

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150

**2000**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

A For the 2000 calendar year, or tax year beginning 2000, and ending 20

B Check if applicable:  
 Change of address  
 Change of name  
 Initial return  
 Final return  
 Amended return

C Name of organization  
**Adoptaplatoon Soldier Support Effort**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**25089 Centerline Road**

City or town, state or country, and ZIP + 4  
**San Benito, Texas 78586-7340**

D Employer identification number  
**74 : 2918904**

E Telephone no.  
**( 956 ) 748-4145**

F Check  if application pending

G Accounting method:  Cash  Accrual  Other (specify) ▶ H Enter 4-digit group exemption no. (GEN) ▶

I Organization type (check only one) --  501(c) ( 3 ) ◀ (insert no.)  527 or  4947(a)(1)

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

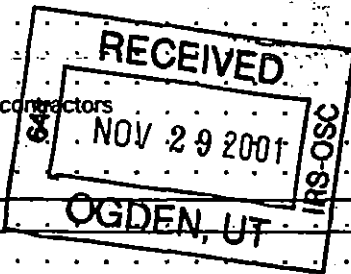
J Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

K 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. ▶ \$ **31,784.94**

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34.)**

1	Contributions, gifts, grants, and similar amounts received	1	31751.00
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	33.94
5a	Gross amount from sale of assets other than inventory	5a	00
5b	Less: cost or other basis and sales expenses	5b	00
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	00
6	Special events and activities (attach schedule):		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	00
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe ▶ _____)	8	00
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	<b>31,784.94</b>
10	Grants and similar amounts paid (attach schedule)	10	00
11	Benefits paid to or for members	11	456.93
12	Salaries, other compensation, and employee benefits	12	12944.54
13	Professional fees and other payments to independent contractors	13	692.35
14	Occupancy, rent, utilities, and maintenance	14	6694.53
15	Printing, publications, postage, and shipping	15	1274.99
16	Other expenses (describe ▶ _____)	16	
17	<b>Total expenses</b> (add lines 10 through 16)	17	<b>22,036.38</b>
18	Excess or (deficit) for the year (line 9 less line 17)	18	<b>9,748.56</b>
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	<b>1,031.25</b>
20	Other changes in net assets or fund balances (attach explanation)	20	
21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	21	<b>10,779.81</b>



**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 Specific Instructions on page 37.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	44.66	6,447.11
23 Land and buildings		
24 Other assets (describe ▶ _____)	986.59	4,332.70
25 <b>Total assets</b>	<b>1,031.25</b>	<b>10,779.81</b>
26 <b>Total liabilities</b> (describe ▶ _____)		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>1,031.25</b>	<b>10,779.81</b>

For Paperwork Reduction Act Notice, see page 1 of the separate instructions. Cat. No. 106421 Form 990-EZ (2000)

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38.)		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? Support deployed U.S. Soldier		
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	Through volunteer mothers & other volunteer org. and groups. We have supported over 10,000 U.S. deployed soldiers over seas in Bosnia, Kosovo, Saudi Arabia, Kuwait & Korea. Expenses for direct support is provided by volunteers for letters, cards and care packages (Grants \$ )	28a 457.00
29	(Grants \$ )	29a
30	(Grants \$ )	30a
31	Other program services (attach schedule) (Grants \$ )	31a
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 Specific Instructions on page 38.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHED SHEET				

Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14.)		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		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(a) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 00		<input checked="" type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	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?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		<input checked="" type="checkbox"/>
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		<input checked="" type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities 39b		<input checked="" type="checkbox"/>
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		<input checked="" type="checkbox"/>
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶		<input checked="" type="checkbox"/>
42	The books are in care of ▶ Michael Hagg Telephone no. ▶ (956) 748-4145 Located at ▶ 25089 Centerline Rd. San Benito, Tx 78586 ZIP + 4 ▶		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶   43		<input checked="" type="checkbox"/>

**Please** 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.

Date	Type or print name and title	Preparer's SSN or PTIN
	Check if self-employed ▶ <input type="checkbox"/>	

**Schedule B  
(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No. 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

Supplementary information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

Name of organization

*Adopt-A-TA-TA-TA Soldier Support Effort*

Employer identification number

*74: 2918904*

Organization type (check one)—Section:  501(c)(3) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations—**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$ *31,751.00*

**Note:** This form is generally not open to public inspection except for section 527 organizations.

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution:** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed on Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General rule.** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations.** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))—

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example.** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations.** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

Name of organization

ADAPTA PLATOON SOLDIER SUPPORT EFFORT

Employer identification number

74-2918904

**Part I** Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	See ATTACHED LETTER	\$ 30,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
—		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
—		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
—		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
—		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
—		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

 **SCHNADER HARRISON  
SEGAL & LEWIS LLP**

ATTORNEYS AT LAW

SUITE 3600 ■ 1600 MARKET STREET ■ PHILADELPHIA, PENNSYLVANIA 19103-7286

215-751-2000 ■ FAX 215-751-2205

<http://www.schnader.com>

March 24, 2000

Bruce A. Rosenfield

Direct Dial: 215-751-2080

Direct Fax: 215-972-7267

Internet Address: [Bruce\\_Rosenfield@SCHL.com](mailto:Bruce_Rosenfield@SCHL.com)

Ida Hagg  
AdoptaPlatoon  
25089 Centerline Road  
San Benito, Texas 78586

Dear Ms. Hagg:

We are counsel to a private foundation that has become aware of your support efforts on behalf of our deployed U.S. soldiers. On behalf of the foundation that we represent, I am pleased to enclose a check for \$30,000 as a contribution to AdoptaPlatoon.

I would appreciate receiving periodic updates of how your program is going.

Sincerely,

  
Bruce A. Rosenfield

/cam  
Enclosure

Form 990-EZ  
 I.D. # 74-2918904

Part IV: List Officers, Directors, Trustees, and Key Employees

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 & Deferred compensation	E: Expense Account and Other allowances
<b>Ida Hägg</b> 25089 Centerline Rd. San Benito, Tx. 78586	<b>Executive Director</b> 50 hours per week	<del>-0-</del> 12,944.58	-0-	-0-
<b>Joyce Lisiewski</b> 3711 Melbourne Ave. Cleveland, Oh. 44111	<b>Senior Vice-President</b> 15 hours per week	-0-	-0-	<del>-0-</del> 1,083.33
<b>SSGT Miss White, USAF</b> 21 Maple Ave. New Egypt, N.J. 08533	<b>Vice-President</b> <del>15 hours per week</del>	-0-	-0-	-0-
<b>Gael O'Keefe</b> 2350 Pembroke Ct. Mahwah, N.J. 07430	<b>Vice-President and East Coast Project Coordinator</b> 15 hours per week	-0-	-0-	-0-
<b>Brenda Stokes</b> Rt. 5 Box 177 San Benito, Tx. 78586	<b>Vice-President and Youth Coordinator</b> 5 hours per week	-0-	-0-	-0-
<b>Michael D. Hägg</b> 25089 Centerline Rd. San Benito, Tx. 78586	<b>Secretary /Treasurer</b> 2 hours per week	-0-	-0-	-0-

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

**Note: Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization <u>ADAPTATION SOLDIER SUPPORT</u>	Employer identification number <u>74-2918904</u>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <u>PO Box 25089 CENTERLINE Rd</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>SAN BERNITO TX 78586</u>	

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

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

• If the organization does **not** have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole** group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until \_\_\_\_\_, 20\_\_\_\_ to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20\_\_\_\_ or  
 ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Michael D. Hagg Title ▶ See Trans Date ▶ 5/15/01