

#### **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)

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

A	For th	e 2003 c	alendar	year,	or tax	year	begin	ning	Apr	il 1		003, and	ending 1	Mar	ch	31 , 20 04
В	Check if a	applicable	Please		e of or			* ^				17.00				yer identification number
		change	use IRS label or							ITTE			<del></del>			.444119
	Name c	e change   type					•	none number								
$\overline{}$	Initial re	-	See				241									469-1145
	Final ret	turn	Specific Instruc-	City					nd ZIP + 4					F	Accounti	ing method: X Cash Accrual
	Amende	ed return	tions	MIN	INEA	POI	JIS	MN .	55424	· · · · · · · · · · · · · · · · · · ·					<u> </u>	ther (specify) ▶
	Applicati	on pending								1) nonexe						e to section 527 organizations.
							•			Form 990	or 990-E	iZ).				m for affiliates? Yes No
<u>G_</u>	Website	e: ► WWV	v.add	opti	<u>.on-</u>	151	t4u	.ao	ci.or	<u>g</u>			H(c) Are all			ber of affiliates ► N/A
J	Organiz	ation type	(check o	only on	a) ▶ 🛚	X 501	1(c)(	<b>ე</b> )▶ (	(insert no )	4947	(a)(1) or	527				luded?YesNo st See instructions )
K	Check I	here ▶ 🔲	if the o	organiza	ation's	gross	receipts	are no	ormally no	t more that	an \$25,0	00 The	H(d) Is this a	separa	ate retu	m filed by an
	organiza	ation need	not file a	return	with the	IRS,	but if the	e organ	ization rec	eived a Fo	orm 990	Package	organiza	tion co	vered	by a group ruling? Yes X No
i	in the m	ail, it shoul	ld file a re	etum wi	thout fir	nancial	i data S	some st	tates requ	ire a comp	plete ret	um.	<del></del>			lumber ►
	C		A -1 -1 -1				40h 40	lina 1	2 >		24	,003				the organization is not required
	art I	receipts:								ssets o						Form 990, 990-EZ, or 990-PF) of the instructions.)
_													1000 (000	Jugo		l
	1	Direct p		-	-					eceived:		a	8,1	53		
	1	Indirect									. —	<del></del>				
		Govern										5				
	d	Total (a										\$	)		1d	8,153
	2	•			_		•		••				t VII, line 93	) [	2	413
	3	•									,			' ।	3_	14,659
	4	Interest	on sav	vings	and te	empo	rary c	ash in	vestme	nts					4	1,161
	5	Dividen	ds and	intere	est fro	m se	curitie	s							5	
	6a	Gross re														
	b	Less: re	ental ex	(pense	s						. 6	<u>b</u>				
3	C	Net ren	tal inco	ome o	r (loss	s) (sul	btract	line 6							<u>6c</u>	
0-9-2804°	7	Other in	rvestme	ent ind	come	(des	cribe I	<b>&gt;</b> ,	(8)			-1	(B) Oth	<del>)  </del>	7_	
4	8a	Gross a							(A) :	Securities	<del>-   -</del>		(B) Other			
4	<u> </u>	than inv	•					i			8;   81		<del></del>			
DEC DEC	b	Less: cos					-				80		· · · · · ·			
8	C	Gain or	-				-			(D))					8d	
	1 -	Net gain	•						-				_	ijţ	<u>ou</u>	
	9	Gross re				•		Jule). I	i any amo			ing, alec	xk here ► L	-		
Z	a								<del></del>	0	)†     9a	a l				
$\boldsymbol{z}$	Ь	Less: d		-			-					ь				
SCANN	c			-								ne 9a).		7	9с	
Š	10a	Gross s														
		Less: co									10	b				
	С	Gross pr	ofit or (	(loss) fr	om sa	les of	f invent	ory (a	ttach sch	edule) (sı	ubtract	line 10b i	from line 10a	).	10c	
	11	Other re	evenue	(from	Part \	VII, li	ne 10	3)							11	
	12	Total re	venue	(add li	nes 10	d, 2,	3, 4, 5	, 6c, 7	7, 8d, 9c	, 10c, an	101712 (	SEIVI	<del>-</del> 1)····		12	24,386
G	13	Progran	n servic	ces (fr	om lin	ne 44	, colui	mn (B	3))	∦[-			- <del></del>	· ·	13	16,998
Expenses	14	Manage		_		-				· · · )	MOA.	T	S		14	1,128
Х	15	Fundrai								ලි	ina à	#. <b>%</b> . ∠(	004   0	· ·   }	15	5,386
ù	16 17	Paymer							 (A) nmu	∦ <b>L</b> .	^^F		<u>: ::::  ﷺ</u>	· · }	16 17	22 512
	<del>                                     </del>									31	QGE		UT		18	23,512 874
Assets	18									m <sup>t</sup> ine⁴ ⁄from lin			······································	• • •	19	89,778
	19 20												A))		20	52,7,8
Net	21														21	90,652
=	D	C -	al., a41 c				_		Instruct		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<del></del>	5 990 (2022)

For Paperwork Reduction Act Notice, see the separate instructions.

Pa			olete column (A) Column exempt charitable trusts I			
	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 (attach schedule) (cash \$)	22			^	, - 's
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				\$
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26		<u>-</u>		
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	330	330		
34	Telephone	34	412	412		
35	Postage and shipping	35	907	351		556
36	Occupancy	36				
37	Equipment rental and maintenance	37		<del></del>		
38	Printing and publications	38	5,394	2,394		3,000
39	Travel	39				
40	Conferences, conventions, and meetings	40	3,660	1,830		1,830
41	Interest	41				ļ <del> </del>
42	Depreciation, depletion, etc. (attach schedule)	42				· · · · · · · · · · · · · · · · · · ·
43	Other expenses not covered above (itemize): a MI.S.C.	43a	50	50		
þ	EDUCATIONAL MATERIAL	43b	1,977	1,977		
C	GRANT EXPENSE	43c	8,744	8,744	010	
d	INTERNET	43d	219	010	219	
е	CONSULTING	43e	1,819	910	909	······································
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	23,512	16,998	1,128	5,386
	t Costs. Check ▶ 📙 if you are following SOP				_	
	any joint costs from a combined educational campaign					
	es," enter (i) the aggregate amount of these joint cost					s \$
	he amount allocated to Management and general \$		; and (iv) th			<del></del>
	t III Statement of Program Service Acc				istructions.)	Dunament Samilar
	t is the organization's primary exempt purpose?				•	Program Service Expenses
of cl	rganizations must describe their exempt purpose a ients served, publications issued, etc. Discuss achi- nizations and 4947(a)(1) nonexempt charitable trusts	eveme	ents that are not me	easurable. (Section	501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
	SEE STATEMENT ATTACHED					
_						
_	(0	rants	and allocations	\$	NONE)	16,998
b						]
			,,,			
-	((	rants	and allocations	\$	<u> </u>	
C						
	10			· · · · · · · · · · · · · · · · · · ·		
	(0	orants	and allocations	\$		
þ						
				• • • • • • • • • • • • • • • • • • • •		
		Srants	and allocations	\$	······	
e C	·		and allocations	\$	<u>,</u>	<u> </u>
	Total of Program Service Expenses (should equ			· <u>·</u>		16,998
	<del></del>		<u>``</u>			

#### Balance Sheets (See page 25 of the instructions.)

N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45	Cash — non-interest-bearing		9,758	45	8,672
	46	Savings and temporary cash investments		80,020	46	81,980
		outings and tomperary cash in comments .				
İ	47a	Accounts receivable	47a			
	1	Less: allowance for doubtful accounts	47b		47c	
			None annual difference out to a management official force on the A. T.	_	1 i	
	48a		48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	<del></del>
	50	Receivables from officers, directors, truster	es, and key employees		<b> </b>	
		(attach schedule)			50	
	51a	Other notes and loans receivable (attach	1-4-1			
Assets		,	51a 51b	+		
		2000: 41101141100 101 404041111 404041110 1111	· · · · · · · · · · · · · · · · · · ·	<del> </del>	51c	<del></del>
	52	Inventories for sale or use			53	<del></del>
	53	Prepaid expenses and deferred charges			54	
	54	Investments — securities (attach schedule)	Cost LI FMV		54	
	55a	Investments — land, buildings, and equipment: basis	55a			
	_	• •		1		
	D	Less: accumulated depreciation (attach schedule)	55b		55c	
	56	Investments — other (attach schedule)			56	
		Land, buildings, and equipment basis	57a			
		Less: accumulated depreciation (attach				
		schedule)	57b		57c	
	58	Other assets (describe ►	)		58	
	FO	Total anasta (add lines 45 through 59) (must	t aqual line 74)	00 770		00 (50
	59	Total assets (add lines 45 through 58) (must		89,778	59 60	90,652
	60	Accounts payable and accrued expenses			61	
	61 62	Grants payable			62	
Š	63	Loans from officers, directors, trustees, and				
litie	03	schedule)		63		
iabilities.	64a	Tax-exempt bond liabilities (attach schedule)			64a	
		Mortgages and other notes payable (attach			64b	
	65	Other liabilities (describe ▶	·)		65	
	66	Total liabilities (add lines 60 through 65)			66	
	Orga	anizations that follow SFAS 117, check here	► ☐ and complete lines			
e S		67 through 69 and lines 73 and 74.			67	
Ĕ	67	Unrestricted		<del></del>	68	<del></del>
ala	68	Temporarily restricted			69	<del></del>
D E	69	Permanently restricted	_		55	
Net Assets or Fund Balances	orga	anizations that do not follow SFAS 117, check complete lines 70 through 74	k nere ► ∟ and			
or F	70	Capital stock, trust principal, or current fund	ls		70	
ts	71	Paid-in or capital surplus, or land, building, a		89,778	71	90,652
SSe	72	Retained earnings, endowment, accumulated	· · ·		72	
t A	73	Total net assets or fund balances (add line		1		
Š		70 through 72;	_			
		column (A) must equal line 19; column (B) n	• •	89,778	73	90,652
	74	Total liabilities and net assets / fund balance	ces (add lines 66 and 73)	89,778	74	90,652

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 STF FED1923F 3

Part IV-	A Reconciliation of Revenu Financial Statements wit Return (See page 27 of the	h Revenue	per	Part	F	econciliation o inancial Staten eturn			
b Amo line (1) Net is on in (2) Dona and (3) Reco year (4) Othe Add c Line d Amo Form (1) Inves not is 6b, F	revenue, gains, and other support audited financial statements	a b	N/A	(1) (2) (3) (4) c d	audited fin Amounts i on line 17, Donated and use of Prior year ad reported on Form 990 Losses rep line 20, For Other (spe	facilities  facilities  lipustments  line 20,  sorted on rm 990 .  scify):  sts on lines (1) thr us line b  ncluded on line but not on line a expenses d on line 90	ough (4) ►	bc	N/A
e Tota	amounts on lines (1) and (2) ► I revenue per line 12, Form 990 c plus line d) ► List of Officers, Directors, T the instructions.)	e rustees, ar	nd Key I	e Emplo	Total expe		Form 990 ▶ not compens		
	(A) Name and address		(B) Title a	and avera devoted	age hours per to position	(C) Compensation (if not paid, enter -0)	(D) Contributions employee benefit pl deferred compensa	ans &	(E) Expense account and other allowances
SEE AT	TACHED SCHEDULE					NONE		NE	NONE
orgar	any officer, director, trustee, or key en nization and all related organizations, es," attach schedule — see page 2	of which more	e than \$1	0,000 w	mpensation or as provided	of more than \$100 by the related org	),000 from yo anizations?	ur ► [	Yes X No

	A VII. Other Information (See page 20 of the instructions)		Vaa	Na
Par	t VI Other Information (See page 28 of the instructions.)	70	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	<u>76</u>		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	-	X
	If "Yes," attach a conformed copy of the changes.	70-		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			<del></del> -
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
þ	If "Yes," enter the name of the organization ▶			
	and check whether it is exempt or nonexempt.			
	Enter direct and indirect political expenditures. See line 81 instructions			
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			7,
	or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the valueof these items here. Do not include this amount			!
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.) [82b] N/A			نــــا
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<u>X</u>	<del> </del>
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<u>X</u>	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			ļl
	or gifts were not tax deductible?		N/A	_
85	501(c)(4),(5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	830	N/A	<del> </del>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
_	Dues, assessments, and similar amounts from members			
d	/-			
9	39. 9			
f	Taxable amount of lobbying and pointical expenditures (line obditess obe)	850	N/A	
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	oog	14/1	<del></del>
n	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			ĺ
	year?	85h	N/A	l
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	r		
	Gross receipts, included on line 12, for public use of club facilities			i
87	501(c)(12)orgs. Enter: a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other			ı l
	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? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► NONE ; section 4912 ► NONE ; section 4955 ► NONE			زا
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			Į
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			7.
	a statement explaining each transaction	89b		_ <u>X</u>
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			ONE
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			ONE
	List the states with which a copy of this return is filed ► MINNESOTA	·		
	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	0 1		ONE
91	The books are in care of ► PHYLLIS ELLEFSON  Telephone no. ► 952-46	ב- ב	145	<u> </u>
02	Located at ► 10289 WOODHILL BLVD., LAKEVILLE, MN ZIP + 4 ► 55044			
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 ▶   92			► ∐ N/A
	and onto the amount of tax-exempt interest received of acorded dufing the tax year   92	E^~		(2003)
		UIII	J-J-U	(2003)

Part	VII	Analysis of Income-Producing	Activities (See	page 33 of the	instructions.	)				
		gross amounts unless otherwise		business income		tion 512, 513, or 514	(E)			
indic	ated.		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income			
		im service revenue: CHURES		_	<del></del>		413			
a					<del></del>		413			
b				<del> </del>	1					
C				<del>                                     </del>	<del></del> -					
d e							<del></del>			
f	Modice	are/Medicaid payments	<del></del>				<del></del>			
		nd contracts from government agenci		-						
g 94		ership dues and assessments		•			14,659			
95		on savings and temporary cash investmen		··	14	1,161	14,000			
96		nds and interest from securities								
97		ntal income or (loss) from real estate:	• • • • • • • • • • • • • • • • • • • •	<del></del>						
		nanced property inventory		- · · · · ·		h				
a b		bt-financed property			<del></del>		<del></del>			
98		tal income or (loss) from personal property								
99		investment income	•		1					
100		(loss) from sales of assets other than invento	ľ		<u> </u>					
101		come or (loss) from special events	• 1							
102		profit or (loss) from sales of inventory	1							
103		revenue: a								
b										
С										
d										
e							_			
104	Subtota	al (add columns (B), (D), and (E))				1,161	15,072			
105		add line 104, columns (B), (D), and (E					16,233			
	Line 10	05 plus line 1d, Part I, should equal th	e amount on line	12, Part I.						
Part		Relationship of Activities to the Ac								
Line		Explain how each activity for which incom				portantly to the a	ccomplishment			
		of the organization's exempt purposes (of					<del></del>			
93				ECTED FROM REIMBURSEMENT OF EXPENSES						
		NCURRED TO PREPARE TH	E BROCHURE	·						
			····		· · ·					
D . (										
Part		Information Regarding Taxable Sub		sregarded Entiti	<b>es</b> (See page	34 of the instruc				
	Name,	address, and EIN of corporation, nership, or disregarded entity	(B) Percentage of ownership interest	( <b>C</b> ) Nature of a	ctivities	(D) Total income	(E) End-of-year			
	Part	oramp, or allorogal dod offat,	%				assets			
N/A			% %							
/			. %							
			%			· · · · · · · · · · · · · · · · · · ·				
Part	X	Information Regarding Transfers Ass		onal Benefit Con	tracts (See pa	ge 34 of the inst	ructions.)			
(b)	Did the o	organization, during the year, receive any funds, organization, during the year, pay pro	directly or indirectly, t	o pay premiums on a or indirectly, on a	personal benefit	contract? [	Yes X No			
TON		es" to (b), file Form 8870 and Form 4			boduloo aad at at	manta and to the 1				
	and	der penalties of perjury, I declare that I have exam I belief, it is true, correct, and complete Declara	ition of preparer (other	than officer) is based	anequies and state d on all informatio	ments, and to the be n of which preparer i	est of my knowledge has any knowledge			
					1	//				
						11 10 104	<del></del>			
				11.00	D:	ate				
			REAS	~1~5/~						

#### **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.)

OMB No 1545-0047

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

ADOPTION OPTION COMMITTEE, II			41-144411	
Part I Compensation of the Five High (See page 1 of the instructions. I	est Paid Employees Of ist each one. If there are	t <b>her Than Offic</b> e none, enter "N	ers, Directors, a lone.")	nd Trustees
(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
NONE				
Total number of other employees paid over \$50,000				· · · · · · · · · · · · · · · · · · ·
Part II Compensation of the Five High (See page 2 of the instructions. Lis	est Paid independent C t each one (whether indiv	Contractors for iduals or firms).	Professional Se	rvices enter "None.")
(a) Name and address of each independent contractor		(b) Type		(c) Compensation
NONE				
Total number of others receiving over \$50,000 for professional services ▶				

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Page	4

Schedule	A (Form	1990 or	990-FZ)	2003

Par	t III	Statements About Activities (See page 2 of the instructions.)	,	Yes	No
1	atter or in	ng the year, has the organization attempted to influence national, state, or local legislation, including any mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities   **NONE** (Must equal amounts on line 38, VI-A, or line i of Part VI-B.)	1		Х
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other nizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of obbying activities.		*	
2	subs with own	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the sactions.)			
а	Sale	, exchange, or leasing of property?	2a		X
b		ding of money or other extension of credit?	2b		X
С	Furn	ishing of goods, services, or facilities?	2c		X
d	•	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<u>X</u>
6		sfer of any part of its income or assets?	2e		X
3а		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	20	l	v
L	-	determine that recipients qualify to receive payments)	3a   3b	$\dashv$	X X
ь 4	Did	you have a section 403(b) annuity plan for your employees? have a section 403(b) annuity plan for your employees? have the right to provide advice and use or distribution of funds?	4		X
⊃ar	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
he o	organ	ization is not a private foundation because it is: (Please check only ONE applicable box.)	-		_
5	Ō A	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	8	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state ▶			
0		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section Also complete the <b>Support Schedule</b> in Part IV-A.)	170(b	)(1)(4	۱)(iv)
1a		An organization that normally receives a substantial part of its support from a governmental unit or from the Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A.)	gene	ral p	ublic
1b	_	A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)			
2	r it	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership eceipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more its support from gross investment income and unrelated business taxable income (less section 511 tax) from busing the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-	than nesses	331/	% 0
3		An organization that is not controlled by any disqualified persons (other than foundation managers) and support lescribed in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section section 509(a)(3).)	ts orga		
		Provide the following information about the supported organizations. (See page 5 of the instructions.)		-	
		(a) Name(s) of supported organization(s)  (b) Line number of from a		-	
	_			-	
4	_ 	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instruction Schedule A (Form 990			

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) 3/31/03 (b) 2002 (c) 2001 (e) Total Gifts, grants, and contributions received. (Do <u>10,3</u>75 <u>2,</u>260 not include unusual grants. See line 28.) . . . 12,255 <u>27,901</u> 3,011 16 Membership fees received . . . . . . 6,503 22,850 41,676 8,894 79,923 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 993 100 518 1,344 2,955 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..... 89 1,301 3,690 6,567 11,647 Net income from unrelated business 19 activities not included in line 18 ...... Tax revenues levied for the organization's 20 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 ......... Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22 17,067 36,924 48,619 19,816 122,426 23 Line 23 minus line 17 .......... 16,967 47,626 24 36,406 18,472 119,471 Enter 1% of line 23 . . . . . . . . . . . . . . . . 25 171 369 486 198 26a 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . 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 1999 through 2002 exceeded the 18,444 amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts Add: Amounts from column (e) for lines:  $18 \quad 11,647 \quad 19 \quad$ 26d 30,091 26e 89,380 Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . . . . ▶ Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare alist 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: (2002) (2001) (2000) (1999) 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 (2002) (2001) (2000) (1999) Add: Amounts from column (e) for lines: 15 \_\_\_\_\_ 16 \_\_\_\_ 17 \_\_\_\_\_ 20 \_\_\_\_ 21 \_\_\_\_ .. ..... 27c 27d Add: Line 27a total . . . . 27e Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . . ▶ 27f |

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 28 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.

Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . . . . . Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶

h

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?	29	Yes	
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	(A. 18)	F\\
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?	31		
32	Does the exponentian mountain the following:			
эz a	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		!
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
м	with student admissions, programs, and scholarships?	32c 32d		
u	Copies of all material used by the organization of on its behalf to solicit contributions?	JZU		
	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			
<b>J</b> J				
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
0	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.)			Ì
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		
	1 10, auton an expandion	133		

Par	t VI-A	Lobbying Expenditures by Ele (To be completed ONLY by an					instructio	ns.)		
Chec	k▶a	if the organization belongs to an affilia	ted group. Che	eck <b>⊳ b</b> [] if	you checked '	<b>'a''</b> and	d "limited c	ontrol"	provisions apply.	
		Limits on Lobbyir (The term "expenditures" mear					(a) Affiliated g totals	roup	(b) To be completed for ALL electing organizations	
	<del>-</del>	<u></u>				36	······		organizations	
36 27	Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying)									
37 38						37 38				
39	Total lobbying expenditures (add lines 36 and 37)					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									
	Not over \$500,000 20% of the amount on line 40									
	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					41				
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000					ļ				
	Over \$17,0	000,000	,000		丿 .					
42	Grassroot	ts nontaxable amount (enter 25% of lii	ne 41)			42				
43		line 42 from line 36. Enter -0- if line 42			· · · · · -	43	<u> </u>			
44	Subtract I	line 41 from line 38. Enter -0- if line 41	I is more than lir	ne 38		44			L	
	Caution:	If there is an amount on either line 43	or line 44. vou r	nust file Form 472	20					
				d Under Section					<del></del>	
	(8	ome organizations that made a section  See the instructions for	n 501(h) election	do not have to c	omplete all			ns be	elow.	
	Lobbying Expenditures During 4-Year Averaging Period								riod	
	Calendar year (or (a)				(b) (c)		(d)		(e)	
	fiscal yea	ar beginning in) ▶	2003	2002	2001		2000		Total	
45_	Lobbying	nontaxable amount						_		
46	Lobbying	ceiling amount (150% of line 45(e))								
47	Total lobb	oying expenditures	<del></del>			_				
<u>48</u> _	Grassroot	ts nontaxable amount						_		
49	Grassroot	ts ceiling amount (150% of line 48(e))								
50	Grassroot	ts lobbying expenditures								
Par	t VI-B	Lobbying Activity by Nonelec (For reporting only by organization			Part VI-A) (	See p	age 12	of the	instructions.)	
		r, did the organization attempt to influ- ence public opinion on a legislative m				ing ar	Yes	No	Amount	
а	Volunteer	·s								
b	Paid staff	or management (Include compensation	n in expenses r	eported on lines o	through h.)					
c	Media ad	vertisements								
d	Mailings t	to members, legislators, or the public.					· · ·			
e		ns, or published or broadcast stateme							<u> </u>	
f		other organizations for lobbying purpo						ļ		
g		ntact with legislators, their staffs, gove		-	-					
h		emonstrations, seminars, conventions,						L		
i	Total lobb	otal lobbying expenditures (Add lines <b>c</b> through <b>h.</b> )								
	11 1 CO 10	o any or the above, also attach a state	more giving a di	oranica description	. 01 1116 1000			Form 9	90 or 990-EZ) 2003	

Pa	rt VII			ransfers To and Transa e page 12 of the instructio	ctions and Relationships With	Nonc	harit	table
51	Did the reporting organization directly or indirectly engage in any of the following with any other organization 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organization							<b>,</b>
а	Transf	ers from the rep	orting organization	to a noncharitable exempt orga	anization of:		Yes	
	(i) C	ash				51a(i)		X
						a(ii)		_X_
b	Other	transactions:				'		-
	(i) S	ales or exchange	es of assets with a	noncharitable exempt organiza	ition	b(i)		X
	(ii) P	urchases of asse	ets from a nonchari	table exempt organization		b(ii)		X
	(iii) R	ental of facilities	, equipment, or oth	ner assets		b(iii)		X
	(iv) R	eimbursement a	rrangements			b(iv)		X
	(v) Lo	oans or loan gua	arantees			b(v)		X
	(vi) P	erformance of se	ervices or members	ship or fundraising solicitations		b(vi)		X
C	Sharin	g of facilities, ed	quipment, mailing li	sts, other assets, or paid emplo	yees	С		X
d 	goods,	other assets, o	r services given by	the reporting organization. If the	e. Column (b) should always show the faithe organization received less than fairds, other assets, or services received:			
	a) e no	(b) Amount involved	Name of nonc	(c) chantable exempt organization	(d) Description of transfers, transactions, and s	haring am	angem	ents
					<del> </del>			
	describ	oed in section 5	•	other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527?	☐ Ye:	s [	□ No
(a) Name of organization		<b>(b)</b> Type of organization	(c) Description of relationship	ıp				
_								
_								
—								
		<del></del>						
		<del></del>		<u> </u>				
					<del> </del>			
		-						

### Form ' **8868**

(December 2000)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return

OMB No 1545-1709

• If you are	filing for an Automatic 3-Month Extension, filing for an Additional (not automatic) 3-Month to complete Part II unless you have already be	onth Extension, complete only Part	II (on page 2 of this form)				
All other cor	Automatic 3-Month Extension of Time 990-T corporations requesting an automatic 6- porations (including Form 990-C filers) must therships, REMICs and trusts must use Form	month extension—check this box and course Form 7004 to request an extension	omplete Part I only ▶ ☐ on of time to file income tax				
Type or print	Name of Exempt Organization  Adoption Option Committee, Inc.	Employer identification number 41 : 1444119					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions P.O. Box 24132						
return. See instructions	City town or poet office, state and 7ID code. For a foreign address, see instructions						
Check type	of return to be filed (file a separate applicat	tion for each return)					
Form 99 Form 99 Form 99 Form 99	0-BL ☐ Form 990-T (se 0-EZ ☐ Form 990-T (tr	orporation) ec. 401(a) or 408(a) trust) ust other than above)	☐ Form 4720 ☐ Form 5227 ☐ Form 6069 ☐ Form 8870				
<ul><li>If this is for for the who names and</li><li>1 I reque</li></ul>	anization does <b>not</b> have an office or place of or a <b>Group Return</b> , enter the organization's for <b>le</b> group, check this box ▶ ☐ . If it is for p EINs of all members the extension will cover. est an automatic 3-month (6-month, for <b>99</b> the exempt organization return for the organization	our digit Group Exemption Number (GE hart of the group, check this box ► [	If this is and attach a list with the until November 15 , 20 04,				
▶ □	calendar year 20 or	, 20.03, and ending March 31	, 20. <b>04</b> .				
2 If this t	tax year is for less than 12 months, check rea	eson 🗌 Initial return 🔲 Final retur	rn  Change in accounting period				
	application is for Form 990-BL, 990-PF, 990 undable credits. See instructions	-T, 4720, or 6069, enter the tentative	tax, less any				
	application is for Form 990-PF or 990-T, enter Include any prior year overpayment allowed a		tax payments				
c Baland with F instruc	ce Due. Subtract line 3b from line 3a. Include TD coupon or, if required, by using EFTP tions	your payment with this form, or, if red S (Electronic Federal Tax Payment	quired, deposit System) See				
	Signate of perjury, I declare that I have examined this form, incluse, and complete, and that I am authorized to prepare this		and to the best of my knowledge and belief,				
Signature ►	Gelly R. Rad	Title ▶ <i>CPA</i>	Date ▶ 8/15/04				
For Paperwo	rk Reduction Act Notice see Instruction	Cat No 27916D	Form <b>8868</b> (12-2000)				

## Adoption Option Committee, Inc. 41-1444119

Statement 1
Form 990, Part III – Organization's Primary Exempt Purpose

Aid to individuals who place their children for adoption.

Statement 2
Form 990, Part III, Line a – Statement of Program Service Accomplishments

Financial aid to individuals who choose to place their child for adoption, for specific needs; such as job search expenses, medical expenses and rent. Also educational support, telephone counseling, and publishing educational brochures.