## 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.

2005

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

April For the 2005 calendar year, or tax year beginning 2005, and ending March 31 **20**06 D Employer identification number C Name of organization Please Check if applicable use IRS Adoption Option Committee, Inc. 41-1444119 Address change label or Number and street (or P O box if mail is not delivered to street address) Room/suite print or E Telephone number Name change type. P.O. Box 24132 952-469-1145 See Initial return Specific City or town, state or country, and ZIP + 4 X Cash F Accounting method: Final return Accrual Instruc-Minneapolis, MN 55424 tions. \_ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) Is this a group return for affiliates? trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ► N/A Website: ▶ www.adoption-isit4u.aoci.org H(c) Are all affiliates included? J Organization type (check only one) ► 🔯 501(c) ( 3 ) ◄ (insert no.) 🔲 4947(a)(1) or 🔲 527 (If "No," attach a list See instructions) H(d) Is this a separate return filed by an K Check here ▶ [ ] if the organization's gross receipts are normally not more than \$25,000. The organization covered by a group ruling? 

Yes 
No organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return. Group Exemption Number > M Check ► 🔯 If the organization is not required 33,099 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received: 12,420 12,420 d Total (add lines 1a through 1c) (cash \$ 12,420 noncash \$ **1d** 178 Program service revenue including government fees and contracts (from Part VII, line 93) 16,395 4 4,097 6a **6b** 6c Other investment income (describe ▶ (A) Securities (B) Other 8a Gross amount from sales of assets other 8b **b** Less: cost or other basis and sales expenses. 8c c Gain or (loss) (attach schedule) ..... **8d** Special events and activities (attach schedule) If any amount is from gaming, check here > \lambda a Gross revenue (not including \$ contributions reported on line 1a).......... 9b b Less: direct expenses other than fundraising expenses . . 9c c Net income or (loss) from special events (subtract line 9b from line 9a) ...... | 10a 10a Gross sales of inventory, less returns and allowances... 10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 33,099 12 13 Program services (from line 44, column (B)) RECEMED........... 22,041 562 Management and general (from line 44 column (C)) ...... 14 Fundraising (from line 44, column (D)) 6. . NO.V. . 0.6.2006. 550 15 16 Payments to affiliates (attach schedule) 23, 153 Total expenses (add lines 16 and 44, column (A) 17 Excess or (deficit) for the year (subtract line 17 from line 12) .... 9,946 18 103,404 19 Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . . . . **20** Other changes in net assets or fund balances (attach explanation) . . . . . . . . . . . . . . . 113,350 21

SCANNEL

Form **990** (2005)

Pai		must comp d section 4	plete column (A). Col 1947(a)(1) nonexemp	umns (B), (C), and (Cot charitable trusts but	)) are required for sectional for others (	tion 501(c)(3) and (4) See the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	3.4°	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ noncash \$)  If this amount includes foreign grants, check here ▶ [	22				
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)		0			
25	Compensation of officers, directors, etc		0			
26	Other salaries and wages		0			
27	Pension plan contributions	6 f	0			
	Other employee benefits		0			
	Payroll taxes	4 1	0			
	Professional fundraising fees		0			
	Accounting fees		0			
	Legal fees	1 1	0	<u> </u>	· -	
	Supplies		502	502		
34	Telephone		420	420		
35	Postage and shipping	35	555	401		154
	Occupancy	36	0			
	Equipment rental and maintenance		0			
38	Printing and publications	38	3,757	3,361		396
39	Travel		0			
40	Conferences, conventions, and meetings		0			<del></del>
41	Interest	41	0			
42	Depreciation, depletion, etc. (attach schedule)	42	0	· · · · · · · · · · · · · · · · · · ·		
43 a	Other expenses not covered above (itemize): Educational Material	43a	1,591	1,591		
b	Grant Expense	43b	15,060	15,060		
	Internet	43c	0	0		
	Consulting	43d	1,125	563	562	
e	Miscellaneous	43e	143	143		
f		43f	0			
g		43g	0			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	23,153	22,041	562	550
laint			<u> </u>	22,041		<del></del>
Are a	Costs. Check >	n and fund sts \$	; (ii) the	· · · · · · · · · · · · · · · · · · ·	o Program services	

#### Part III Statement of Program Service Accomplishments (See the instructions.)

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.

		•	primary exempt purp				<del></del>	Program Service Expenses
of c	clients s	erved, publication	ibe their exempt purposes issued, etc. Discuss nonexempt charitable	s achievements	that are not meas	urable. (Section	501(c)(3) and (4)	(4) orgs , and 4947(a)(1)
a	See	Statement	Attached				· · · · · · · · · · · · · · · · · · ·	
						<del> </del>		
	<del></del>			···				
	(Grants	s and allocations		None)	If this amount include	es foreign grants		22,041
b	<u>\</u>							
						<u> </u>		
	<del></del>				16 Abi	foreign		1
	(Grant	s and allocations	<del></del>	<u> </u>	If this amount include	es roreign grants	, cneck nere ► _	<u>                                     </u>
C			<u> </u>				<u> </u>	
		<u>.                                    </u>	<u> </u>	<u> </u>				
			<u> </u>	<u> </u>				
					<u></u>			
	(Grant	s and allocations	\$	)	If this amount include	les foreign grants	, check here ▶	<u>}</u>
d	<del>-</del>							
					<u> </u>			
	<del></del>		<u> </u>			las fararas seasta	ahaak hara N	,
_	•	s and allocations	(attach schedule)		If this amount include	es loreign grants	, check here -	J
ť		s and allocations		•	If this amount include	les foreian arants	check here ► □	1
f	•		rice Expenses (shou	uld equal line 4				22,041
						<u> </u>		Form <b>990</b> (2005)

Pa	rt IV	Balance Sheets (See the instructions	s.)	<u>.</u>	<del></del>	
N	lote:	Where required, attached schedules and amount column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year	
	45	Cash—non-interest-bearing		20,205	45	16,470
		Savings and temporary cash investments.		83,199	46	96,880
		Carnigo and temperary care and accommonder			, ,	
	47a	Accounts receivable	47a		124	
	•	Less: allowance for doubtful accounts	47b		47c	0
			in a telephone of the contract			
	48a	Pledges receivable	48a		1 1 3 M	
		Less: allowance for doubtful accounts	48b		48c	0
		Grants receivable			49	
		Receivables from officers, directors, truste	i i			
		(attach schedule)	·		50	
	51a	Other notes and loans receivable (attach			Care Care	
sets	O I G	schedule)	51a		\$ T. T.	
	b	Less: allowance for doubtful accounts	51b		51c	0
As	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
		Investments—securities (attach schedule)			54	
		Investments—land, buildings, and				
	JJa	equipment: basis	55a			
	<b>.</b>	Less: accumulated depreciation (attach				
		schedule)	55b		55c	0
	56	Investments—other (attach schedule)			56	
		Land, buildings, and equipment: basis.	57a			
		Less: accumulated depreciation (attach			4. 3	
	D	schedule)	57b		57c	0
	58	Other assets (describe >	)		58	
			<u> </u>			
	59	Total assets (must equal line 74). Add lines	s 45 through 58	103,404	59	<u>113,350</u>
	60	Accounts payable and accrued expenses.			60	
		Grants payable			61	
		Deferred revenue			62	
S	63	Loans from officers, directors, trustees, an	<u>'</u>			
Ž		schedule)		<u> </u>	63	
iabi	64a	Tax-exempt bond liabilities (attach schedule	i i	<u>.</u>	64a	
Ï	<u>,                                      </u>	Mortgages and other notes payable (attach			64b	
	65	Other liabilities (describe ►			65	
		`````` <u> </u>				
	66_	Total liabilities. Add lines 60 through 65.		0	66	
	Orga	anizations that follow SFAS 117, check here	▶ ☐ and complete lines			
<b>10</b>	0.5	67 through 69 and lines 73 and 74.				
ä	67	Unrestricted			67	
<u>a</u> n	68	Temporarily restricted	<i></i>		68	
		Permanently restricted			69	
	1 -	anizations that do not follow SFAS 117, chec	_ <del></del>		æ,	
2	0.3.	complete lines 70 through 74.				
P	70	Capital stock, trust principal, or current fun-	ds		70	440050
_		Paid-in or capital surplus, or land, building,	•	103,404	71	113,350
<b>U</b>	72	Retained earnings, endowment, accumulate	ı		72	
A	73	Total net assets or fund balances (add lin	j.		÷	
<u>let</u>		70 through 72;				
_		column (A) must equal line 19; column (B)		103,404	73	$\frac{113,350}{112,350}$
	74	Total liabilities and net assets/fund balance	es. Add lines 66 and 73.	103,404	74	113,350
						Form <b>990</b> (2005)

Par	Reconciliation of Revenue per Audi instructions.)	ited Financial Statem	ents	With Rev	enue pe	er Return	(See the
а	Total revenue, gains, and other support per audite	ed financial statements				а	N/A
			• • •	· · · · · · · ·		1, 0	
	Amounts included on line a but not on Part I, line		b1	1			
	Net unrealized gains on investments		b2		·		
	Donated services and use of facilities				<u> </u>		
	Recoveries of prior year grants		<b>b3</b>			1,31	
4	Other (specify):					a Karekar	
		<u></u>	<u>b4</u>	L		19 25 35 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_
	Add lines b1 through b4					b	<u> </u>
C	Subtract line b from line a					С	0
	Amounts included on Part I, line 12, but not on lin						
	Investment expenses not included on Part I, line 6	3h	d1			**************************************	
	· · · · · · · · · · · · · · · · · · ·	<b>36</b>					
_	Other (specify):		d2				
				L			0
	Add lines d1 and d2						
	Reconciliation of Expenses per Auc					per Petur	<u> </u>
		·	···				N/A
а	Total expenses and losses per audited financial s	tatements				<u>a</u>	
b	Amounts included on line a but not on Part I, line	17:					
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on Part I, line 20		b2			, , , , , , , , , , , , , , , , , , ,	
3	Losses reported on Part I, line 20		b3				
	Other (specify):					7 79	
			b4			· •	
	Add lines he through he			<u> </u>		ь	0
_	Add lines b1 through b4						0
	Subtract line b from line a			• • • • • • •			<u> </u>
đ	Amounts included on Part I, line 17, but not on lin		ايهما	1		· · · · · · · · · · · · · · · · · · ·	
1	Investment expenses not included on Part I, line 6	ob	aı			-	
2	Other (specify):						
	<del></del>		<u>d2</u>			<del> </del>	^
	Add lines d1 and d2				_	d	<u> </u>
е	Total expenses (Part I, line 17). Add lines c and o	<u>d</u>		<u> </u>	<u> </u>	e	
Pa	Current Officers, Directors, Trustees,						
	or key employee at any time during the yea	r even if they were not c	ompe	nsated.) (S	ee the in	structions.)	<u> </u>
	/Al Nome and address	(B) Title and average hours per	(C) C	ompensation	(D) Contribu	tions to employe	e (E) Expense account
	(A) Name and address	week devoted to position	טח זון	-0)	comper	isation plans	and other allowances
				·	1		
See	e Schedule Attached			None		None	None
					-		
<b></b>							
		·		·		<del></del>	
-							
		:					
	······································					· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		<u> </u>	<u>-</u> -			
			<u> </u>				
	••••••						
- <b></b>							
	<u> </u>	<u>.                                    </u>			•		

Part V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)		'	Yes	No		
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings								
b Are any officers, directors, trustees, or key emploemployees listed in Schedule A, Part I, or high contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that id	hest compensated p	rofessional and other through	other independent family or business	75b		X		
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?  Note. Related organizations include section 509(a)(3) supporting organizations.								
organization and the other organization(s) including amounts paid to each individual by	, and describes t y each related orga	the compensation.	on arrangements,			1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,10) 1 (10,		
Part V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of compare to the person below and enter the amount of the person below and enter the amount of the person below and enter the amount of the person below and enter the person below and the perso	Key Employees That Feceived compensation of	Received Compen	sation or Other Bene escribed below) during	efits (If a	any fo			
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) I account allo	Expension and ownice			
None		None	None		<u>N</u>	<u>one</u>		
	•							
	-							
	-							
			· <u>-</u>					
	_			<u> </u>				
			· -	ļ		<del></del>		
Part VI Other Information (See the instruction	1S.)			1	Yes	No		
76 Did the organization engage in any activity not produced description of each activity				76	~	X		
77 Were any changes made in the organizing or government of the changes of the ch	S.				3 b 3 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d	X		
78a Did the organization have unrelated business grothis return?				78a		X N/A		
79 Was there a liquidation, dissolution, termination, a statement	or substantial contracti	ion during the ye	ar? If "Yes," attach	79		X		
80a Is the organization related (other than by association common membership, governing bodies, trusto organization?	ees, officers, etc., to	any other exer		80a	1, 1,	X		
b If "Yes," enter the name of the organization ▶ 1	I/A and check whether it	is exempt o						
81a Enter direct and indirect political expenditures. (Some Did the organization file Form 1120-POL for this			None	81b Form	gan	X (2005)		

Part VI Other Information (continued)		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.		· , , -	- ,
(See instructions in Part III.)	83a	X	
Figure 4 to 4 to 5 to 5 to 5 to 6 to 6 to 6 to 6 to 6	83b		
The first of the f	84a		Ÿ
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/	 A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/	$\overline{\overline{f}}$
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	$\overline{F}$
If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
received a waiver for proxy tax owed for the prior year.			ر. د ب
<b>c</b> Dues, assessments, and similar amounts from members			,
<b>d</b> Section 162(e) lobbying and political expenditures			1
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	Salar Kall	3.0	, · , · , · ; · ;
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	<del></del>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	<i>-</i>
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on		*******	
line 12			
<b>b</b> Gross receipts, included on line 12, for public use of club facilities		200	
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders   87a   N/A			\$ 19%
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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	* ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	,	
b 501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year			
under sections 4912, 4955, and 4958			one
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N	<u>one</u>
90a List the states with which a copy of this return is filed ▶ Minnesota	<del></del> ———		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)			
91a The books are in care of ▶ Phyllis Ellefson Telephone no. ▶ 952-469  Located at ▶ 10289 Woodhill Blvd., Lakeville, MN ZIP+4▶ 55044	9-1	145	
If "Yes," enter the name of the foreign country $\blacktriangleright$ N/A	91b	Yes	No X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	7		
and Financial Accounts.	910		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country $\triangleright N/A$		<u> </u>	
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here			
	Form	990	(2005)

Note: Enter gross amounts unless otherwise indicated.  93	(B) Amount	(C) Exclusion code	9 4,097	
a Brochures  b  c  d  e  f Medicare/Medicaid payments g Fees and contracts from government agencies 94 Membership dues and assessments 95 Interest on savings and temporary cash investments 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate: a debt-financed property b not debt-financed property 98 Net rental income or (loss) from personal property 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue: a  b  c d e		14		16,395
f Medicare/Medicaid payments		14		
94 Membership dues and assessments		14		16,395
Membership dues and assessments		14		
Interest on savings and temporary cash investments  Dividends and interest from securities  Net rental income or (loss) from real estate:  a debt-financed property  not debt-financed property  Net rental income or (loss) from personal property  Other investment income  Gain or (loss) from sales of assets other than inventory  Net income or (loss) from special events  Gross profit or (loss) from sales of inventory  Other revenue: a  b  c  d e		14		
Dividends and interest from securities  Net rental income or (loss) from real estate:  a debt-financed property  b not debt-financed property  98 Net rental income or (loss) from personal property  99 Other investment income  100 Gain or (loss) from sales of assets other than inventory  101 Net income or (loss) from special events  102 Gross profit or (loss) from sales of inventory  103 Other revenue: a  b  c  d e		14		
debt-financed property  not debt-financed property  Net rental income or (loss) from personal property  Gain or (loss) from sales of assets other than inventory  Net income or (loss) from special events  Gross profit or (loss) from sales of inventory  Other revenue: a  b  c d e				
b not debt-financed property  98 Net rental income or (loss) from personal property  99 Other investment income  100 Gain or (loss) from sales of assets other than inventory  101 Net income or (loss) from special events  102 Gross profit or (loss) from sales of inventory  103 Other revenue: a  b  c d e				
Net rental income or (loss) from personal property Other investment income  Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events  Gross profit or (loss) from sales of inventory Other revenue: a  b  c d e				
99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue: a				
100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue: a				
101 Net income or (loss) from special events  102 Gross profit or (loss) from sales of inventory  103 Other revenue: a  b  c d e				
102 Gross profit or (loss) from sales of inventory 103 Other revenue: a				
103 Other revenue: a				
b c d e				
d e			• -	
、 は、 14 本語		<del>                                     </del>		
、 は、 14 本語 本語 本語				
104 Subtotal (add columns (B), (D), and (E))				
				· <u> </u>
105 Total (add line 104, columns (B), (D), and (E))			· · · • <u> </u>	20,679
Note: Line 105 plus line 1d, Part I, should equal the amount on line 12  Part VIII Relationship of Activities to the Accomplishment of		oses (See th	e instructions	<u></u>
Line No. Explain how each activity for which income is reported in column of the organization's exempt purposes (other than by providing	mn (E) of Part V	II contributed ii	<del></del>	accomplishment
93a Brochure revenue is collected from	<u> </u>		of expens	
incurred to prepare the brochure.				
The state of the s				
		<u> </u>		
Part IX Information Regarding Taxable Subsidiaries and Disr	egarded Entiti	es (See the I	nstructions )	<u>(E)</u>
(A) Name, address, and EIN of corporation, partnership, or disregarded entity  (B) Percentage of ownership interest	(C) Nature of ac	tıvities	(D) Total income	End-of-year assets
<u>%</u>				
N/A %				
<u>%</u>				<del></del>
Part X Information Regarding Transfers Associated with Person	nal Benefit Con	stracts (See #	he instructions )	
(a) Did the organization, during the year, receive any funds, directly or indirectly, to p  (b) Did the organization, during the year, pay premiums, directly or  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instruction)	pay premiums on a indirectly, on a	personal benefit	contract?	Yes X No
Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete Declaration of preparer (other that Please	g accompanying scl an officer) is based	hedules and state on all informatio	ements, and to the been of which preparer	est of my knowledge has any knowledge
Sign Signature of officer			11/2/06 ate	<u> </u>
Here  SIGNATURE OF CHICAGO STREAM TRAS UNER			<del>-</del>	
Type or print name and title	·			
Paid Preparer's signature	Date	Check if self-	Preparer's SSN or I	PTIN (See Gen Inst. W)
Despenda I dignoloita :		employed ► L EIN	<u> </u>	
Preparer's Use Only  Firm's name (or yours if self-employed),			no •	

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

2005

OMB No 1545-0047

Name of the organization Employer identification number Adoption Option Committee, Inc. 41-1444119 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.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other per week devoted to position than \$50,000 deferred compensation allowances None Total number of other employees paid over \$50,000 . . . > Part II-A 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 None Total number of others receiving over \$50,000 for Paralles Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service None Total number of other contractors receiving over 

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

_	4
Page	4

Pai	t III	'Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atte or i	Ing the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid neurred in connection with the lobbying activities ▶ \$ None (Must equal amounts on line 38, tVI-A, or line I of Part VI-B.)	1		X
	Org orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	sub with owr	ing 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 per, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the isactions.)			
а	Sale	e, exchange, or leasing of property?	2a		<u>X</u>
b	Len	ding of money or other extension of credit?	2b		X
		nishıng of goods, services, or facilities?	2c		<u>X</u>
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<u>X</u>
		nsfer of any part of its income or assets?			X
3a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments.)	3a		X
b	Do	you have a section 403(b) annuity plan for your employees?	3b		X
C	Dur	ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4a		you maintain any separate account for participating donors where donors have the right to provide advice on use or distribution of funds?	4a		X
<u>b</u>	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		<u> </u>
Pai	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	)		
The	orga	nization is not a private foundation because it is (Please check only ONE applicable box.)		<del></del>	•
	_	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).		•	
		A school Section 170(b)(1)(A)(ii) (Also complete Part V.)			
		A scribble Section 170(b)(1)(A)(ii) (Also complete Part V.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
		A fielderal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
		A rederal, state, or local government of governmental unit occitor fro(b)(1)(A)(√)(V)  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hos and state ▶	•	name,	, city
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sec (Also complete the Support Schedule in Part IV-A.)		(b)(1)	(A)(IV
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)	ral publi	ic.	
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 331/3% of its support from contributions, membership fees, from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 from gross investment income and unrelated business taxable income (less section 511 tax) from businesse organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	16% of 1	ts su	pport
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and suppresseribed in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 ☐		(2). C	
		Provide the following information about the supported organizations. (See page 6 of the instructions	)		
		(a) Name(s) of supported organization(s)	e numbe n above		
14		An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instruct	lions )		

Par Note	: You may use the worksheet in the instruction	nly if you checked	a box on line 10,	11, or 12.) Use the cash metho	cash method of d of accounting.	accounting.
	ndar year (or fiscal year beginning in)	W 3/05	(b) 3/04	(c) 3/03	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do					( <del>-) (-) (-) (-) (-) (-) (-) (-) (-) (-) (</del>
	not include unusual grants See line 28.)		8,153	10,375	12,255	42,183
16	Membership fees received		<del></del>	· · · · · · · · · · · · · · · · · · ·	22,850	
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	. 261	413	100	518	1,292
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	<b>:</b>				
	by the organization after June 30, 1975	. 988	1,161	89	1,301	3,539
19	Net income from unrelated business					
	activities not included in line 18					0
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf	• 		···-·		0
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		<u> </u>	<del></del>		0
22	Other income Attach a schedule. Do not			•		^
	include gain or (loss) from sale of capital assets	22 040	24 296	17 067	26 024	111 217
23	Total of lines 15 through 22		24,386	<del></del>	36,924	<del></del>
24	Line 23 minus line 17	32,579	23,973	16,967 171	36,406 369	109,925
<u>25</u>	Enter 1% of line 23			1/1		2.199
26	Organizations described on lines 10 or 11:			• •		, 2,100
b	Prepare a list for your records to show the n		•	•	ا ، ۴۰۰ ا	
	governmental unit or publicly supported organ	-	_	_		27,005
_	amount shown in line 26a. Do not file this list				ounts ► 26c	109,925
	Total support for section 509(a)(1) test. Enter Add. Amounts from column (e) for lines: 18	`	,	0	, ,	
u	Add Amounts nom column (e) for lines. 22	^	26b 27,0	<u></u>	▶ 26d	30,544
	Public support (line 26c minus line 26d total)			<u> </u>		79,381
	Public support percentage (line 26e (nume					72.21%
27	Organizations described on line 12: a					
	person," prepare a list for your records to show the person of the state of the person of the state of the person of the state of the person o			<del>_</del>	ir trom, each "disc	lualified person.
			•			
	(2004) (2003)					
b	For any amount included in line 17 that was rec show the name of, and amount received for eac	•	-			_
	(Include in the list organizations described in lines					
	the difference between the amount received an					
	amounts) for each year:		(2002)		(2004)	
	(2004) (2003)		_ (2002)		_ (2001)	
•	Add Amounts from column (a) for lines 15	·	16			
C	Add Amounts from column (e) for lines 15		21		▶ 27c	
A	Add: Line 27a total	and line 27b tota		<del></del>	▶ 27d	<u> </u>
	Public support (line 27c total minus line 27d		<del></del>			
f	Total support for section 509(a)(2) test: Enter					
	Public support percentage (line 27e (nume					%
h h	Investment income percentage (line 18, co	lumn (e) (numerat	or) divided by lir	ne 27f (denomina	· · · · · · <del>  · · · · · · · · · · · · ·</del>	%
28	Unusual Grants: For an organization descri					1 through 2004
	prepare a list for your records to show, for e	each year, the name	e of the contribute	or, the date and	amount of the g	
	description of the nature of the grant Do not	file this list with	y <mark>our retum.</mark> Do r	not include these	grants in line 15	

Part V

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T & 4
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	No
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?	31		,
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following.			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	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		Non- No Alba
	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			
а	Students' rights or privileges?	33a		
	Admissions policies?			
	Employment of faculty or administrative staff?			
	Scholarships or other financial assistance?	<b>.</b>		
e	Educational policies?	33e		
f	Use of facilities?	33f		
	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		
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	,	

Private School Questionnaire (See page 7 of the instructions.)

Pa	Lobbying Expenditures by El (To be completed ONLY by an		-			instructio	ns.)	
Che	k ▶ a ☐ if the organization belongs to an affilia					nd filmited co	ntrol*	provisions apply.
	Limits on Lobbyi	•				(a) Affiliated gr totals	oup	(b) To be completed for ALL electing
	(The term "expenditures" mea	<u> </u>	<u> </u>	<del></del>	26			organizations
36	Total lobbying expenditures to influence public	•		· · · · · · · · ·	<u>36</u> 37			
37	Total lobbying expenditures to influence a legis	* .	• •	· · · · · · · · · -	38		<u> </u>	
	Total lobbying expenditures (add lines 36 and 3		<del>30</del> 39		<del></del>	<del></del>		
39 40	Other exempt purpose expenditures			· · · · · · · · -	40			
41	Total exempt purpose expenditures (add lines Lobbying nontaxable amount. Enter the amount	·		4				
71		obbying nontaxa	_	_				
		of the amount or		-				
		000 plus 15% of t			Q , H 18			
		000 plus 10% of th	e excess over \$1,0	000,000	41		·	
	Over \$1,500,000 but not over \$17,000,000 \$225,0	000 plus 5% of the	e excess over \$1,5	500,000	,			
	Over \$17,000,000 \$1,00	0,000		1	. A.			
42	Grassroots nontaxable amount (enter 25% of I	ıne 41)			42			
43	Subtract line 42 from line 36. Enter -0- if line 4				43			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than li	ne 38	· · · · · · · · ·	44	٠ 4 4 .	·	
	Caution: If there is an amount on either line 43	3 or line 44, you i	must file Form 47	<b>720</b> .	<b>4</b> 5			
	· · · · · · · · · · · · · · · · · · ·	eraging Perio		· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u> </u>
	(Some organizations that made a section			• •	f the	five colum	ns be	low.
	See the instructions f			_				
		Lot	bying Expenditu	ures During 4	l-Yea	ar Averagir	ıg Pe	riod
	Calendar year (or	(a)	(b)	(c)		(d)		(e)
	fiscal year beginning in) ▶	2005	2004	2003		2002		Total
45	Lobbying nontaxable amount		. <u></u>			<del></del>	~ <del></del>	
46	Lobbying ceiling amount (150% of line 45(e))		,				, , , , , , , , , , , , , , , , , , ,	
47	Total lobbying expenditures							
48	Grassroots nontaxable amount		7		. "	~d	·· · · · · · · · · · · · · · · · · · ·	
49	Grassroots ceiling amount (150% of line 48(e))	1967 B						
50	Grassroots lobbying expenditures				ĺ			
	Lobbying Activity by Nonelectivity (For reporting only by organization)	ting Public C		Part VI-A) (S	See	page 11 c	of the	instructions.)
Duri	ng the year, did the organization attempt to influ		<u> </u>	<u> </u>				
	npt to influence public opinion on a legislative n					165	140	Amount
	Volunteers							
	Paid staff or management (Include compensation					l i		
C	Media advertisements							<u> </u>
	Mailings to members, legislators, or the public					1 1		
	Publications, or published or broadcast statem							
	Grants to other organizations for lobbying purp							
_	Direct contact with legislators, their staffs, gov		_					
h	Rallies, demonstrations, seminars, conventions Total lobbying expenditures (Add lines c through If "Yes" to any of the above, also attach a state	gh <b>h.</b> )					_	
					, J			

Pa	rt VI	• ,		ransfers To and Trans e page 12 of the instructi		Relationships	With	Nonc	haritable		
51		organization directly or indirectly engage in any of the following with any other organization described in section 501(c) for the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
а		ansfers from the reporting organization to a noncharitable exempt organization of									
_		<u> </u>						51a(i)	X		
	• • •							a(ii)	X		
ь	- ,	er transactions:									
		Sales or exchange	es of assets with a	zation			b(i)	X			
		<del>-</del>		table exempt organization					X		
	(iii)	Rental of facilities.	eauipment, or oth	er assets				b(iii)	X		
	(iv)	(iv) Reimbursement arrangements						b(iv)	X		
	(v)	Loans or loan gua	rantees				b(v)	X			
	(vi)	Performance of se	ervices or members	<b>3</b>			b(vi)	X			
C	Sha	ring of facilities, eq	uipment, mailing lis	sts, other assets, or paid emp	loyees			С	X		
<b>d</b>	If the	e answer to any of the description of the descripti	the above is "Yes," r services given by	complete the following scheduthe the reporting organization. If column (d) the value of the go	ıle Column (b) sl the organization	nould always show received less that	the fair n fair n	market	value of the		
(	a)	(b) (c)				(d)					
Line	e no	Amount involved	Name of nonc	haritable exempt organization	Description of	transfers, transactions	and sh	anng am	angements		
					_						
				<u> </u>							
				<u> </u>		<del></del>					
						<del></del>			<del> </del>		
			<del></del>	<u> </u>					<del></del>		
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				<u> </u>		<del></del>	<del></del>				
	desc		1(c) of the Code (ot	affiliated with, or related to, her than section 501(c)(3)) or (b)				□ Yes	□ No		
		Name of organization		Type of organization		Description of relationship					
		<u> </u>				· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del> <del>-</del>			
						· · · · · · · · · · · · · · · · · · ·	<u> </u>				
								<u> </u>			
		·-									
<u></u>		<u> </u>		·			_		<u> </u>		
								<del></del>			

# Form 8868 (Rev December 2004) 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, complete only Part I and check this box filing for an Additional (not automatic) 3-Month Extension, complete only Part II (o lete Part II unless you have already been granted an automatic 3-month extension on a p	n page 2 of this form).						
Part I	Automatic 3-Month Extension of Time—Only submit original (no copies nee	eded)						
Form 990-T	corporations requesting an automatic 6-month extension—check this box and compl	ete Part I only ▶ □						
•	porations (including Form 990-C filers) must use Form 7004 to request an extension of , REMICs, and trusts must use Form 8736 to request an extension of time to file Form							
returns noted (not automat	iling (e-file). Form 8868 can be filed electronically if you want a 3-month automatic ext below (6 months for corporate Form 990-T filers). However, you cannot file it electron ic) 3-month extension, instead you must submit the fully completed signed page 2 (f e electronic filing of this form, visit www.irs.gov/efile.	ically if you want the additional						
Type or	Name of Exempt Organization	Employer identification number						
print		41-1444119						
File by the due date for	Number, street, and room or suite no. If a P.O box, see instructions							
filing your	P.O. Box 24132							
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	Minneapolis, MN 55424-0132	<del></del>						
	of return to be filed (file a separate application for each return):							
<b>⊠</b> Form 990		☐ Form 4720						
☐ Form 990		☐ Form 5227 ☐ Form 6069						
☐ Form 990								
		☐ Form 8870						
Telephone • If the orga • If this is for the wh	are in the care of ▶ Jeffrey R. Fritz  No ▶ 612-397-4056  Inization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN toole group, check this box ▶ . If it is for part of the group, check this box ▶ .	i) If this						
to file th	at an automatic 3-month (6-months for a <b>Form 990-T corporation</b> ) extension of time unto $\frac{1}{100}$ extension return for the organization named above. The extension is for the calendar year 20 or	organization's return for:						
	tax year beginning $\underline{\hspace{0.2cm}} A \underline{\hspace{0.2cm}} \underline{\hspace{0.2cm}} 1 \underline{\hspace{0.2cm}}$ , 20 $\underline{\hspace{0.2cm}} 05$ and ending $\underline{\hspace{0.2cm}} \underline{\hspace{0.2cm}} \hspace{0.$	<u>1 31 , 20 06</u>						
2 If this ta	ax 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								
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845							
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	Form <b>8868</b> (Rev 12-2004)						

# 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.