temporary cash investments			14	3,393.	
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			18	<35,763.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <u>ROYALTIES</u>					5,113.
b <u>OTHER INCOME</u>					125.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		<32,370.>	722,783.
105 Total (add line 104, columns (B), (D), and (E))					690,413.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	<u>FEES CHARGED TO MEMBERS FOR PROVIDING TRAINING</u>
103A	<u>MISCELLANEOUS INCOME INCIDENTAL TO OPERATING THE ASSOCIATION</u>
93A	<u>REVENUE FROM MAGAZINE GENERATED FOR MEMBERS</u>
93B	<u>REVENUE FROM CONFERENCE HELD FOR MEMBERS</u>

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

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

Part X Information Regarding Transfers Associated with

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from a disqualified person?
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a contract described in section 501(c)(17)?
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information furnished to him.

Signature of officer: *[Signature]* Date: *[Date]*

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: **WHITLOCK, SELIM & KEEHN
3271 E BATTLEFIELD, SUITE
SPRINGFIELD, MO 65804**

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
CARS	09/06/01	03/02/05	PURCHASED	42,312.	114,629.	0.	36,554.	<35,763.>
TO FM 990, PART I, LN 8				42,312.	114,629.	0.	36,554.	<35,763.>

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BAD DEBT	950.			
CONTINUING EDUCATION	1,879.			
BANK CHARGES	464.			
TAXES AND LICENSES	13,856.			
MISCELLANEOUS EXPENSE	674.			
AMORTIZATION	88.			
CREDIT CARD FEES	6,722.			
REFERENCE MATERIALS	13.			
DUES AND SUBSCRIPTIONS	1,825.			
ADVERTISING	4,745.			
MANAGEMENT FEES	639,520.			
TOTAL TO FM 990, LN 43	670,736.			

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 3

EXPLANATION

TO PROVIDE CERTIFICATION AND CONTINUING EDUCATION FOR MEMBERS, AND TO KEEP MEMBERS ABREAST OF CURRENT DEVELOPMENTS

FORM.990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 4

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
AMERICAN COLLEGE OF FORENSIC EXAMINERS INSTITUTE OF FORENSIC SCIENCE, INC.		X
AMERICAN PSYCHOTHERAPY ASSOCIATION, INC.		X
AMERICAN ASSOCIATION OF INTEGRATIVE MEDICINE, INC.		X
MANAGEMENT EXECUTIVE, INC		X

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 5

INDIVIDUAL'S NAME

TITLE OR ROLE

ROBERT O'BLOCK

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

SUMMER O'BLOCK

DIRECTOR

EXPLANATION OF RELATIONSHIP

DAUGHTER

INDIVIDUAL'S NAME

TITLE OR ROLE

ROBERT O'BLOCK

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

STEPHANIE O'BLOCK

DIRECTOR

EXPLANATION OF RELATIONSHIP

DAUGHTER

FORM.990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 6

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
ROBERT O'BLOCK	365,574.		

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
MANAGEMENT EXECUTIVE, INC.	20-2077694

RELATIONSHIP BETWEEN ORGANIZATIONS
MANAGEMENT COMPANY

COMPENSATION DESCRIPTION
WAGES

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
STEPHANIE O'BLOCK	3,735.		

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
MANAGEMENT EXECUTIVE, INC.	20-2077694

RELATIONSHIP BETWEEN ORGANIZATIONS
MANAGEMENT COMPANY

COMPENSATION DESCRIPTION
WAGES

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
SUMMER O'BLOCK	39,105.	0.	0.

<u>NAME OF RELATED ORGANIZATION</u>	<u>EMPLOYER ID NUMBER</u>
MANAGEMENT EXECUTIVE, INC.	20-2077694

RELATIONSHIP BETWEEN ORGANIZATIONS
MANAGEMENT COMPANY

COMPENSATION DESCRIPTION
WAGES

AMER COLLEGE OF FORENSIC EXAMINERS, INC. [80348]
Net Book Value - Depreciation

Sorted: General - GL asset acct.

Financial

01/01/2005 - 12/31/2005

Section 179 Included in Depreciation Values

System No.	Asset Balances			Reductions							Net Book Value
	Beginning Balance	Additions	Deletions	Ending Balance	Beg. Accum. Depreciation	Current Depreciation	Sec. 179/ Bonus	Other Reductions	Deletion Reductions	Total Reductions	
1312											
Subtotal 1312	344,768.70	0.00	0.00	344,768.70	93,333.10	9,659.56	0.00	0.00	0.00	102,992.66	241,776.04
Less dispositions and exchanges	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for 1312	344,768.70	0.00	0.00	344,768.70	93,333.10	9,659.56	0.00	0.00	0.00	102,992.66	241,776.04
1315											
Subtotal. 1315	26,500.00	0.00	0.00	26,500.00	0.00	0.00	0.00	0.00	0.00	0.00	26,500.00
Less dispositions and exchanges	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for 1315	26,500.00	0.00	0.00	26,500.00	0.00	0.00	0.00	0.00	0.00	0.00	26,500.00
1320											
Subtotal 1320	114,629.00	0.00	114,629.00	0.00	33,716.45	2,837.11	0.00	0.00	36,553.56	0.00	0.00
Less dispositions and exchanges:	114,629.00	0.00	114,629.00	0.00	33,716.45	0.00	0.00	0.00	36,553.56	0.00	0.00
Net for 1320	0.00	0.00	0.00	0.00	0.00	2,837.11	0.00	0.00	0.00	0.00	0.00
1510											
Subtotal. 1510	273,430.12	0.00	0.00	273,430.12	247,410.82	11,083.12	0.00	0.00	0.00	258,493.94	14,936.18
Less dispositions and exchanges	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for 1510	273,430.12	0.00	0.00	273,430.12	247,410.82	11,083.12	0.00	0.00	0.00	258,493.94	14,936.18
1520											
Subtotal 1520	86,400.48	0.00	0.00	86,400.48	83,973.06	807.32	0.00	0.00	0.00	84,780.38	1,620.10
Less dispositions and exchanges:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for 1520	86,400.48	0.00	0.00	86,400.48	83,973.06	807.32	0.00	0.00	0.00	84,780.38	1,620.10
Subtotal	845,728.30	0.00	114,629.00	731,099.30	458,433.43	24,387.11	0.00	0.00	36,553.56	446,266.98	284,832.32
Less dispositions and exchanges:	114,629.00	0.00	114,629.00	0.00	33,716.45	0.00	0.00	0.00	36,553.56	0.00	0.00
Grand Totals	731,099.30	0.00	0.00	731,099.30	424,716.98	24,387.11	0.00	0.00	0.00	446,266.98	284,832.32

Depreciation Expense

Sorted: General - GL asset acct.

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Section 179 Included in Depreciation Values

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1312												
92		PARKING LOT	7/1/1996	ME / HY	15.0000	8,517.00	100.0000	0 00	0 00	5,248 51	502.84	5,751.35
93		PRIVACY FEN	10/4/1996	ME / HY	15 0000	3,760 00	100 0000	0 00	0.00	2,317.06	221.99	2,539 05
94		BUILDING	7/1/1996	SL / N/A	39.0000	222,365.00	100 0000	0 00	0.00	48,226 62	5,701 67	53,928 29
95		BUILDING	7/1/1996	SL / N/A	39 0000	76,665.00	100.0000	0.00	0.00	16,627.14	1,965 77	18,592.91
96		ALARM SYSTE	7/1/1996	M / HY	5.0000	2,921 00	100.0000	0.00	0.00	2,921 00	0 00	2,921 00
97		CARPET	7/1/1996	M / HY	5 0000	8,867.00	100.0000	0.00	0.00	8,867.00	0.00	8,867.00
98		WALLPAPER	7/1/1996	M / HY	5 0000	1,762 00	100.0000	0 00	0.00	1,762.00	0.00	1,762.00
99		PAJNTING WA	7/1/1996	SL / N/A	39.0000	3,200 00	100 0000	0.00	0.00	697 43	82 05	779.48
100		CONSTRUCTIC	7/1/1996	SL / N/A	39.0000	3,011 00	100.0000	0 00	0 00	656 29	77 21	733.50
101		CARPET STAIR	12/23/1996	M / HY	7.0000	1,144 00	100.0000	0.00	0.00	1,144 00	0.00	1,144.00
143		Slone Architec	5/29/2001	MSL / MM	39.0000	2,165.89	100.0000	0.00	0.00	201.33	55 54	256.87
144		Carpet	5/29/2001	M / HY	5 0000	4,900 81	100 0000	0 00	0.00	4,053.95	564.57	4,618.52
158		Landscaping (lv	10/30/2003	M / MQ	15 0000	5,490 00	100 0000	0.00	0.00	610 77	487 92	1,098 69
Subtotal. 1312						344,768.70		0.00	0.00	93,333.10	9,659.56	102,992.66
Less dispositions and exchanges						0 00		0 00	0 00	0.00	0.00	0.00
Net for: 1312						344,768.70		0.00	0.00	93,333.10	9,659.56	102,992.66
1315												
91		LAND	12/31/1996	No Calc / N/A	5 0000	26,500 00	100.0000	0 00	0.00	0.00	0.00	0.00
Subtotal 1315						26,500.00		0.00	0.00	0.00	0.00	0.00
Less dispositions and exchanges						0 00		0.00	0.00	0 00	0 00	0 00
Net for: 1315						26,500.00		0.00	0.00	0.00	0.00	0.00
1320												
128	D	2001 Mercedes	9/6/2001	M / HY	5 0000	88,287.00	100 0000	0 00	0.00	12,685 00	1,775.00	14,460.00
147	D	2002 Toyota Sc	3/15/2002	M / HY	5 0000	26,342 00	100.0000	0.00	0 00	21,031.45	1,062 11	22,093.56
Subtotal. 1320						114,629.00		0.00	0.00	33,716.45	2,837.11	36,553.56
Less dispositions and exchanges						114,629.00		0 00	0 00	33,716 45	0.00	36,553.56
Net for: 1320						0.00		0.00	0.00	0.00	2,837.11	0.00
1510												
3		2 LASER PRINT	2/20/1994	SL / N/A	5 0000	1,198.00	100 0000	0 00	0 00	1,198 00	0.00	1,198 00
4		PRINTER (OD)	11/30/1994	SL / N/A	5 0000	699 00	100 0000	0.00	0 00	699 00	0 00	699 00
5		MAC WAREHO	6/12/1995	M / HY	5 0000	262.00	100.0000	0.00	0 00	262 00	0.00	262.00
6		MAC WAREHO	6/24/1995	M / HY	5.0000	178.00	100.0000	0 00	0 00	178.00	0.00	178 00
7		DATABASE DI	1/30/1995	M / HY	5 0000	489 00	100.0000	0.00	0.00	489.00	0.00	489.00
8		MAC WAREHO	7/1/1996	M / HY	5 0000	3,329 00	100 0000	0 00	0.00	3,329.00	0.00	3,329 00
9		LASER PRINTE	7/1/1996	M / HY	5 0000	899.00	100.0000	0.00	0.00	899 00	0 00	899.00
10		LASER PRINTE	7/1/1996	M / HY	5.0000	899.00	100 0000	0.00	0.00	899.00	0.00	899 00
11		LASER PRINTE	7/1/1996	M / HY	5 0000	899.00	100.0000	0.00	0.00	899.00	0.00	899.00
12		COMPUTERS	7/1/1996	M / HY	5.0000	991 00	100.0000	0 00	0.00	991.00	0.00	991.00

Depreciation Expense

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Section 179 Included in Depreciation Values

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1510												
13		COMPUTERS	7/1/1996	M / HY	5 0000	3,198 00	100.0000	0 00	0 00	3,198.00	0 00	3,198 00
14		COMPUTERS	7/1/1996	M / HY	5.0000	1,599 00	100 0000	0 00	0 00	1,599.00	0 00	1,599 00
15		COMPUTERS	7/1/1996	M / HY	5 0000	948 00	100.0000	0 00	0.00	948.00	0.00	948 00
16		PRINTER	7/1/1996	M / HY	5 0000	203.00	100.0000	0.00	0.00	203 00	0.00	203 00
17		COMPUTERS	10/16/1996	M / HY	5 0000	2,290.00	100.0000	0.00	0.00	2,290.00	0.00	2,290.00
18		COMPUTERS	9/13/1996	M / HY	5 0000	2,299 00	100.0000	0.00	0.00	2,299.00	0.00	2,299.00
19		COMPUTERS	1/16/1997	M / HY	5 0000	18,951 00	100.0000	0.00	0.00	18,951.00	0.00	18,951 00
20		COMPUTER	2/7/1997	M / HY	5 0000	3,066 00	100 0000	0.00	0.00	3,066.00	0.00	3,066.00
21		MAC COMPUT	2/16/1997	M / HY	5 0000	6,187.00	100.0000	0.00	0.00	6,187.00	0.00	6,187 00
22		COMPUTER E	4/30/1997	M / HY	5.0000	172 00	100.0000	0.00	0.00	172.00	0.00	172 00
23		COMPUTER	4/30/1997	M / HY	5.0000	775.00	100.0000	0.00	0.00	775.00	0.00	775 00
24		COLOR PRINT	5/31/1997	M / HY	5.0000	508.00	100 0000	0 00	0.00	508.00	0 00	508 00
25		8 COMPUTERS	7/27/1999	SL / N/A	10 0000	14,066 00	100.0000	0.00	0.00	7,736.30	1,406 60	9,142 90
26		COMPAQ COM	4/28/2000	SL / N/A	10.0000	4,008.43	100.0000	0.00	0.00	1,903.99	400.84	2,304.83
27		GATEWAY CO	11/21/2000	SL / N/A	10 0000	1,866 26	100 0000	0.00	0.00	777.62	186.63	964.25
28		GATEWAY CO	12/21/2000	SL / N/A	10 0000	1,887.63	100 0000	0.00	0.00	770.77	188.76	959.53
29		Software	4/28/1994	M / HY	5 0000	293 00	100 0000	0.00	0 00	293.00	0 00	293 00
30		4 STS Analysis	3/15/1995	M / HY	5 0000	506 00	100 0000	0.00	0.00	506 00	0.00	506 00
31		SOFTWARE	7/1/1996	SL / N/A	3 0000	7,690 00	100.0000	0.00	0.00	7,690.00	0.00	7,690 00
32		IMIS SOFTWA	7/31/1998	SL / N/A	3.0000	2,602.60	100 0000	0.00	0.00	2,602 60	0.00	2,602 60
33		IMIS MILLENIU	7/31/1999	SL / N/A	3 0000	30,175.00	100.0000	0.00	0.00	30,175.00	0.00	30,175.00
102		SECURITY SY	1/3/1993	SL / N/A	7.0000	620.00	100.0000	0.00	0.00	620 00	0.00	620 00
103		PHONE	5/3/1994	SL / N/A	7 0000	105 00	100 0000	0.00	0.00	105 00	0.00	105 00
104		BREAKROOM	8/25/1994	SL / N/A	7.0000	199 00	100 0000	0 00	0.00	199 00	0.00	199 00
105		STEREO - MAIL	10/6/1994	SL / N/A	7.0000	129.00	100.0000	0.00	0.00	129.00	0.00	129 00
106		TYPEWRITER	6/22/1994	SL / N/A	5.0000	110.00	100 0000	0.00	0.00	110 00	0.00	110 00
107		COPIER (OD)	5/19/1994	SL / N/A	5 0000	650 00	100 0000	0.00	0 00	650.00	0.00	650 00
108		PROTEL PHON	2/14/1995	ME / HY	7.0000	3,869.00	100.0000	0.00	0 00	3,869.00	0 00	3,869 00
109		FAX MACHINE	7/1/1996	M / HY	7 0000	604.00	100.0000	0 00	0.00	604 00	0 00	604 00
110		FAX MACHINE	7/1/1996	M / HY	7.0000	600 00	100.0000	0.00	0.00	600 00	0.00	600 00
111		TELEPHONE E	7/1/1996	M / HY	5.0000	2,156.00	100.0000	0 00	0 00	2,156 00	0 00	2,156 00
112		SECURITY SY	7/1/1996	M / HY	5.0000	4,299 00	100.0000	0 00	0 00	4,299.00	0.00	4,299 00
113		PHONE SYSTE	7/1/1996	M / HY	7 0000	7,363.00	100.0000	0.00	0.00	7,363.00	0.00	7,363 00
114		PHONES	7/1/1996	M / HY	7.0000	8,206.00	100.0000	0.00	0.00	8,206.00	0.00	8,206 00
115		TV	7/1/1996	M / HY	5.0000	650 00	100 0000	0.00	0.00	650 00	0.00	650 00
116		FAX MACHINE	7/1/1996	M / HY	7 0000	2,155 00	100 0000	0.00	0.00	2,155.00	0.00	2,155 00
117		FAX MACHINE	7/1/1996	M / HY	7 0000	960.00	100.0000	0 00	0 00	960.00	0.00	960 00
118		FAX MACHINE	7/1/1996	M / HY	7 0000	1,107.00	100.0000	0 00	0.00	1,107.00	0 00	1,107 00
119		FAX MACHINE	7/1/1996	M / HY	5.0000	500.00	100.0000	0 00	0 00	500.00	0.00	500 00
120		PHONE SYSTE	7/1/1996	M / HY	7.0000	27,074.00	100.0000	0 00	0.00	27,074 00	0.00	27,074 00
121		PHONE SYSTE	1/29/1997	M / HY	5.0000	8,841.00	100.0000	0 00	0 00	8,841.00	0.00	8,841 00

Depreciation Expense

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System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1510												
122		OFFICE CHAIR	4/30/1997	M / HY	7.0000	785.00	100.0000	0.00	0.00	785.00	0.00	785.00
123		SAFE	5/31/1997	M / HY	5.0000	1,650.00	100.0000	0.00	0.00	1,650.00	0.00	1,650.00
129		Laptop	7/6/2001	M / HY	5.0000	1,326.90	100.0000	0.00	0.00	1,097.61	152.86	1,250.47
130		Laptop	7/13/2001	M / HY	5.0000	1,905.88	100.0000	0.00	0.00	1,576.55	219.55	1,796.10
131		Office systems	7/17/2001	M / HY	5.0000	2,595.00	100.0000	0.00	0.00	2,146.58	298.95	2,445.53
132		Envelope print	7/26/2001	M / HY	5.0000	534.00	100.0000	0.00	0.00	441.73	61.51	503.24
133		BCC software	9/11/2001	SL / N/A	3.0000	5,481.00	100.0000	0.00	0.00	5,481.00	0.00	5,481.00
134		Computer	3/14/2001	M / HY	5.0000	2,305.96	100.0000	0.00	0.00	1,907.49	265.65	2,173.14
135		Computer	3/14/2001	M / HY	5.0000	2,488.82	100.0000	0.00	0.00	2,058.75	286.71	2,345.46
136		Advanced solu	6/7/2001	SL / N/A	3.0000	7,606.72	100.0000	0.00	0.00	7,606.72	0.00	7,606.72
137		Service world	6/28/2001	M / HY	5.0000	14,585.10	100.0000	0.00	0.00	12,064.79	1,680.21	13,745.00
138		Circuit City	12/31/2001	M / HY	5.0000	1,649.96	100.0000	0.00	0.00	1,450.38	133.05	1,583.43
139		Computer inno	9/12/2001	SL / N/A	3.0000	3,400.00	100.0000	0.00	0.00	3,400.00	0.00	3,400.00
145		Int Assoc Mgm	7/10/2001	M / HY	5.0000	32,748.00	100.0000	0.00	0.00	27,089.15	3,772.57	30,861.72
148		IMAC G4-800 C	5/22/2002	M / HY	5.0000	1,860.00	100.0000	0.00	0.00	1,485.02	149.99	1,635.01
150		Savin Fax 3720	6/30/2003	M / MQ	5.0000	1,032.00	100.0000	0.00	0.00	567.60	185.76	753.36
151		Apple 23' LCD I	7/23/2003	M / MQ	5.0000	1,999.95	100.0000	0.00	0.00	979.97	407.99	1,387.96
152		Power Mac CP	7/23/2003	M / MQ	5.0000	1,449.90	100.0000	0.00	0.00	710.45	295.78	1,006.23
153		Epson Stylus P	7/30/2003	M / MQ	5.0000	499.95	100.0000	0.00	0.00	244.97	101.99	346.96
154		DCR-TRV350	9/16/2003	M / MQ	5.0000	505.27	100.0000	0.00	0.00	247.58	103.08	350.66
155		Computer	9/22/2003	M / MQ	5.0000	609.84	100.0000	0.00	0.00	298.82	124.41	423.23
156		I-MAC	10/1/2003	M / MQ	5.0000	1,329.95	100.0000	0.00	0.00	571.88	303.23	875.11
157		BCC Software,	9/8/2003	M / MQ	5.0000	1,750.00	100.0000	0.00	0.00	857.50	357.00	1,214.50
Subtotal. 1510						273,430.12		0.00	0.00	247,410.82	11,083.12	258,493.94
Less dispositions and exchanges						0.00		0.00	0.00	0.00	0.00	0.00
Net for: 1510						273,430.12		0.00	0.00	247,410.82	11,083.12	258,493.94
1520												
34		FURNITURE	1/1/1993	M / HY	5.0000	821.00	100.0000	0.00	0.00	821.00	0.00	821.00
35		DESK	7/3/1994	SL / N/A	7.0000	100.00	100.0000	0.00	0.00	100.00	0.00	100.00
36		FILE CABINET	5/17/1994	SL / N/A	7.0000	940.00	100.0000	0.00	0.00	940.00	0.00	940.00
37		CHAIR	5/20/1994	SL / N/A	7.0000	100.00	100.0000	0.00	0.00	100.00	0.00	100.00
38		COAT RACK	6/3/1994	SL / N/A	7.0000	83.00	100.0000	0.00	0.00	83.00	0.00	83.00
39		PICTURES	6/8/1994	SL / N/A	7.0000	188.00	100.0000	0.00	0.00	188.00	0.00	188.00
40		2 CHAIRS	6/22/1994	SL / N/A	7.0000	200.00	100.0000	0.00	0.00	200.00	0.00	200.00
41		OFFICE FURN	8/28/1994	SL / N/A	7.0000	2,367.00	100.0000	0.00	0.00	2,367.00	0.00	2,367.00
42		MINI CART	7/12/1994	SL / N/A	7.0000	100.00	100.0000	0.00	0.00	100.00	0.00	100.00
43		4 BOOKSHELV	9/20/1994	SL / N/A	7.0000	791.00	100.0000	0.00	0.00	791.00	0.00	791.00
44		DECOR	10/13/1994	SL / N/A	7.0000	319.00	100.0000	0.00	0.00	319.00	0.00	319.00
45		DESK	9/30/1994	SL / N/A	7.0000	279.00	100.0000	0.00	0.00	279.00	0.00	279.00
46		FILE	9/26/1994	SL / N/A	7.0000	760.00	100.0000	0.00	0.00	760.00	0.00	760.00

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System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1520												
47		LOGO WOODC	7/16/1994	SL / N/A	7.0000	480.00	100 0000	0.00	0 00	480.00	0.00	480 00
48		ABFE CUSTOM	7/20/1994	SL / N/A	7 0000	328.00	100 0000	0 00	0 00	328.00	0.00	328.00
49		US FLAG	7/20/1994	SL / N/A	7.0000	273.00	100 0000	0 00	0 00	273.00	0.00	273 00
50		2 4-DR LAT FILI	12/30/1994	SL / N/A	7 0000	940.00	100 0000	0.00	0 00	940 00	0.00	940 00
51		EAGLE ON WO	7/21/1994	SL / N/A	7 0000	191 00	100.0000	0 00	0 00	191 00	0 00	191 00
52		CHAIR	6/12/1994	SL / N/A	7 0000	100.00	100 0000	0 00	0.00	100.00	0.00	100.00
53		DESK, TABLES	7/25/1995	M / HY	7.0000	759.00	100.0000	0 00	0.00	759 00	0 00	759.00
54		RUGS FOR OF	6/13/1995	ME / HY	7.0000	717 00	100.0000	0 00	0.00	717 00	0 00	717.00
55		FURNITURE	7/13/1995	M / HY	7.0000	1,595.00	100 0000	0 00	0.00	1,595.00	0 00	1,595.00
56		SHEEDS OFFIC	1/12/1995	ME / HY	7 0000	602.00	100 0000	0.00	0.00	602 00	0 00	602.00
57		DECK FURNIT	3/26/1995	ME / HY	7.0000	623.00	100.0000	0.00	0.00	623 00	0.00	623.00
58		TABLE, CHAIRS	1/14/1995	ME / HY	7.0000	497.00	100 0000	0.00	0.00	497 00	0.00	497 00
59		DESK	1/14/1995	ME / HY	7 0000	399 00	100 0000	0.00	0.00	399.00	0.00	399.00
60		DESK	1/16/1995	M / HY	7.0000	4,244 00	100.0000	0 00	0.00	5,773.00	0.00	5,773 00
61		CEILING FAN	1/16/1995	M / HY	7 0000	442.00	100.0000	0.00	0.00	442.00	0.00	442.00
62		CREDENZA	1/20/1995	M / HY	7.0000	795 00	100 0000	0.00	0.00	795.00	0.00	795 00
63		FILING CABIN	1/25/1995	M / HY	7.0000	360 00	100.0000	0.00	0.00	360.00	0.00	360.00
64		DESKS	7/1/1996	M / HY	7.0000	833 00	100.0000	0.00	0.00	833.00	0 00	833.00
65		APPLIANCES	7/1/1996	M / HY	5.0000	2,355.00	100 0000	0 00	0 00	2,355 00	0.00	2,355.00
66		FANS	7/1/1996	M / HY	5.0000	246.00	100.0000	0.00	0 00	246 00	0.00	246 00
67		GRILL	7/1/1996	M / HY	5 0000	312 00	100.0000	0.00	0.00	312 00	0 00	312.00
68		DESK	7/1/1996	M / HY	7.0000	885.00	100 0000	0 00	0.00	885 00	0.00	885.00
69		PAINTING	7/1/1996	No Calc / N/A	10.0000	325.00	100 0000	0.00	0.00	0.00	0.00	0.00
70		FURNITURE	7/1/1996	M / HY	7.0000	1,528.00	100.0000	0.00	0 00	1,528.00	0 00	1,528 00
71		FURNITURE	7/1/1996	M / HY	7.0000	3,127.00	100 0000	0.00	0 00	3,127 00	0.00	3,127 00
72		FURNITURE	7/1/1996	M / HY	7 0000	2,609 00	100.0000	0.00	0.00	2,609.00	0.00	2,609 00
73		FURNITURE	7/1/1996	M / HY	7.0000	3,605.00	100.0000	0.00	0.00	3,605 00	0.00	3,605 00
74		FURNITURE	7/1/1996	M / HY	7.0000	484.00	100.0000	0.00	0.00	484.00	0.00	484.00
75		FURNITURE	7/1/1996	M / HY	7.0000	3,017.00	100.0000	0.00	0.00	3,017.00	0.00	3,017 00
76		FURNITURE	7/1/1996	M / HY	7.0000	800.00	100.0000	0.00	0.00	800.00	0 00	800.00
77		FURNITURE	7/1/1996	M / HY	7.0000	920.00	100.0000	0.00	0 00	920.00	0.00	920.00
78		FURNITURE	7/1/1996	M / HY	7 0000	428 00	100.0000	0.00	0 00	428.00	0.00	428.00
79		FURNITURE	7/1/1996	M / HY	7.0000	1,382.00	100 0000	0 00	0.00	1,382.00	0.00	1,382.00
80		FURNITURE	7/1/1996	M / HY	7.0000	1,104 00	100.0000	0.00	0 00	1,104.00	0.00	1,104.00
81		FURNITURE	7/1/1996	M / HY	7.0000	5,167 00	100.0000	0.00	0 00	5,167.00	0.00	5,167.00
82		RUG RUNNER	7/1/1996	M / HY	7.0000	2,000.00	100.0000	0 00	0.00	2,000 00	0.00	2,000.00
83		FURNITURE	1/20/1997	M / HY	7.0000	5,500.00	100 0000	0 00	0.00	5,500.00	0.00	5,500 00
84		FURNITURE	1/22/1997	M / HY	7.0000	3,288.00	100.0000	0.00	0 00	3,288 00	0.00	3,288 00
85		DESK	2/14/1997	M / HY	7 0000	2,288.00	100 0000	0.00	0.00	2,288.00	0 00	2,288.00
86		FURNITURE	1/15/1997	M / HY	7.0000	1,754.00	100 0000	0.00	0.00	1,754.00	0.00	1,754.00
87		BRONZE LAM	1/17/1997	M / HY	7.0000	8,000.00	100.0000	0.00	0.00	8,000.00	0.00	8,000 00

Depreciation Expense

Financial

01/01/2005 - 12/31/2005

Sorted: General - GL asset acct.

Section 179 Included in Depreciation Values

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1520												
88		OFFICE FURN	1/31/1997	M / HY	7.0000	4,000.00	100.0000	0.00	0.00	4,000.00	0.00	4,000.00
89		CHAIR	8/31/1997	M / HY	7.0000	205.00	100.0000	0.00	0.00	205.00	0.00	205.00
90		DESK	10/31/1997	M / HY	7.0000	1,104.00	100.0000	0.00	0.00	1,104.00	0.00	1,104.00
124		BOOTH	3/24/2000	SL / N/A	10.0000	2,328.21	100.0000	0.00	0.00	1,125.30	232.82	1,358.12
125		BOOTH	10/25/2000	SL / N/A	10.0000	1,513.15	100.0000	0.00	0.00	643.11	151.32	794.43
126		CHAIR	12/21/2000	SL / N/A	10.0000	999.80	100.0000	0.00	0.00	408.25	99.98	508.23
140		Freezer	7/11/2001	M / HY	5.0000	125.00	100.0000	0.00	0.00	103.40	14.40	117.80
141		Oak Express-fur	6/14/2001	M / HY	7.0000	1,584.35	100.0000	0.00	0.00	1,089.45	141.40	1,230.85
142		Havertys Office	12/31/2001	M / HY	7.0000	510.97	100.0000	0.00	0.00	399.24	31.92	431.16
149		6 OFFICE CHAI	4/8/2002	M / HY	5.0000	1,680.00	100.0000	0.00	0.00	1,341.31	135.48	1,476.79
Subtotal 1520						86,400.48		0.00	0.00	83,973.06	807.32	84,780.38
Less dispositions and exchanges						0.00		0.00	0.00	0.00	0.00	0.00
Net for: 1520						86,400.48		0.00	0.00	83,973.06	807.32	84,780.38
Subtotal:						845,728.30		0.00	0.00	458,433.43	24,387.11	482,820.54
Less dispositions and exchanges						114,629.00		0.00	0.00	33,716.45	0.00	36,553.56
Grand Totals						731,099.30		0.00	0.00	424,716.98	24,387.11	446,266.98

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

Do not 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.

Name of Exempt Organization: AMERICAN COLLEGE OF FORENSIC EXAMINERS, INC.
Employer identification number: 43-1602599
Number, street, and room or suite no.: 2750 E. SUNSHINE
City, town or post office, state, and ZIP code: SPRINGFIELD, MO 65804

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

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

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 MARY BROWN, Telephone No 417-881-3818, 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).

I request an additional 3-month extension of time until NOVEMBER 15, 2006.
For calendar year 2005, or other tax year beginning and ending
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO GATHER SUFFICIENT 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. \$
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. \$ N/A

Signature and Verification

Under penalties of perjury, 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: [Handwritten Signature] Title: Accountant Date: 8/14/06

Notice to Applicant - To Be Completed by the IRS

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

Director By: Date

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

Name: WHITLOCK, SELIM & KEEHN, LLP
Number and street (include suite, room, or apt. no.) or a P.O. box number: 3271 E BATTLEFIELD, SUITE 300
City or town, province or state, and country (including postal or ZIP code): SPRINGFIELD, MO 65804

Application for Extension of Time To File an Exempt Organization Return

▶ 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 **X**
 - 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	Name of Exempt Organization AMERICAN COLLEGE OF FORENSIC EXAMINERS, INC.	Employer identification number 43-1602599
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2750 E. SUNSHINE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPRINGFIELD, MO 65804	

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

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

- The books are in the care of ▶ **MARY BROWN**
 Telephone No. ▶ **417-881-3818** 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 **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year **2005** 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 \$ **N/A**

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.