

Short Form

OMB No 1545-1150

2002

Open to Public Inspection

Form **990-EZ**

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

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2002 calendar year, or tax year beginning 2002; and ending December 31, 2002

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

C Name of organization: Adopt a platoon 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 number: (956) 748-4145
F Enter 4-digit (GEM) ▶

• 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) ▶

I Web site: ▶ www.adoptaplatoon.org
J Organization type (check only one) — 501(c) () ◀ (insert no.) 4947(a)(1) or 527 **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 received a Form 990 Package in the mail, it should file a return without financial data. 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. ▶ \$ 39,410.00

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions.)

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

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 page 39 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	12,599.25	18,201.05
23 Land and buildings		
24 Other assets (describe ▶)	4,332.70	5,722.80
25 Total assets	16,931.95	23,923.93
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,931.95	23,923.93

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2002)

JAN 21 2004

SCANNED

3

Part III Statement of Program Service Accomplishments (See page 39 of the 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.

Table with 2 columns: Description of program service and Expenses. Row 28: Through volunteer mothers & other volunteer org. and groups, we have supported over 10,000 U.S. deployed soldiers over seas in Bosnia, Bosnia, Saudi Arabia, Kuwait & Korea. Expenses (Grants \$) 28a 16,075.56. Row 29: For direct support is provided primarily by volunteers. (Grants \$) 29a. Row 30: (Grants \$) 30a. Row 31: Other program services (attach schedule) (Grants \$) 31a. Row 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 page 40 of the instructions.)

Table with 5 columns: (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. A large handwritten note 'Attached list of Officers' is written across the table.

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

Yes No

Table with 2 columns: Question and Yes/No. Row 33: Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. Row 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. Row 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. Row 36: Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) Row 37a: Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a -0-. Row 37b: Did the organization file Form 1120-POL for this year? Row 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? Row 38b: If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. Row 39: 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a. b Gross receipts, included on line 9, for public use of club facilities 39b. Row 40a: 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 -0-; section 4912 -0-; section 4955 -0-. Row 40b: 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. Row 40c: Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 -0-. Row 40d: Enter: Amount of tax on line 40c, above, reimbursed by the organization -0-. Row 41: List the states with which a copy of this return is filed. -0-. Row 42: The books are in care of Michael Hagg Telephone no. (956) 748-4145. Located at 25089 Centerline Road ZIP + 4 77586-7340. Row 43: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here [] and enter the amount of tax-exempt interest received or accrued during the tax year 43

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

Date

Sec/Treas

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

OMB No. 1545-0047

2002

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

ADAPTATION SOLDIER SUPPORT EFFORT

74-2918904

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
<i>NONE</i>				

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



Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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
<i>NONE</i>		

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



Part III **Statements About Activities** (See page 2 of the 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 ▶ \$ _____ (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?

2a		✓
----	--	---

b Lending of money or other extension of credit?

2b		✓
----	--	---

c Furnishing of goods, services, or facilities?

2c		✓
----	--	---

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

2d		✓
----	--	---

e Transfer of any part of its income or assets?

2e		✓
----	--	---

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

3		✓
---	--	---

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

4		✓
---	--	---

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

--	--	--

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 5 of the 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). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the 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 page 5 of the 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	31,040.00	31,751.00	1,248		64,039.00
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	-	-	-		-
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	305.00	34.00	-		339.00
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.	31,345.00	31,785.00	1,248.00		64,378.00
24 Line 23 minus line 17.	31,345.00	31,785.00	1,248.00		64,378.00
25 Enter 1% of line 23	313.45	317.85	12.48		

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.	26a	1287.56
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	51,424.00
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	64,378.00
d Add: Amounts from column (e) for lines: 18 339.00 19 _____ 22 _____ 26b 51,424	26d	51,763.00
e Public support (line 26c minus line 26d total)	26e	12,615.00
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	24 %

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:

(2001) 29,000 (2000) 25,000 (1999) _____ (1998) _____

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:

(2001) _____ (2000) _____ (1999) _____ (1998) _____

c Add: Amounts from column (e) for lines: 15 64,039 16 -0- 17 -0- 20 -0- 21 -0-	27c	64,039
d Add: Line 27a total 54,000 and line 27b total _____	27d	54,000
e Public support (line 27c total minus line 27d total)	27e	10,039
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	64,378
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	16 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0.85 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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 page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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?

	Yes	No
29		

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?

30		
-----------	--	--

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.)
.....
.....
.....

31		
-----------	--	--

32 Does the organization maintain the following:

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a		
------------	--	--

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b		
------------	--	--

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c		
------------	--	--

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d		
------------	--	--

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?

33a		
------------	--	--

b Admissions policies?

33b		
------------	--	--

c Employment of faculty or administrative staff?

33c		
------------	--	--

d Scholarships or other financial assistance?

33d		
------------	--	--

e Educational policies?

33e		
------------	--	--

f Use of facilities?

33f		
------------	--	--

g Athletic programs?

33g		
------------	--	--

h Other extracurricular activities?

33h		
------------	--	--

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)
.....
.....

34a Does the organization receive any financial aid or assistance from a governmental agency?

34a		
------------	--	--

b Has the organization's right to such aid ever been revoked or suspended?

34b		
------------	--	--

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

35		
-----------	--	--

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the 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.

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e)).					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 page 11 of the 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:	Yes	No	Amount
a Volunteers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Total lobbying expenditures (Add lines c through h.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

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
Ida Hägg 25089 Centerline Rd. San Benito, TX. 78586	Executive Director 50 hours per week	-0-	-0-	-0-
Joyce Lisiewski 3711 Melbourne Ave. Cleveland, OH. 44111	Senior Vice-President 30 hours per week	-0-	-0-	-0-
Fran Dobson Box 55 Kinston, NH. 03848	Vice President 40 hours per week	-0-	-0-	-0-
SSGT Missi White, USAF 21 Maple Ave. New Egypt, NJ. 07430	Vice President 15 hours per week	-0-	-0-	-0-
Brenda Stokes Rt. 5 Box 177 San Benito, TX. 78586	Vice President Youth Coordinator 5 hours per week	-0-	-0-	-0-

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - 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 File by the due date for filing your return. See instructions	Name of Exempt Organization <i>Adopt-A-Platoon Soldier Support</i>	Employer identification number <i>74-2918904</i>
	Number, street, and room or suite no. If a P.O. box, see instructions. <i>25089 Centerline Rd.</i>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>San Benito, TX 78586</i>	

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

- | | | |
|---|---|------------------------------------|
| <input 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 8/15, 2002 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 1/1, 2001, and ending 12/31, 2001.

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 ▶ Walter Hoag Title ▶ Sec/Treas. Date ▶ 4/23/02