

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

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

Department of the Treasury Internal Revenue Service

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

B Check if applicable:

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See specific instructions.

C Name of organization: NATIONAL ECZEMA ASSOCIATION FOR SCIENCE & EDUCATION
Number and street (or P.O. box if mail is not delivered to street addr): 4460 REDWOOD HIGHWAY
Room/suite: 16 D
City, town or country: SAN RAFAEL
State: CA
ZIP code + 4: 94903-1953

D Employer Identification Number: 93-0988840
E Telephone number: (415) 499-3474
F Accounting method: [X] Accrual

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

G Web site: WWW.NATIONALECZEMA.ORG

J Organization type (check only): [X] 501(c) 3 (insert no.) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 223,922.

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

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

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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 (att sch) (cash \$ 47,052. non-cash \$ 0.) | 47,052. | 47,052. | | |
| 23 | Specific assistance to individuals (att sch) | 0. | 0. | | |
| 24 | Benefits paid to or for members (att sch) | 0. | 0. | | |
| 25 | Compensation of officers, directors, etc | 39,000. | 27,300. | 3,900. | 7,800. |
| 26 | Other salaries and wages | 87,265. | 71,762. | 13,457. | 2,046. |
| 27 | Pension plan contributions | 0. | 0. | 0. | 0. |
| 28 | Other employee benefits | 6,948. | 5,906. | 1,042. | 0. |
| 29 | Payroll taxes | 8,039. | 6,621. | 1,250. | 168. |
| 30 | Professional fundraising fees | 0. | 0. | 0. | 0. |
| 31 | Accounting fees | 8,750. | 2,401. | 6,349. | 0. |
| 32 | Legal fees | 3,584. | 538. | 3,046. | 0. |
| 33 | Supplies | 1,704. | 1,192. | 342. | 170. |
| 34 | Telephone | 2,612. | 1,828. | 523. | 261. |
| 35 | Postage and shipping | 33,551. | 26,875. | 0. | 6,676. |
| 36 | Occupancy | 718. | 503. | 142. | 73. |
| 37 | Equipment rental and maintenance | 125. | 0. | 125. | 0. |
| 38 | Printing and publications | 96,420. | 87,054. | 0. | 9,366. |
| 39 | Travel | | | | |
| 40 | Conferences, conventions, and meetings | 72,459. | 72,459. | 0. | 0. |
| 41 | Interest | 0. | 0. | 0. | 0. |
| 42 | Depreciation, depletion, etc (attach schedule) | 2,944. | 2,455. | 489. | 0. |
| 43 | Other expenses not covered above (itemize): | | | | |
| a | _____ | | | | |
| b | WEBSITE | 2,149. | 1,719. | 0. | 430. |
| c | RESEARCH EXPENSES | 6,220. | 6,220. | 0. | 0. |
| d | LIABILITY INSURANCE | 3,530. | 2,471. | 1,059. | 0. |
| e | See Other Expenses Stmt | 26,134. | 8,489. | 11,534. | 6,111. |
| 44 | Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 | 449,204. | 372,845. | 43,258. | 33,101. |

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

| What is the organization's primary exempt purpose? <input type="checkbox"/> ATOPIC_DERMATITIS/ECZEMA EDUCATION & RESEARCH | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| a PROVIDED EMOTIONAL SUPPORT AND MEDICAL UPDATES FOR PERSONS SUFFERING FROM ATOPIC DERMATITIS/ECZEMA. SERVICES PROVIDED INCLUDE NEWSLETTERS, BROCHURES AND TELEPHONE SUPPORT. (Grants and allocations \$ 0.) | 309,915. |
| b FUNDED RESEARCH RELATING TO THE CAUSES AND CURES OF ATOPIC DERMATITIS/ECZEMA. (Grants and allocations \$ 47,052.) | 62,930. |
| c _____ (Grants and allocations \$ _____) | |
| d _____ (Grants and allocations \$ _____) | |
| e Other program services. (Grants and allocations \$ _____) | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | 372,845. |

Part IV Balance Sheets (See Instructions)

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------|---------|
| Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. | | | | | |
| ASSETS | 45 | Cash — non-interest-bearing | 10,705. | 45 | 10,904. |
| | 46 | Savings and temporary cash investments | 45,200. | 46 | 59,080. |
| | 47 a | Accounts receivable | | 47 a | |
| | b | Less: allowance for doubtful accounts | | 47 b | 47 c |
| | 48 a | Pledges receivable | 0. | 48 a | |
| | b | Less: allowance for doubtful accounts | | 48 b | 48 c |
| | 49 | Grants receivable | | 49 | |
| | 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51 a | Other notes & loans receivable (attach sch) | | 51 a | |
| | b | Less: allowance for doubtful accounts | | 51 b | 51 c |
| | 52 | Inventories for sale or use | | 52 | |
| | 53 | Prepaid expenses and deferred charges | 2,439. | 53 | 2,082. |
| | 54 | Investments — securities (attach schedule) | | 54 | |
| | | | | | |
| | 55 a | Investments — land, buildings, & equipment: basis | | 55 a | |
| b | Less: accumulated depreciation (attach schedule) | | 55 b | 55 c | |
| 56 | Investments — other (attach schedule) | | 56 | | |
| 57 a | Land, buildings, and equipment: basis | 16,318. | 57 a | | |
| b | Less: accumulated depreciation (attach schedule) L-57. Stmt | 5,571. | 57 b | 57 c | |
| 58 | Other assets (describe ► _____) | | 58 | | |
| 59 | Total assets (add lines 45 through 58) (must equal line 74) | 276,352. | 59 | 82,813. | |
| LIABILITIES | 60 | Accounts payable and accrued expenses | 2,976. | 60 | 178. |
| | 61 | Grants payable | 0. | 61 | 37,052. |
| | 62 | Deferred revenue | | 62 | |
| | 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64 a | Tax-exempt bond liabilities (attach schedule) | | 64 a | |
| | b | Mortgages and other notes payable (attach schedule) | | 64 b | |
| | 65 | Other liabilities (describe ► <u>PAYROLL RELATED PAYABLES</u>) | 2,073. | 65 | 2,396. |
| | 66 | Total liabilities (add lines 60 through 65) | 5,049. | 66 | 39,626. |
| 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 | 269,303. | 67 | 42,187. |
| | 68 | Temporarily restricted | 2,000. | 68 | 1,000. |
| | 69 | Permanently restricted | 0. | 69 | 0. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | | |
| | 70 | Capital stock, trust principal, or current funds | | 70 | |
| | 71 | Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 | Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 | Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) | 271,303. | 73 | 43,187. |
| | 74 | Total liabilities and net assets/fund balances (add lines 66 and 73) | 276,352. | 74 | 82,813. |

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

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

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

| | | | |
|----------|--------------------------------------------------------------------------------------|----------|----------|
| a | Total revenue, gains, and other support per audited financial statements ▶ | a | 221,088. |
| b | Amounts included on line a but not on line 12, Form 990: | | |
| (1) | Net unrealized gains on investments . . . \$ _____ | | |
| (2) | Donated services and use of facilities . . . \$ _____ | | |
| (3) | Recoveries of prior year grants \$ _____ | | |
| (4) | Other (specify): _____ _____ \$ _____ | | |
| | Add amounts on lines (1) through (4) . . . ▶ | b | |
| c | Line a minus line b ▶ | c | 221,088. |
| d | Amounts included on line 12, Form 990 but not on line a : | | |
| (1) | Investment expenses not included on line 6b, Form 990 . . . \$ _____ | | |
| (2) | Other (specify): _____ _____ \$ _____ | | |
| | Add amounts on lines (1) and (2) . . ▶ | d | |
| e | Total revenue per line 12, Form 990 (line c plus line d) ▶ | e | 221,088. |

| | | | |
|----------|--------------------------------------------------------------------------------------|----------|----------|
| a | Total expenses and losses per audited financial statements ▶ | a | 449,204. |
| b | Amounts included on line a but not on line 17, Form 990: | | |
| (1) | Donated services and use of facilities \$ _____ | | |
| (2) | Prior year adjustments reported on line 20, Form 990 . . \$ _____ | | |
| (3) | Losses reported on line 20, Form 990 . . \$ _____ | | |
| (4) | Other (specify): _____ _____ \$ _____ | | |
| | Add amounts on lines (1) through (4) . . . ▶ | b | |
| c | Line a minus line b ▶ | c | 449,204. |
| d | Amounts included on line 17, Form 990 but not on line a : | | |
| (1) | Investment expenses not included on line 6b, Form 990 . . . \$ _____ | | |
| (2) | Other (specify): _____ _____ \$ _____ | | |
| | Add amounts on lines (1) and (2) . . ▶ | d | |
| e | Total expenses per line 17, Form 990 (line c plus line d) ▶ | e | 449,204. |

Part V 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 |
|--------------------------------------|----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|
| VICTORIA KALABOKES SAN RAFAEL, CA | CEO 30 | 39,000. | 0. | 0. |
| PHILIP CROSBY PORTLAND, OR | CHAIRMAN & DIRECTOR 2 | 0. | 0. | 0. |
| THOMAS REESE PALO ALTO, CA | DIRECTOR 2 | 0. | 0. | 0. |
| SUSAN TOFTE PORTLAND, OR | DIRECTOR 2 | 0. | 0. | 0. |
| JON HANIFIN PORTLAND, OR | DIRECTOR 2 | 0. | 0. | 0. |
| See List of Officers, Etc. Statement | | 0. | 0. | 0. |

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

Part VI Other Information (See instructions.)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?
80b If 'Yes,' enter the name of the organization
81a Enter direct and indirect political expenditures. See line 81 instructions
81b Did the organization file Form 1120-POL for this year?
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b 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.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.
85f Taxable amount of lobbying and political expenditures (line 85d less 85e).
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders.
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
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?
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89b 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?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2004
91 The books are in care of
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

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

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|-------------------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|---------------------------------------------|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a NEWSLETTER & BROCHURES | | | | | 59,394. |
| b PATIENT CONFERENCE | | | | | 89,865. |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings & temporary cash invmnts. | | | 14 | 598. | |
| 96 Dividends & interest from securities | | | 14 | 541. | |
| 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 pers prop | | | | | |
| 99 Other investment income | | | 18 | 0. | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | -94. | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 1,045. | 149,259. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 150,304. |

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 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). |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 93 a, b | PROVIDED EMOTIONAL SUPPORT AND MEDICAL UPDATES FOR PERSONS |
| 93 a, b | SUFFERING FROM ATOPIC DERMATITIS/ECZEMA. |

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

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

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

Please Sign Here

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

Signature of officer: _____ Date: _____

JOHN CROSSEN CHIEF FINANCIAL OFFICER & DIRECTOR
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: 05/09/05

Firm's name (or yours if self-employed), address, and ZIP + 4: James H. Stoppello, Prof Corp
2175 Francisco Blvd E Ste H
San Rafael CA 94901

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

EIN: _____ Phone no.: (415) 453-3886

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

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

2004

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL ECZEMA ASSOCIATION FOR SCIENCE & EDUCATION

Employer identification number

93-0988840

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 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 |
|--------------------------------------------------------------------------------------|---------------------|------------------|
| NONE ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of others receiving over \$50,000 for professional services ▶ | None | |

Part III Statements About Activities (See instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities \$ _____

1 X

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? 2 a X

b Lending of money or other extension of credit? 2 b X

c Furnishing of goods, services, or facilities? 2 c X

See Part V, Form 990

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2 d X

e Transfer of any part of its income or assets? 2 e X

3 a 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.) 3 a X

b Do you have a section 403(b) annuity plan for your employees? 3 b X

4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? 4 a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? 4 b 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.)

11 a [X] 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.)

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

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

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

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

Table with 2 columns: (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) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|----------------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 121,891. | 216,266. | 221,098. | 148,913. | 708,168. |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose | 1,330. | 8,236. | 23,333. | 64,960. | 97,859. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 174. | 377. | 255. | 696. | 1,502. |
| 19 Net income from unrelated business activities not included in line 18. | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. | | | | | |
| 23 Total of lines 15 through 22. | 123,395. | 224,879. | 244,686. | 214,569. | 807,529. |
| 24 Line 23 minus line 17. | 122,065. | 216,643. | 221,353. | 149,609. | 709,670. |
| 25 Enter 1% of line 23. | 1,234. | 2,249. | 2,447. | 2,146. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ | | | | | 26 a 14,193. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶ | | | | | 26 b 316,453. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ | | | | | 26 c 709,670. |
| d Add: Amounts from column (e) for lines: 18 1,502. 19 _____ | | | | | |
| 22 _____ 26 b 316,453. ▶ | | | | | 26 d 317,955. |
| e Public support (line 26c minus line 26d total) ▶ | | | | | 26 e 391,715. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). ▶ | | | | | 26 f 55.20 % |
| 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: (2003) _____ (2002) _____ (2001) _____ (2000) _____ | | | | | |
| b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____ | | | | | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ | | | | | |
| 17 _____ 20 _____ 21 _____ . . . ▶ | | | | | 27 c _____ |
| d Add: Line 27a total . . . and line 27b total ▶ | | | | | 27 d _____ |
| e Public support (line 27c total minus line 27d total). ▶ | | | | | 27 e _____ |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ | | | | | 27 f _____ |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ | | | | | 27 g _____ % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ | | | | | 27 h _____ % |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. | | | | | |

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

N/A

| | | Yes | No |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- ----- | | |
| 32 | Does the organization maintain the following: | | |
| | a Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| | d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| | a Students' rights or privileges? | | |
| | b Admissions policies? | | |
| | c Employment of faculty or administrative staff? | | |
| | d Scholarships or other financial assistance? | | |
| | e Educational policies? | | |
| | f Use of facilities? | | |
| | g Athletic programs? | | |
| | h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| | b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement. | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. | | |

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

NA

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

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44 include lobbying expenditures, exempt purpose expenditures, and nontaxable amounts.

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.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows 45-50 include lobbying nontaxable amount, lobbying ceiling amount, total lobbying expenditures, grassroots nontaxable amount, grassroots ceiling amount, and 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.)

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:

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes.
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (add lines c through h.)

Table with 3 columns: Yes, No, Amount. Rows correspond to items a-i from the list above.

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.

2004

67

Name(s) shown on return

NATIONAL ECZEMA ASSOCIATION FOR SCIENCE & EDUCATION

Identifying number

93-0988840

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 instructions for a higher limit for certain businesses | 1 | \$102,000. |
| 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 | \$410,000. |
| 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 2003 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 2005. 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.)

| | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election (see instructions) | 15 | |
| 16 | Other depreciation (including ACRS) (see instructions) | 16 | |

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 2004. | 17 | 2,626. |
| 18 | If you are electing under section 168(i)(4) 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 2004 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 |
|------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|------------------------|-------------------|---------------|-------------------------------|
| 19 a 3-year property | | | | | | |
| b 5-year property | | 3,183. | 5.0 yrs | HY | SL | 318. |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |

Section C – Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|---------------------------|--|--|--------|----|-----|--|
| 20 a 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 | 2,944. |
| 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 instructions for limits for passenger automobiles.)

Table with columns (a) through (i) and rows 24a through 29. Includes questions about business/investment use, depreciation allowance, and amounts in columns (h) and (i).

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.

Table with columns (a) through (f) and rows 30 through 36. Includes questions about total business/investment miles, commuting miles, and 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).

Table with columns Yes and No and rows 37 through 41. Includes questions about written policy statements and information retention.

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) through (f) and rows 42 through 44. Includes questions about amortization of costs that begins during your 2004 tax year and total amounts.

▶ Attach to return

| | |
|-------------------------------------------------------------|----------------------------------------------|
| Name NATIONAL ECZEMA ASSOCIATION FOR SCIENCE & EDUCATION | Employer Identification Number 93-0988840 |
|-------------------------------------------------------------|----------------------------------------------|

Part I, Line 8, Column (A) Securities

Public Securities

| Description | Gross Sales Price | Basis | |
|----------------------------|-------------------|------------------|--------|
| | | | |
| Publicly Traded Securities | 2,740. | Cost | 2,834. |
| | | Selling Expenses | |
| | | Basis | 2,834. |

Nonpublic Securities

| Description | Date Acquired and Method | Date Sold and to Whom | Gross Sales Price | Cost, other basis or FMV when donated (State which on top) |
|-------------|--------------------------|-----------------------|-------------------|------------------------------------------------------------|
| ----- | ----- | ----- | | ----- |
| ----- | ----- | ----- | | ----- |
| ----- | ----- | ----- | | ----- |
| ----- | ----- | ----- | | ----- |

Total Securities 2,740. 2,834.

Gain or (Loss) from Sale of Securities -94.

Part I, Line 8, Column (B) Other Assets

| Description | Date Acquired and Method | Date Sold and to Whom | Gross Sales Price | Cost, other basis or FMV when donated | |
|-------------|--------------------------|-----------------------|-------------------|---------------------------------------|-------|
| | | | | | |
| ----- | ----- | ----- | | Cost | ----- |
| | | | | Depreciation | ----- |
| | | | | Basis | ----- |
| | | | | Donation FMV | ----- |
| ----- | ----- | ----- | | Cost | ----- |
| | | | | Depreciation | ----- |
| | | | | Basis | ----- |
| | | | | Donation FMV | ----- |
| ----- | ----- | ----- | | Cost | ----- |
| | | | | Depreciation | ----- |
| | | | | Basis | ----- |
| | | | | Donation FMV | ----- |
| ----- | ----- | ----- | | Cost | ----- |
| | | | | Depreciation | ----- |
| | | | | Basis | ----- |
| | | | | Donation FMV | ----- |

Total Other Assets

Gain or (Loss) from Sale of Other Assets

Additional Information

FORM 990 Pg 5, Pt VI, Ln 90a - STATES WHERE FILED

THIS EXEMPT ORGANIZATION RETURN (FORM 990) IS FILED WITH THE
FOLLOWING STATES:

AL AK AR AZ CA CT FL GA IL KS KY LA MA MD MI MN MO MS
NH NJ NY NC NM OH OK OR PA RI SC TN UT VA WA WV WI

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

| | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---------------------------------------------|----------------|----------------------------|----------------------------------|--------------------|
| Other expenses not covered above (itemize): | | | | |
| WORKERS COMPENSATION INS | 1,818. | 1,440. | 328. | 50. |
| OTHER PROFESSIONAL SERVICES | 12,110. | 3,028. | 9,082. | 0. |
| LICENSES TAXES & FEES | 2,761. | 276. | 414. | 2,071. |
| STATE REGISTRATIONS | 5,700. | 0. | 1,710. | 3,990. |
| BANK CHARGES | 705. | 705. | 0. | 0. |
| DUES & SUBSCRIPTIONS | 2,602. | 2,602. | 0. | 0. |
| ECZEMA AWARENESS CAMPAIGN | 0. | 0. | 0. | 0. |
| SUPPORT GROUP PROJECT | 438. | 438. | 0. | 0. |
| Total | 26,134. | 8,489. | 11,534. | 6,111. |

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

| | (a) Cost/Other Basis | (b) Accumulated Depreciation | (c) Book Value |
|--------------------------|----------------------------|------------------------------------|-------------------|
| DONOR DATABASE SOFTWARE | 8,550. | 3,420. | 5,130. |
| DELL OPTIPLEX COMPUTER | 1,843. | 736. | 1,107. |
| HP 4200TN PRINTER | 2,037. | 816. | 1,221. |
| WESTAMERICA HYPERCOM 17P | 402. | 160. | 242. |
| ENVELOPE FEEDER | 303. | 121. | 182. |
| DELL OPTIPLEX COMPUTERS | 3,183. | 318. | 2,865. |
| Total | 16,318. | 5,571. | 10,747. |

Form 990, Page 4, Part V

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 |
|---------------------------------|----------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|
| JOHN CROSSEN PORTLAND, OR | TREASURER & DIRECTOR 2 | 0. | 0. | 0. |
| IRENE CROSBY PORTLAND, OR | DIRECTOR 5 | 0. | 0. | 0. |
| DONALD YOUNG OCEAN RIDGE, FL | SECRETARY & DIRECTOR 2 | 0. | 0. | 0. |

Form 990, Page 4, Part V

Continued

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 |
|----------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| REBECCA LITKE LOS ANGELES, CA | DIRECTOR 2 | 0. | 0. | 0. |

Total

0. 0. 0.

Supporting Statement of:

Form 990 p 2/Line 22-Cash

| Description | Amount |
|----------------------------------------------------|----------------|
| WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE 12/31/04 | 24,740. |
| STANFORD UNIVERSITY BIOCHEMISTRY DEPT | 12,312. |
| UNIV OF TEXAS ANDERSON CANCER CENTER | 10,000. |
| Total | <u>47,052.</u> |