

**Short Form
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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Open to Public Inspection

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

B Check if applicable:	C	D Employer identification number
<input checked="" type="checkbox"/> Address change	Alliance of Automotive Service Providers 1730 New Brighton Blvd. #170 Minneapolis, MN 55413	41-2000833
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		612-270-6696
<input type="checkbox"/> Final return		F Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

Please use IRS label or print or type. See Specific Instructions.

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

G Accounting method: Cash Accrual Other (specify) ▶

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

I Web site: ▶ N/A

J Organization type (check only one) — 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

K Check 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 79,776.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)			
	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	7,650.
	4 Investment income	4	770.
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less. cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6 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 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less. cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8 Other revenue (describe ▶ See Statement 1)	8	71,356.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9	79,776.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	446.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	919.
	16 Other expenses (describe ▶ See Statement 2)	16	40,627.
	17 Total expenses (add lines 10 through 16) ▶	17	41,992.
	18 Excess or (deficit) for the year (line 9 less line 17)	18	37,784.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	88,241.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21	126,025.

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See Instructions)

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	88,241.	126,025.
23 Land and buildings	23		
24 Other assets (describe ▶ _____)	24		
25 Total assets	25	88,241.	126,025.
26 Total liabilities (describe ▶ _____)	26	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	88,241.	126,025.

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Part III Statement of Program Service Accomplishments (See Instructions)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 Provide education and meetings for Automotive Service Providers	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31 Other program services (attach schedule)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See 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	(E) Expense account and other allowances
See Attached List	0	0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)	See Statement 3	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmt.)	36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a 0.			
b Did the organization file Form 1120-POL for this year?	37 b		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . .	38 a		X
b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved	38 b		N/A
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39 a		N/A
b Gross receipts, included on line 9, for public use of club facilities	39 b		N/A
40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A			
b 501(c)(3) and (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 an explanation	40 b		N/A
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter amount of tax on line 40c reimbursed by the organization			0.

Part V Other Information (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ None

42 a The books are in care of ▶ Judell Anderson Telephone no. ▶ 612-270-6696

Located at ▶ 1730 New Brighton Blvd. #170, Minneapolis MN ZIP + 4 ▶ 55413

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)?

	Yes	No
42b		X
42c		X

If 'Yes,' enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

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

▶ Patrick L. Andersen | 3-9-06 ▶ Patrick L. Andersen, Pres.
Signature of officer Date Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ <u>Margaret Young</u>	Date ▶ <u>3/08/06</u>	Check if self employed ▶ <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W) ▶ <u>N/A</u>
	Firm's name (or yours if self employed), address, and ZIP + 4 ▶ <u>Doyle & Associates</u> <u>5100 Thimsen Ave Ste 140</u> <u>Minnetonka, MN 55345-4108</u>	EIN ▶ <u>N/A</u>	Phone no ▶ <u>(952) 474-0360</u>	

Client 9315

Alliance of Automotive Service Providers

41-2000833

3/08/06

08.32AM

**Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue**

Rebate Program	\$ 71,356.
Total	<u>\$ 71,356.</u>

**Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses**

AAPEX Program	\$ 500.
Accrual to Cash conversion	1,000.
Bank Charges	168.
Benefits Contractor	5,000.
Board Meeting Expense	160.
Gifts/Awards/Memorials	122.
Industry Initiatives	3,342.
Insurance	1,042.
Management Fees	22,708.
Supplies	2,261.
Telephone	454.
Travel	1,264.
Website Expense	2,606.
Total	<u>\$ 40,627.</u>

**Statement 3
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts**

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

**Alliance of Automotive Service Providers
Affiliate Member Delegates
November 9, 2005**

Illinois

Michael Randazzo

Randazzo's Gallery Collision Center
385 East North Street
Bradley, IL 60915

Tele 815-937-0112
Fax 815-937-0113
Email rgccl@aol.com

Michael Lane

AASPI
225 East Cook
Springfield, IL 62704

Tele 217-528-5230
Fax 217-241-4683
Email m.lane@aaspi.org

Mark Pierson (alternate)

Princeton Auto Body
29 S. 6th Street
Princeton, IL 61356

Tele 815-879-0211
Fax 815-872-0556
Email fender@theramp.net

Kentucky

Phil Kavanaugh

Kavanaugh's Paint & Body Shop
1376 Belmar Dr.
Louisville, KY 40213-1702

Tele 502-459-7302
Fax 502-459-1686
Email plksr1@aol.com

Pat Gisler

ASC Kentucky/So. Indiana
6239 Cincinnati Road
Sadieville, KY 40370

Tele 502-857-4284
Fax 801-459-2296
Email gisler@bellsouth.net

Massachusetts

**Stan Morin
Treasurer**

New England Tire
44 North Main St.
Attleboro, MA 02703

Tele 774-644-3939
Fax 508-336-7697
Email karstan3@comcast.net

**Rick Starbard
Vice President**

Rick's Auto Collision, Inc.
655 North Shore Road
Revere, MA 02151

Tele 781-289-0905
Fax 781-286-9175
Email rstarbard@comcast.net

Peter Abdelmasch (alternate)

9 Bartlet Street, #143
Andover, MA 01810

Tele 978-430-9214
Fax 978-749-0687
Email pabdelmasch@yahoo.com

Minnesota

Pat Andersen, AAM
President

Anoka Auto Care
306 W. Main St.
Anoka, MN 55303

Tele 763-422-4120
Fax 763-422-9600
Email repaircar@cs.com

Judell Anderson, CAE
Executive Director Chair

AASP-MN
2520 Broadway Street NE, #202
Minneapolis, MN 55413

Tele 612-623-1110
Fax 612-623-1122
Email aasprnn@qwest.net

Missouri

Mike Silva, AAM

Advanced Auto Service
6123 Gravois
St. Louis, MO 63116

Tele 314-352-4169
Fax 314-352-1175
Email mike@advancedautoserv.com

Ron Reiling, AAM

AASP-MO
P.O. Box 609, 1021 Monroe St.
St. Charles, MO 66302-0609

Tele 636-949-5990
Fax 636-949-5998
Email aaspmo@aol.com

New Jersey

Nick Kostakis
Immediate Past President

Angelo's Auto Body, Inc.
243 Coit St.
Irvington, NJ 07111

Tele 973-371-8700
Fax 973-371-8394
Email nick.kostakis@verizon.net

Bob Everett, AAM

Bayville Auto Care, Inc.
912 Route #9
Bayville, NJ 08721

Tele 732-269-9893
Fax 732-269-6789
Email bobev@aol.com

Charles Bryant (alternate)

AASP-NJ
P.O. Box 734
Neptune, NJ 07753

Tele 732-922-8909
Fax 732-922-9821
Email setlit4u@msn.com

New York

Ralph Bombardiere

NY State Association of Service Stations
& Repair Shops, Inc.
6 Walker Way
Albany, NY 12205

Tele 518-452-4367
Fax 518-452-1955
Email gasdal@cs.com

Jan Quitzau

SSRSOUNY/AASP-NY
3650 James Street, Suite 101
Syracuse, NY 13206

Tele 315-455-1301
Fax 315-455-1302
Email jquitzau58@choiceonemail.com

**Butch Strutz, AAM
(alternate)**

Butch's Automotive
303 Old 7th North Street
Liverpool, NY 13088

Tele 315-472-6360
Fax 315-472-8133
Email butch@butchsautomotive.com

Pennsylvania

**Jim Bastone, AAM
Secretary**

Bastone Auto Service
235 ½ Carron Street
Pittsburgh, PA 15206

Tele 412-361-3554
Fax 412-362-7449
Email j.bastone@att.net

Jerry Schantz

AASP-PA
2151 Greenwood Street
Harrisburg, PA 17104

Tele 717-564-8400
Fax 717-564-5215
Email jschantz@aasp-pa.org

Ron Turner (alternate)

Ridge Auto
140 N. Ridge Ave.
Ambler, PA 19002

Tele 215-646-2424
Fax 215-646-3487
Email rjtridge123@cs.com

National office

**Judell Anderson, CAE
Administrator**

AASP
1730 New Brighton Blvd, #170
Minneapolis, MN 55413

Tele 612-270-6696
Fax 612-789-6473 Attn PMB170
Email info@autoserviceproviders.com