

**Return of Organization Exempt From Income Tax**

**2005**

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

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

**A For the 2005 calendar year, or tax year beginning** , 2005, and ending ,

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

**C Name of organization**  
 THOUGHTFUL HOUSE CENTER FOR CHILDREN  
 Number and street (or P O box if mail is not delivered to street addr) Room/suite  
 3001 BEE CAVES ROAD 120  
 City, town or country State ZIP code + 4  
 AUSTIN TX 78746

**D Employer Identification Number**  
 20-0802572

**E Telephone number**  
 (512) 732-8400

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**G Web site:** ▶ www.thoughtfulhouse.org

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

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

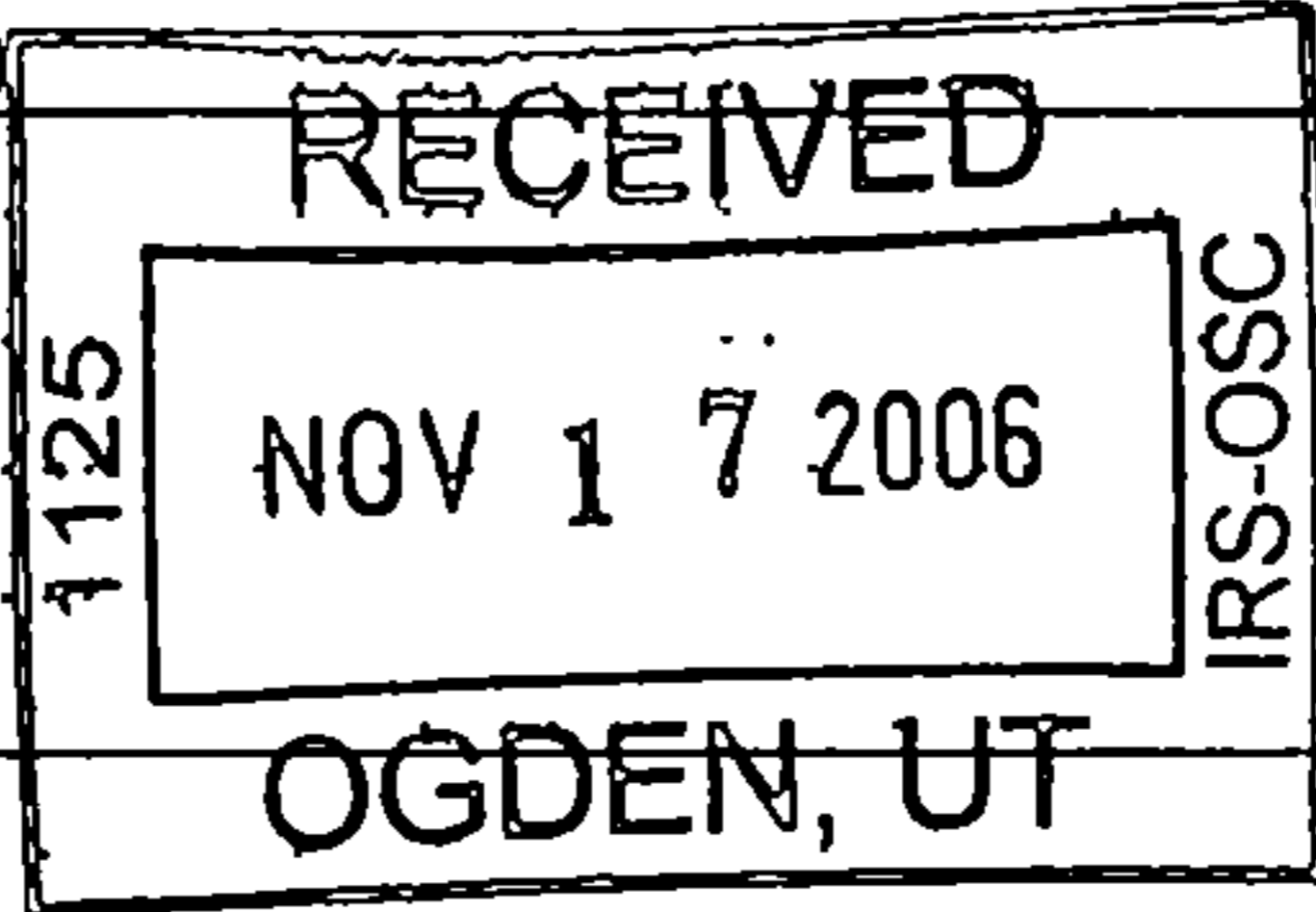
**L Gross receipts.** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 945,438.

**H and I are not applicable to section 527 organizations**  
**H (a)** Is this a group return for affiliates?  Yes  No  
**H (b)** If 'Yes,' enter number of affiliates ▶  
**H (c)** Are all affiliates included?  Yes  No (if 'No,' attach a list. See instructions.)  
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶  
**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1 a	908,963.		
	b Indirect public support	1 b			
	c Government contributions (grants)	1 c			
	d Total (add lines 1a through 1c) (cash \$ 908,963. noncash \$ 0.)	1 d		908,963.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		34,504.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		1,971.	
	5 Dividends and interest from securities	5			
	6a Gross rents	6 a			
	b Less rental expenses	6 b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6 c			
7 Other investment income (describe )	7				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8 a				
	b Less cost or other basis and sales expenses	8 b			
	c Gain or (loss) (attach schedule)	8 c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8 d				
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1a)	9 a				
b Less direct expenses other than fundraising expenses	9 b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9 c				
10a Gross sales of inventory, less returns and allowances	10 a				
b Less cost of goods sold	10 b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10 c				
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		945,438.		
EXPENSES	13 Program services (from line 44, column (B))	13	689,716.		
	14 Management and general (from line 44, column (C))	14	227,523.		
	15 Fundraising (from line 44, column (D))	15	81,244.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		998,483.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-53,045.		
ASSETS	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,596,599.		
	20 Other changes in net assets or fund balances (attach explanation)	20	145,742.		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,689,296.	



SCANNED DEC 09 2006

G-15 6

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>				
<b>23</b> Specific assistance to individuals (att sch)	<b>23</b>				
<b>24</b> Benefits paid to or for members (att sch)	<b>24</b>				
<b>25</b> Compensation of officers, directors, etc	<b>25</b>	149,523.	46,831.	102,692.	0.
<b>26</b> Other salaries and wages	<b>26</b>	24,363.	24,363.	0.	0.
<b>27</b> Pension plan contributions	<b>27</b>	0.	0.	0.	0.
<b>28</b> Other employee benefits	<b>28</b>	19,024.	4,417.	14,607.	0.
<b>29</b> Payroll taxes	<b>29</b>	9,064.	1,738.	7,326.	0.
<b>30</b> Professional fundraising fees	<b>30</b>	0.	0.	0.	0.
<b>31</b> Accounting fees	<b>31</b>	2,455.	0.	2,455.	0.
<b>32</b> Legal fees	<b>32</b>	10,615.	7,050.	3,565.	0.
<b>33</b> Supplies	<b>33</b>	29,672.	18,512.	5,963.	5,197.
<b>34</b> Telephone	<b>34</b>	12,001.	1,850.	10,151.	0.
<b>35</b> Postage and shipping	<b>35</b>	6,477.	893.	5,584.	0.
<b>36</b> Occupancy	<b>36</b>	56,275.	3,781.	43,834.	8,660.
<b>37</b> Equipment rental and maintenance	<b>37</b>	3,271.	0.	3,271.	0.
<b>38</b> Printing and publications	<b>38</b>	50,153.	7,900.	1,875.	40,378.
<b>39</b> Travel	<b>39</b>	72,506.	49,972.	14.	22,520.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	27,718.	16,902.	6,327.	4,489.
<b>41</b> Interest	<b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	20,762.	15,416.	5,346.	0.
<b>43</b> Other expenses not covered above (itemize)					
<b>a</b> WEBSITE	<b>43a</b>	11,530.	0.	11,530.	0.
<b>b</b> FEES, PERMITS, LICENSES	<b>43b</b>	6,706.	5,200.	1,506.	0.
<b>c</b> BANKING COSTS	<b>43c</b>	1,477.	0.	1,477.	0.
<b>d</b> PHYSICIAN SERVICES	<b>43d</b>	114,085.	114,085.	0.	0.
<b>e</b> RESEARCH SERVICES	<b>43e</b>	370,806.	370,806.	0.	0.
<b>f</b> _____	<b>43f</b>				
<b>g</b> _____	<b>43g</b>				
<b>44</b> Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	998,483.	689,716.	227,523.	81,244.

**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 \$ \_\_\_\_\_

BAA

**Part III Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose? <b>help children with developmental disorders</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<b>a Equestrian Program--provided administrative support and volunteer support to the Thoughtful House Equestrians (THE), a therapeutic riding program.</b> ----- ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	360.
<b>b Community Outreach Program--14 lectures by visiting and local professionals directed toward parents and care-givers to raise awareness of needs and resources for children with dev. disorders.</b> ----- ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	13,524.
<b>c Research Programs--Pittsburg Primate project, Visceral Brand Effect Papers, Rules Based Medicine, Italian cohort replication, and others. Wrote 5 research plans and two clinical trials and submitted to IRB for ethical approval. Hosted scientific conference with 300 attendees.</b> ----- ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	479,785.
<b>d Clinical Support--Coordinated the set up and multi-disciplinary communication of 4 individual clinical practices.</b> ----- ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	196,047.
<b>e Other program services</b> N/A (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	689,716.

BAA

**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
<b>ASSETS</b>	<b>45</b> Cash – non-interest-bearing	5,171.	<b>45</b>	203,057.	
	<b>46</b> Savings and temporary cash investments	525,614.	<b>46</b>	3,079.	
	<b>47 a</b> Accounts receivable	<b>47 a</b> 0.			
	<b>b</b> Less allowance for doubtful accounts	<b>47 b</b>	0.	<b>47 c</b> 0.	
	<b>48 a</b> Pledges receivable	<b>48 a</b> 0.			
	<b>b</b> Less: allowance for doubtful accounts	<b>48 b</b>	0.	<b>48 c</b> 0.	
	<b>49</b> Grants receivable		0.	<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		0.	<b>50</b>	
	<b>51 a</b> Other notes & loans receivable (attach sch)	<b>51 a</b> 151,500.			
	<b>b</b> Less allowance for doubtful accounts	<b>51 b</b>	179,700.	<b>51 c</b> 151,500.	
	<b>52</b> Inventories for sale or use		0.	<b>52</b> 0.	
	<b>53</b> Prepaid expenses and deferred charges		0.	<b>53</b> 0.	
	<b>54</b> Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0.	<b>54</b> 0.	
	<b>55 a</b> Investments – land, buildings, & equipment basis	<b>55 a</b> 0.			
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55 b</b>	0.	<b>55 c</b> 0.	
	<b>56</b> Investments – other (attach schedule)		0.	<b>56</b> 0.	
	<b>57 a</b> Land, buildings, and equipment basis	<b>57 a</b> 1,352,991.			
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>57 b</b> 21,331.	963,120.	<b>57 c</b> 1,331,660.	
	<b>58</b> Other assets (describe ▶ _____)			<b>58</b>	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58		1,673,605.	<b>59</b>	1,689,296.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses		77,006.	<b>60</b> 0.	
	<b>61</b> Grants payable		0.	<b>61</b> 0.	
	<b>62</b> Deferred revenue		0.	<b>62</b> 0.	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		0.	<b>63</b> 0.	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)		0.	<b>64 a</b> 0.	
	<b>b</b> Mortgages and other notes payable (attach schedule)		0.	<b>64 b</b> 0.	
	<b>65</b> Other liabilities (describe ▶ _____)		0.	<b>65</b> 0.	
	<b>66 Total liabilities.</b> Add lines 60 through 65		77,006.	<b>66</b> 0.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	<b>67</b> Unrestricted		1,596,599.	<b>67</b> 1,689,296.	
	<b>68</b> Temporarily restricted			<b>68</b>	
	<b>69</b> Permanently restricted			<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)		1,596,599.	<b>73</b>	1,689,296.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		1,673,605.	<b>74</b>	1,689,296.

BAA

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

		a	N/A
<b>a</b>	Total revenue, gains, and other support per audited financial statements		
<b>b</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	
<b>c</b>	Subtract line b from line a	c	
<b>d</b>	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	
<b>e</b>	<b>Total revenue</b> (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	N/A
<b>a</b>	Total expenses and losses per audited financial statements		
<b>b</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	
<b>c</b>	Subtract line b from line a	c	
<b>d</b>	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	
<b>e</b>	<b>Total expenses</b> (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 and deferred compensation plans	(E) Expense account and other allowances
CHARLES E. BALL 41 HILLTOP RD ASHEVILLE NC 28803	DIRECTOR 5	0.	0.	0.
TROYLYN W. BALL 41 HILLTOP RD ASHEVILLE NC 28803	DIRECTOR 5	0.	0.	0.
JANE JOHNSON 834 FIFTH AVE APT 11B NEW YORK NY 10021	MANAGING CO-DIRECTOR 10	0.	0.	0.
KEVIN NATER ONE DELL WAY ROUND ROCK TX 78682	MANAGING CO-DIRECTOR 10	0.	0.	0.
DR. DEBORAH PEEL 2802 STRATFORD DR AUSTIN TX 78746	DIRECTOR 2	0.	0.	0.
See List of Officers, Etc Statement				



Part VI Other Information (continued)

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
<b>82 b</b>			
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85 a</b>	<b>501(c)(4), (5), or (6) organizations</b> Were substantially all dues nondeductible by members?		
<b>85 b</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			
<b>85 c</b>	Dues, assessments, and similar amounts from members		
<b>85 d</b>	Section 162(e) lobbying and political expenditures		
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85 h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
<b>86 a</b>	<b>501(c)(7) organizations</b> Enter: a Initiation fees and capital contributions included on line 12		
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>87 a</b>	<b>501(c)(12) organizations</b> Enter: a Gross income from members or shareholders		
<b>87 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under section 4911 <u> N/A </u> , section 4912 <u> N/A </u> , section 4955 <u> N/A </u>		
<b>89 b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90 a</b>	List the states with which a copy of this return is filed <u> TEXAS </u>		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		3
<b>91 a</b>	The books are in care of <u> ANISSA RYLAND </u> Telephone number <u> (512) 732-8400 </u> Located at <u> 3001 BEE CAVES ROAD STE 120, AUSTIN TX </u> ZIP + 4 <u> 78746 </u>		
<b>91 b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <u> </u>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
<b>91 c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country <u> </u>		X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <u> </u> and enter the amount of tax-exempt interest received or accrued during the tax year <u> 92 </u>		<input type="checkbox"/>

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> RESEARCH CONFERENCE					34,504.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts			14	1,971.	
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				1,971.	34,504.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					36,475.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	PROVIDED EDUCATION FOR CLINICIANS, AND FORUM FOR EXCHANGE OF IDEAS FOR RESEARCHERS.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.) N/A

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

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

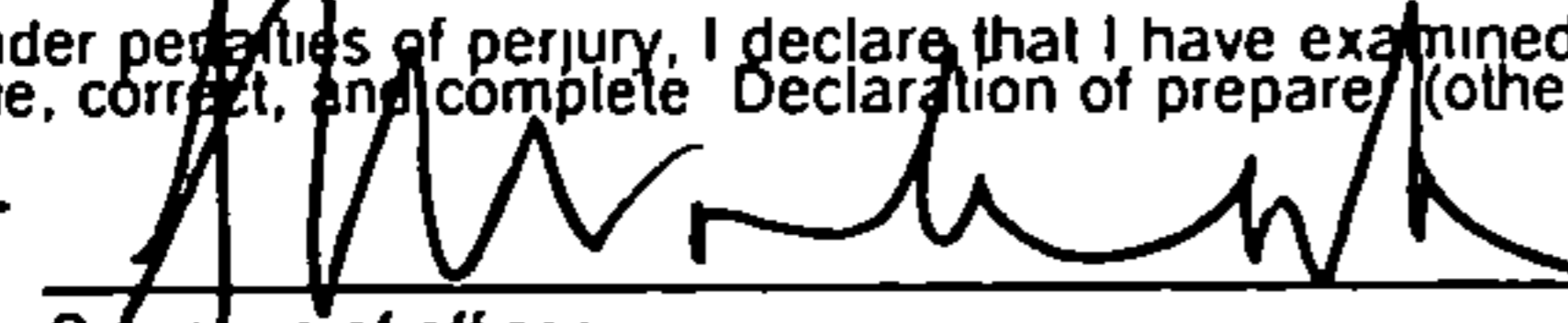
**a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**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)


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

**Please Sign Here**

Signature of officer:  Date: 11.14.06

DR. ANDREW WAKEFIELD, EXECUTIVE DIRECTOR

**Paid Preparer's Use Only**

Preparer's signature:  Date: 11-14-06

Firm's name (or yours if self-employed), address, and ZIP + 4: DONALD G. FLATEN, P.C., 15916 Two Rivers, Austin TX 78717

Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): P00237537

EIN: 74-2340165 Phone no: 512-280-4000



**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

**2005**

Name of the organization

THOUGHTFUL HOUSE CENTER FOR CHILDREN

Employer identification number

20-0802572

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

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

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

Total number of other employees paid over \$50,000 ▶

None

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DR. JERROLD J. KARTZINEL 2619 DEEP RIVER CIR, ROUND ROCK TX 78664	PHYSICIAN SERVICES	63,870.
MEDICAL INTERVENTIONS FOR AUTISM 931 OAKWOOD, WILMETTE IL 60091	RESEARCH SERVICES	342,751.
RULES BASED MEDICINE 3300 DUVAL ROAD, AUSTIN TX 78759	LABORATORY SERVICES	90,500.

Total number of others receiving over \$50,000 for professional services ▶

2

**Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None'. See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

None

**Part III Statements About Activities** (See instructions)

	Yes	No
<b>1</b> 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 <b>▶</b> \$ <u>0.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2a</b> Sale, exchange, or leasing of property?		X
<b>2b</b> Lending of money or other extension of credit?		X
<b>2c</b> Furnishing of goods, services, or facilities?		X
<b>2d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	X	
<b>2e</b> Transfer of any part of its income or assets?		X
<b>3a</b> 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)		X
<b>3b</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>3c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
<b>4b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

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

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

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

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

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

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,752,020.	0.	0.	0.	1,752,020.
<b>16</b> Membership fees received	0.	0.	0.	0.	0.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0.	0.	0.	0.	0.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	614.	0.	0.	0.	614.
<b>19</b> Net income from unrelated business activities not included in line 18	0.	0.	0.	0.	0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0.	0.	0.	0.	0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0.	0.	0.	0.	0.
<b>23</b> Total of lines 15 through 22	1,752,634.	0.	0.	0.	1,752,634.
<b>24</b> Line 23 minus line 17	1,752,634.	0.	0.	0.	1,752,634.
<b>25</b> Enter 1% of line 23	17,526.	0.	0.	0.	-

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

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test. Enter line 24, column (e)

d Add: Amounts from column (e) for lines: 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26b \_\_\_\_\_

e Public support (line 26c minus line 26d total)

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

26a	
26b	
26c	
26d	
26e	
26f	%

**27 Organizations described on line 12:**

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year

(2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

c Add: Amounts from column (e) for lines: 15 1,752,020. 16 0.  
17 0. 20 0. 21 0.

d Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** %

27c	1,752,020.
27d	
27e	1,752,020.
27f	1,752,634.
27g	99.96 %
27h	0.04 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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

		N/A	
		Yes	No
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to.		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

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

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

<b>Limits on Lobbying Expenditures</b> (The term 'expenditures' means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	0.
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	0.
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	0.
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0.
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table –		
	<b>If the amount on line 40 is –</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is –</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0.
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0.
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	0.
<b>Caution: If there is an amount on either line 43 or line 44, you must file Form 4720</b>			

**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 )

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (add lines c through h.)			

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



**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

THOUGHTFUL HOUSE CENTER FOR CHILDREN

Identifying number

20-0802572

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$105,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$420,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II - Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	185.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	1,017.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		245,972.	7.0 yrs	HY	SL	17,569.
d 10-year property						
e 15-year property			25 yrs		S/L	
f 20-year property			27.5 yrs	MM	S/L	
g 25-year property			27.5 yrs	MM	S/L	
h Residential rental property			39 yrs	MM	S/L	1,991.
i Nonresidential real property	06/05	143,330.		MM	S/L	

**Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	20,762.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>24b</b> If 'Yes,' is the evidence written?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost					
<b>25</b> Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							<b>25</b>						
<b>26</b> Property used more than 50% in a qualified business use													
<b>27</b> Property used 50% or less in a qualified business use													
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>						
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1											<b>29</b>		

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.			
<b>39</b> Do you treat all use of vehicles by employees as personal use?			
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)			
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles			

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2005 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2005 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See instructions for where to report					<b>44</b>



Form 990, Page 5, Part V-A  
**List of Officers, Etc. Statement**

(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 and deferred compensation	(E) Expense account and other allowances
ELIZABETH AVELLAN 4900 OLD MANOR RD AUSTIN TX 78723	DIRECTOR 2	0.	0.	0.
GREG SWINDELL 8843 N. 63RD PL PARADISE VALLEY AZ 85253	DIRECTOR 2	0.	0.	0.
SARA SWINDELL 8843 N. 63RD PL PARADISE VALLEY AZ 85253	DIRECTOR 2	0.	0.	0.
EMILY ROBISON PO BOX 1383 MEDINA TX 78055	DIRECTOR 2	0.	0.	0.
GENERAL JOE ROBLES 9800 FREDERICKSBURG RD C3E SAN ANTONIO TX 78288	DIRECTOR 2	0.	0.	0.
RUBEN ENRIQUES 14684 CADILLAC DR SAN ANTONIO TX 78248	DIRECTOR 2	0.	0.	0.
DR. ANDREW WAKEFIELD 3001 BEE CAVES RD #120 AUSTIN TX 78746	EXECUTIVE DIRECTOR 40	0.	0.	46,831.
ANISSA RYLAND 3001 BEE CAVES RD #120 AUSTIN TX 78746	DIRECTOR OF OPERATIO 40	102,692.	0.	0.
MAUREEN MOORE 9717 ANGELWYLDE DR AUSTIN TX 78733	SECRETARY/TREASURER 5	0.	0.	0.

Explanation Statement

Form/Line: Form 990, Part V-A line 75b  
 Explanation of: Relationship of Officers, Trustees, & Highly Compensated Employees

DIRECTORS CHARLES AND TROYLYNN BALL ARE HUSBAND AND WIFE.  
DIRECTORS GREG AND SARAH SWENDELL ARE HUSBAND AND WIFE.

**Supporting Statement of:**

Form 990 p 1/Line 20

Description	Amount
DECREASE IN ACCRUALS AND PAYABLES	77,003.
DECREASE IN NOTES RECEIVABLE	28,200.
INCREASE IN FIXED ASSETS	-249,172.
INCREASE IN CASH BALANCES	289,711.
Total	<u>145,742.</u>

**Supporting Statement of:**

Form 990 p 4/Line 51a

Description	Amount
N/R DR. KARTZINEL	150,000.
EMPLOYEE ADVANCES	1,500.
Total	<u>151,500.</u>