Form 990

Return of Organization Exempt From Moome Tax

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

OMB No 1545-0047 2005

Department of the Treasury

SCANNED JUN 25

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

Open to Public Inspection

IIICI			organization may have to doo a			<u>'</u>			
Α	For the 200	5 calend <u>ar year, (</u>	or tax year beginning	, 2005, a	and ending		<u> </u>		
В	Check if applic	• •	ntification Number						
	Address o		INCKODO THE MOKED HI		_	68-036	9934		
	Name cha		1999 THITHON DAVE WIT			E Telephone nu	mber		
	Initial retu	Initial return See specific Instructions. PLEASANT HILL, CA 94523-2200 925 F According to the first of the first o					6-6260		
	Final retu						X Cash Accrual		
	Amended	return				Other (sp			
	Applicatio	pendina Secti	ion 501(c)(3) organizations and	4947(a¥1) nonexempt	H and I are not applica	ble to section 52	organizations		
		chari	itable trusts must attach a comp	oleted Schedule A	H (a) Is this a group	return for affiliate	es? Yes X No		
		•	m 990 or 990-EZ).		H (b) If 'Yes,' enter no		. — —		
G	Web site:	· N/A			H (C) Are all affiliate		Yes No		
J	Organizatio	n type	real control of the c		''	a list. See instru			
	(check only	one)	X 501(c) 1 ◀ (insert no	o) 4947(a)(1) or	H (d) Is this a separa	ate return filed by	an		
K			anization's gross receipts are no	=	organization co	overed by a group			
	\$25,000 T	ne organization n	need not file a return with the IRS sure to file a complete return. S	S, but if the organization		nption Numb			
	complete r		sale to the a complete return.	ome states require a			e organization is not required		
_	Gross rece	nte: Add lines 6h	o, 8b, 9b, and 10b to line 12 - 8	841 701), 990-EZ, or 990-PF)		
Pa			nses, and Changes in Ne						
ı a			ants, and similar amounts recei	****	didirecs (See mada	Clionsy			
		t public support	ants, and similar amounts recei	veu.	1a 44,	182.			
				ŀ	1b	102.			
		ect public support		}					
		Government contributions (grants)					44,182.		
		d Total (add lines a through 1c) (cash \$ 44,182. noncash \$) Program service revenue including government fees and contracts (from Part VII, line 93)							
							794,881.		
		•	assessments as investments		•	3	238.		
	i	4							
	5 Divid	5							
	6a Gross rents 6a 2,400. b Less: rental expenses 6b								
	ľ	rental expenses	60	0.400					
	c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe						2,400.		
REV									
Ž.	8a Gros	amount from sa	ales of assets other	(A) Securities	(B) Other				
E N U		inventory	•		8a				
Ĕ			sis and sales expenses		8b				
		(loss) (attach schedu	,		8c				
	_		nbine line 8c, columns (A) and (. —	8d			
	•		tivities (attach schedule). If any		check here	_			
		s revenue (not ind	cluding \$	of contributions	. 1	1 1			
1	· ·	ted on line 1a).			9a				
		•	other than fundraising expense	-	9b				
			rcm special events (subtract line	Į.	- 1	9с			
			ory, less returns and allowances		10 a				
		cost of goods so			10b				
	c Gross	profit or (loss) from s	ales of inventory (attach schedule) (subt	ract line 10b from line 10a)		10 c			
	11 Othe	revenue (from P	Part VII, line 103)			11			
	_		es 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	10c, and 11)	CEIVED	12	841,701.		
E		•	m line 44, column (B)).		Š	13	490,678.		
EXPERSES	14 Mana	gement and gen	eral (from line 44, column (C))	₩ MAY	1 \$ 2006	14	277,089.		
E		raising (from line		K MAY	1 8 2006	15			
S	16 Payn	ents to affiliates	(attach schedule).	-	70	16			
_ <u>s</u>			ines 16 and 44, column (A)).		IDEN, UT	17	767,767.		
A	18 Exce	ss or (deficit) for	the year (subtract line 17 from I	ine 12)		18	73,934.		
ЙS	19 Net a	ssets or fund bal	lances at beginning of year (fror	n line 73, column (A))		19	-309,646.		
ŤĚ	20 Othe	changes in net a	assets or fund balances (attach	explanation)		20			
	21 Net a	ssets or fund bal	lances at end of year (combine	lines 18, 19. and 20)		21	-235,712.		
. (A or Priva	cy Act and Paper	rwork Reduction Act Notice, see	e the separate instruction	ns. TEEA010	9L 02/03/06	Form 990 (2005)		

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Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Part II

Do not include amounts reported on la 6b, 8b, 9b, 10b, or 16 of Part I	ine	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch)	+			3	
(cash \$					
non-cash \$					
If this amount includes	_				
foreign grants, check here	22			1	
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	159,908.	159,908.	0.	0.
26 Other salaries and wages .	26	92,419.	92,419.		
27 Pension plan contributions	27	834.	834.		<u> </u>
28 Other employee benefits.	28	16,377.	16,377.		
29 Payroll taxes	29	23,102.	23,102.		
30 Professional fundraising fees	30				
31 Accounting fees	31	6,408.		6,408.	
32 Legal fees	32	5,568.		5,568.	
33 Supplies	33	3,638.	3,638.		
34 Telephone .	34	8,058.	8,058.		
35 Postage and shipping	. 35	7,050.	7,050.		
36 Occupancy	36				
37 Equipment rental and maintenance	37		•		
38 Printing and publications	38				
39 Travel	39	12,857.	12,857.		
40 Conferences, conventions, and meetings	40			Time I	
41 Interest	41	71.	71.		
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 1	43a	431,477.	166,364.	265,113.	
b	43b		/		
~	43c				
c	43d		-		
<u>"</u>	43a				
ŧ	436 43f				"
'					
44 Total functional expenses Add lines 22 thro	43g		· · · · · ·		
44 Total functional expenses. Add lines 22 thro 43 (Organizations completing columns (B) - ((D),	767 767	400 670	277 000	0.
carry these totals to lines 13 - 15)	44	767,767.	490,678.	277,089.	<u>U.</u>
Joint Costs. Check ► If you are follow	-			_	. □ ₪
Are any joint costs from a combined educ					► Yes X No
If 'Yes,' enter (i) the aggregate amount of				nount allocated to Progra and (iv) the ;	am services
	ount allocated to	Management and gene	eral \$; and (iv) the	amount allocated
to Fundraising \$:	··			F 666 (000E)
BAA					Form 990 (2005)

Part III Statement of Program Service Accomplishments

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.

nat is the organization's prim	ary exempt pu	rpose? ►		_			Program Service Expenses
organizations must describe	their exempt	purpose achievem	ents in a clear an	d concise manner	. State the number	er of	(4) organizations and
organizations must describe ents served, publications iss ations and 4947(a)(1) nonexe	ued, etc. Discu empt charitable	trusts must also	enter the amount o	of grants and alloc	ations to others.)	ı gai i-	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a HOME STUDIES AN							
*							
	~						
(Grants and allocations	\$		If this amount inc		nts check here		460,978.
b HUMANITARIAN AI							100/3701
P HOMANITAKIAN AI	D FOR OVE	NDEAD ON TA	No THEDICAL	_201111112 11	ND DOMITTON	<u>107</u> .	
							<u> </u>
							0 700
(Grants and allocations	\$) If this amount inc	dudes foreign grai	nts, check here		9,700.
c							
(Grants and allocations	\$)) If this amount inc	ludes foreign grai	nts, check here 🟲		
d							
(Grants and allocations	\$) If this amount inc	dudes foreign grai	nts, check here 🕨		
e Other program services							
(Grants and allocations	\$)	If this amount inc	ludes foreign grai	nts, check here 🟲	· 🔲	
f Total of Program Service	Expenses (sh	ould equal line 44	, column (B), Prod	ram services)			470,678.

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Part IV Balance Sheets (See Instructions) **(B)** End of year Where required, attached schedules and amounts within the description column should be for end-of-year amounts only (A) Note: Beginning of year 250,527. 118,349 45 Cash - non-interest-bearing 46 Savings and temporary cash investments -585 47 a Accounts receivable 47 a 2,904 47 b 47 c -585. **b** Less: allowance for doubtful accounts 48 a 48 a Pledges receivable 48 b **b** Less: allowance for doubtful accounts 480 49 49 Grants receivable Receivables from officers, directors, trustees, and key employees (attach schedule) 50 51 a 51 a Other notes & loans receivable (attach sch) 51 b 510 b Less; allowance for doubtful accounts 52 52 Inventories for sale or use 600 53 53 Prepaid expenses and deferred charges 54 Cost FMV 54 Investments – securities (attach schedule) 55 a Investments - land, buildings, & equipment: basis 55 a **b** Less: accumulated depreciation 55 c 55 b (attach schedule) 56 56 Investments - other (attach schedule) 19,798 57 a 57 a Land, buildings, and equipment: basis b Less: accumulated depreciation STATEMENT 2 15,553. 19,798. 57 b 57 c 58 Other assets (describe ▶ 58 Total assets (must equal line 74) Add lines 45 through 58 136,806 59 270,340 28,087. 60 Accounts payable and accrued expenses 61 Grants payable 187,400. 99,580 62 62 Deferred revenue 47,831 63 63 Loans from officers, directors, trustees, and key employees (attach schedule) 64 a 64 a Tax-exempt bond liabilities (attach schedule) 64b **b** Mortgages and other notes payable (attach schedule) 299,041 290,565. 65 Other liabilities (describe ► SEE STATEMENT 3 65 446,452 506,052 66 Total liabilities. Add lines 60 through 65 66 Organizations that follow SFAS 117, check here and complete lines 67 through 69 and lines 73 and 74. 67 67 Unrestricted 68 68 Temporarily restricted 69 69 Permanently restricted X and complete lines Organizations that do not follow SFAS 117, check here R 70 through 74. 70 70 Capital stock, trust principal, or current funds 71 71 Paid-in or capital surplus, or land, building, and equipment fund ... -309,64672 -235,712. 72 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21). -309,646 73 -235,712. 136,806 270,340. 74 Total liabilities and net assets/fund balances. Add lines 66 and 73

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P	art IV-A Reconciliation of Revenuinstructions.)	e per Audited Financia	al Statements with	Revenue per Retu	rn (See
а	Total revenue, gains, and other support	•	nts	<u>a</u>	N/.
b	Amounts included on line a but not on P	art I, line 12 [.]			
	1 Net unrealized gains on investments		b1		
	2Donated services and use of facilities		b2		
	3Recoveries of prior year grants		b3		
	4Other (specify):			= -	
	Add lines b1 through b4			. b	
С	Subtract line b from line a			C	
d	Amounts included on Part I, line 12, but	not on line a:			
	1 Investment expenses not included on Pa		d1		
	2Other (specify):			:	
			d2		
	Add lines d1 and d2 .			\ <u>a</u>	
e	Total revenue (Part I, line 12). Add lines	c and d	:- C1-11 4	P e	.
P	art IV-B Reconciliation of Expens	ses per Audited Financi	iai Statements witi	n Expenses per Re	turn
a	Total expenses and losses per audited fi	nancial statements		а	N/.
b	Amounts included on line a but not on P	art I, line 17:			
	1 Donated services and use of facilities		ь1		
	2Prior year adjustments reported on Part	I, line 20	. b2		
	3Losses reported on Part I, line 20		b 3		
	4Other (specify):				
			<u> b4 </u>		
	Add lines b1 through b4			<u> </u>	
С	Subtract line b from line a			<u>, c</u>	
d	Amounts included on Part I, line 17, but		11	[
	1 Investment expenses not included on Pa		d1		
	2Other (specify).		_{d2}	<u> </u>	
	Add lines d1 and d2			d	
e	Total expenses (Part I, line 17). Add line	es c and d	•	► e	
P	art V-A Current Officers, Directo or key employee at any time du		mployees (List each	h person who was an of	ficer, director, trustee
_	or key employee at any time du	ring the year even if they were			
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
			150 000		,
<u>SE</u>	E STATEMENT 4	<u> </u>	159,908.	0.	0
_					
_					
		{			
_					
]			
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Form 990 (2005) ACROSS THE WORLD ADOP	LIONS		68-03699	334	P	Page 6	
Part V-A Current Officers, Directors, Tru	stees, and Key E	mployees (continued))		Yes	No	
75 a Enter the total number of officers, directors, and trustees pe	rmitted to vote on organizati	on business as board meetings	▶ 9				
b Are 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, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)							
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							
If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization							
d Does the organization have a written conflict of				75 d		$ldsymbol{ld}}}}}}}}}$	
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	r, trustee, or key empl nd enter the amount o	loyee received compens f compensation or other	ation or other benefits (d benefits in the appropria	lescribed b ite column	elow) . See		
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	account	xpense and ot vances	ther	
	A						
						<u>, </u>	
Part VI Other Information (See the Instruction	ions)				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			C 2	76 77	├	X	
77 Were any changes made in the organizing or g		ut not reported to the IR	.o. ^r	//	 	┢╨	
If 'Yes,' attach a conformed copy of the change 78a Did the organization have unrelated business g		or more during the yea	r covered by this return?	78a	-	Х	
b If 'Yes,' has it filed a tax return on Form 990-T	for this year? .		tovered by the retain.	78b		•	
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement		-		79	<u> </u>	Х	
 80 a Is the organization related (other than by assor membership, governing bodies, trustees, office b If 'Yes,' enter the name of the organization 	rs, etc, to any other ex	xempt or nonexempt org	janization? · 	. 80 a		Х	
Ole Enter direct and indirect additional available in			xempt or nonexem 81 a	0.			
81 a Enter direct and indirect political expenditures.	•	110)	[UI a]	_∪.	 	X	
b Did the organization file Form 1120-POL for the	s year:					(2005)	

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	990 (2005) ACROSS THE WORLD ADOPTIONS	68-	<u>-0369934</u>	<u>l</u>	P	age 7
Pai	t VI Other Information (continued)				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no charge or at	:	82 a		Х
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.)	82b	N/A			
	Did the organization comply with the public inspection requirements for returns and exemption	applications?		83a	N,	/A
	Did the organization comply with the disclosure requirements relating to quid pro quo contribu			83b	_ N.	/A
	Did the organization solicit any contributions or gifts that were not tax deductible?			84 a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such coinot tax deductible?	ntributions or gifts	were	84b	N	γ A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		Ī	85 a	N,	/A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		[85 b	N,	/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	e organization rece	eved a			
С	Dues, assessments, and similar amounts from members	85 c	N/A			İ
	Section 162(e) lobbying and political expenditures	85 d	N/A			İ
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A			į
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			85 g	N.	/A
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	able estimate of		85h	N,	'A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on		ľ			
	line 12	86 a	N/A			į
b	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A			ĺ
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	87 a	N/A			1
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable or or an entity disregarded as separate from the organization under Regulations sections 301.77 If 'Yes,' complete Part IX	orporation or parti 01-2 and 301 7701	ership, -3?	88		Х
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year un	der:	Ì			
55 u	section 4911 ► N/A ; section 4912 ► N/A ; section 4		N/A			
L	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess					ĺ
D	during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	Yes, attach a stat	ement:	89 b	N,	/A
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	е	-			N/A
	Enter: Amount of tax on line 89c, above, reimbursed by the organization		-			N/A
	List the states with which a copy of this return is filed $ ightharpoonup$ CA				- - -	
	Number of employees employed in the pay period that includes March 12, 2005 (See instruction			90ь	L	5
91 a	The books are in care of ► LESLEY SIEGEL Telephone nu		356-626			. — — -
	Located at ► 399 TAYLOR BLVD # 102 PLEASANT HILL, CA,	^{ZIP} + 4	• <u>94523</u>	<u>s-22</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority on ancial account)?	ver a	91 b	Yes	No X
	If 'Yes,' enter the name of the foreign country ►					ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of F Financial Statements	oreign Bank and				
С	At any time during the calendar year, did the organization maintain an office outside of the Ur	nited States?		91 c		Х
	If 'Yes,' enter the name of the foreign country ►					_
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check to		1	N/	A	▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>	92			N/A
BAA				Form	1 990 ((2005)

Part VII	Analysis of income-Producing	Activities (See the instru	ctions)			
		Unrelated	d business in	come	Excluded by se	ction 512, 513, or 514	(E)
Note: Ente otherwise	er gross amounts unless Indicated	(A) Business code	(B) Amou) unt	(C) Exclusion code	(D) Amount	Related or exempt function income
	ogram service revenue: LIENT FEES						794,881.
b			-				
·							
d	 						···
e	edicare/Medicaid payments						
	s & contracts from government agencies		•				
-	embership dues and assessments						
	erest on savings & temporary cash invmnts				14	238.	
	vidends & interest from securities		-				
	rental income or (loss) from real estate		:	:			
	bt-financed property						
b not	t debt-financed property						2,400.
98 Net	rental income or (loss) from pers prop						
	ner investment income						
oth	ner than inventory						
	income or (loss) from special events				-		
	ss profit or (loss) from sales of inventory her revenue: a						
~							
d							· <u></u>
e							
	ototal (add columns (B), (D), and (E))	,				238.	797,281.
	tal (add line 104, columns (B), (D), ai					_	797,519.
	105 plus line 1d, Part I, should equa						
Part VII	Relationship of Activities to	o the Acco	mplishme	nt of Ex	empt Purpos	es (See the instruction	ns)
Line No. ▼	Explain how each activity for which of the organization's exempt purpo	income is re ses (other tha	ported in colu an by providir	umn (E) of ng funds fo	Part VII contribu	uted importantly to the	accomplishment
93A	FEES FROM CLIENTS FOR	ADOPTION	N SERVICE	ES-ONE	OF OUR EXE	MPT FUNCTIONS	
Part IX	Information Regarding Tax	able Subs	<u>idiaries an</u>	<u>id Disre</u>	jarded Entiti	es (See the instruction	is)
	(A)	(B)		(C)	(D)	(E)
Name	, address, and EIN of corporation,	Percentage	of	Nature of	activities	Total	End-of-year
	rtnership, or disregarded entity	ownership in	terest			ıncome	assets
N/A		<u> </u>	- 8			<u>.</u>	
			- 8		····		
		 	<u>ક</u>				
Davi V	Information Regarding Tra	nefers Ass	-	ith Parc	onal Bonofit	Contracts (See the	instructions)
	e organization, during the year, receive any fun						H., H.,
	the organization, during the year, pay	•	-	irecuy, on	a personal bene	iit contract:	Yes X No
Note:	If 'Yes' to (b), file Form 8870 and Form			accompanying	schedules and state	nents, and to the best of my l	knowledge and helief, it is
	Under penalties of penury, I declare that I have true, correct, and complete Declaration of pre	parer (other than	officer) is based	on all informa	ation of which prepare	er has any knowledge	
Please	X halles Hall C	<u>U</u>				<u>5/15/08</u>	<u> 5 </u>
Sign	Signature of officer	, -	,	<u> </u>		Date	
Here	Lesley A. Siege	l, Exec	ritive	Direc	40r		
	Type or print fame and title	1					
Paid	Preparer's	\wedge	1 1		Date		reparer's SSN or PTIN (See eneral Instruction W)
Pre-	signature TOM GILL, C.	P4A.	nasa	-	5-12-06	employed ► X N	I/A
parer's	1 1 1 1	P.A. (<u> </u>				
Use	yours if self- employed), > 1775 BARCELO					Em ► N/A	
Only	ZIP + 4 LIVERMORE, C	A 94550-	6403			Phone no ► (92	5) 371-6256
RΔΔ						TEFA0108 10/18/	os Form 990 (2005)

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

Employer identification number Name of the organization 68-0369934 ACROSS THE WORLD ADOPTIONS Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None') (d) Contributions (a) Name and address of each (c) Compensation (e) Expense (b) Title and average to employee benefit plans and deferred employee paid more than \$50,000 hours per week devoted to position account and other allowances compensation NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II - A (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part II - B 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, ènter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services

Sche	dule	A (Form 990 or 990-EZ) 2005 ACROSS THE WORLD ADOPTIONS 68-0369934	1	F	age 2		
Par	t III	Statements About Activities (See instructions.)		Yes	No		
1	to ir	ng the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid incurred in connection with the lobbying activities * N/A st equal amounts on line 38, Part 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 anizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities.					
2	sub	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 with any able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal eficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)					
а	Sale	e, exchange, or leasing of property?	2a		Х		
b	Len	ding of money or other extension of credit?	2b		Х		
c	Furi	nishing of goods, services, or facilities? SEE FORM 990, PART V	2c		Х		
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х			
е	Trai	nsfer of any part of its income or assets?	2 e		Х		
3a	Do j	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an lanation of how you determine that recipients qualify to receive payments.)	3a		X		
	Do :	you have a section 403(b) annuity plan for your employees?	3ь		X		
c	Dur	ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3с		X		
4 a		you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4a		X		
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?							
Par	t IV	Reason for Non-Private Foundation Status (See Instructions.)					
5 6 7 8 9		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 hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's nand state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 1 (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general puse Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less ection 511 tax) from businesses acquired organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ 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). box that describes the type of supporting organization: Type 1 Type 2 Type 3 Provide the following information about the supported organizations. (See instructions.)	70(b) ublic. gross its suj by th ization	receipport	pts		
_14		An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)	· · · · · ·	00 ==	n 2005		

	t IV-A Support Schedule (: You may use the worksheet in the					accoun	ting.
Cale	ndar year (or fiscal year nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	57,612.	3,109.		-		60,721
16	Membership fees received						0.
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	988,802.	530,535.	667,154.	567,0	72.	2,753,563
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	600.	6,600.	7,200.	6.8	346.	21,246
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.
	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						0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						0.
23	Total of lines 15 through 22	1,047,014.	540,244.	674,354.	573,9	18.	2,835,530
	Line 23 minus line 17	58,212.	9,709.	7,200.	6,8	346.	81,967
25	Enter 1% of line 23	10,470.	5,402.	6,744.	5,7	39.	
26	Organizations described on lines	10 or 11: a Ente	er 2% of amount in co	lumn (e), line 24		26 a	1,639
ı	Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	or 2001 through 2004 exceed	outed by each person (other led the amount shown in lin	than a governmental unit one 26a. Do not file this list	or publicly with your	26Ь	
•	Total support for section 509(a)(1)) test: Enter line 24, c		•	•	26 c	81,967.
•	d Add: Amounts from column (e) fo		21,246.	19			21 246
_	Dick to a compared the 200 accounts to	22		26b	—	26 d	21,246 60,721
	 Public support (line 26c minus line Public support percentage (line 2 	•	d by line 26c (denomi	nator))	>	26f	74.08 %
27	Organizations described on line For amounts included in lines 15, name of, and total amounts recei such amounts for each year:	12: N/A 16, and 17 that were ved in each year from	received from a 'disq , each 'disqualified pe	ualified person, prepareson. Do not file this	s list with your r	ur recor eturn. 1	ds to show the Enter the sum of
	(2004)	(2003)	⁽²⁰⁰²⁾		_ ⁽²⁰⁰¹⁾		
	bFor any amount included in line 1 to show the name of, and amoun \$5,000. (Include in the list organiz After computing the difference be differences (the excess amounts)	t received for each ye zations described in lii tween the amount rec for each year:	ar, that was more thanes 5 through 11b, aselved and the larger	n the larger of (1) the well as individuals.) I amount described in (e amount on line Do not file this l (1) or (2), enter t	25 for li st wit h the sum	the year or (2) your return. of these
	Add: Amounts from column (e) fo	r lines: 15	(2002)	16	_ (2001)		
	(2004) Add: Amounts from column (e) fo 17 Add: Line 27a total	20	····	21		27 c	
	Add: Line 27a total	ar	d line 27b total			27 d	
•	Public support (line 27c total minu	us line 27d total)			▶	27 e	
	Total support for section 509(a)(2			e) > 271			
9	Public support percentage (line 2	7e (numerator) divide	d by line 27f (denomi	nator))	A	27 g	%
	Novestment income percentage (li	ine 18 column (e) (nu	merator) divided by li	ne 27f (denominator))	▶	27 h	<u> </u>

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

arl	Trivate School Questionnaire (See instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
	Does the organization maintain the following.			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		-
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?	32 c		
c	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
33	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to:			
а	a Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
c	d Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
ç	g Athletic programs?	33g		
۲	n Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)			
34 a	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
ŧ	Has the organization's right to such aid ever been revoked or suspended?	34 b		ļ
35	If you answered 'Yes' to either 34a or b, please explain using an attached statement. 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		<u> </u>

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

3.7	,	3
N	,	А

Chec	ck ► a I If the organi	zation belongs to an aff	liated group. Check	▶ b If yo	ou check	T		contr	ol' provisions apply.
	L	imits on Lobbying	Expenditures			Affiliate	a) ed grou	qı	(b) To be completed
	(The term	n 'expenditures' means	amounts paid or incurre	ed.)		to	tals		for ALL electing organizations
36	Total lobbying expendit	ures to influence public	opinion (grassroots lobb	oying)	36				
37	Total lobbying expendit	ures to influence a legis	ative body (direct lobby	/ing).	37				
38	Total lobbying expendit	ures (add lines 36 and 3	7)		38				
39	Other exempt purpose	expenditures			39				
40	Total exempt purpose e	Total exempt purpose expenditures (add lines 38 and 39)							
41	Lobbying nontaxable ar	le —		1		-			
	If the amount on line 40	mount is —		İ					
	Not over \$500,000	40.	ŀ	Ì					
	Over \$500,000 but not over \$1	ver \$500,000	ĺ	1					
	Over \$1,000,000 but not over	• • •	000 plus 10% of the excess o	ver \$1,000,000 📙	- 41				
	Over \$1,500,000 but not over	\$17,000,000 \$225,	000 plus 5% of the excess over	er \$1,500,000	ŀ				
	Over \$17,000,000	\$1,0	00,000	. —					
42	Grassroots nontaxable	·	· ·		42				
43		ne 36. Enter -0- if line 42			43				
44	Subtract line 41 from lin			•	44				
	Caution: If there is an a	amount on either line 43	or line 44, you must file	e Form 4720	<u>f</u>	<u> </u>		1	
	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.)								
	Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003			(d) 002		(e) Total
45	Lobbying nontaxable amount								,,,,,
46	Lobbying ceiling amount (150% of line 45(e))				<u></u>				
47	Total lobbying expenditures								
48	Grassroots non- taxable amount								
49	Grassroots ceiling amount (150% of line 48(e))								
	Grassroots lobbying expenditures								
	(For reporting	activity by Nonelections the	at did not complete Par	t VI-A) (See in:			ř		N/A
Durir atter	ng the year, did the organt to influence public of	inization attempt to influ- pinion on a legislative m	ence national, state or l atter or referendum, thr	local legislation rough the use o	n, includi of:	ng any	Yes	No	Amount
	a Volunteers				•				
	Paid staff or managem	ent (Include compensati	on in expenses reported	d on lines c thr	ough h.))		 	
_	c Media advertisements								
	Mailings to members, I								
	Publications, or publish						<u> </u>	 -	
	Grants to other organiz						<u> </u>	├	<u> </u>
_	Direct contact with legi-	_					<u> </u>		
	Rallies, demonstrations			r any other me	ans			l	
- 1	Total lobbying expendit			docorintian of 4	ha labbi	una activitio	ـــــا		
	_ii res to any of the ab	oove, also attach a state	ment giving a detailed of	uescription of t	ne robby	ing activities	٥.		

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	reporting organization of	directly or in	directly engage in any of the following rganizations) or in section 527, relations	g with any other organization describe	ed in section	501(:)
	•		o a noncharitable exempt organizatio		ſ	Yes	No
(i)Ca		ga			51 a (i)		X
* -	ner assets				a (ii)		X
• •	ransactions:				1-34		
		ets with a no	oncharitable exempt organization	<u>.</u>	b (i)		X
• • • • • • • • • • • • • • • • • • • •	ū		ble exempt organization	·	b (ii)		X
• •	ntal of facilities, equipme		, •	•	b (iii)		X
• •	, · ·	-	35613		b (iv)		X
• •	imbursement arrangeme	:1165			b (v)		X
• •	ans or loan guarantees		, 6 du				X
,			ip or fundraising solicitations	•	b (vi)		X
c Snaring d If the a the good any tra	g of facilities, equipment answer to any of the abounder, ods, other assets, or seruns ansaction or sharing arrai	, mailing lis ve is 'Yes,' vices given ngement, st	ts, other assets, or paid employees. complete the following schedule. Coli by the reporting organization. If the c now in column (d) the value of the go	umn (b) should always show the fair no organization received less than fair ma ods, other assets, or services receive		of n	Λ_
(a)	(b)		(c)	(d)			
Line no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, an	d sharing arran	gemen	S
N/A				1.77			
	-			*			

			···				
							
					 		
							
			44-12-				
				,			
	organization directly or in bed in section 501(c) of the complete the following		liated with, or related to, one or more than section 501(c)(3)) or in section	<u> </u>	► ☐ Yes	s X	No
	(a) Name of organization		(b) Type of organization	(c) Description of relation	onship		
N/A	<u> </u>						
					·		

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FEDERAL STATEMENTS

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ACROSS THE WORLD ADOPTIONS

68-0369934

STATEMENT 1 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	<u>FUNDRAISING</u>
ADVERTISING & MARKETING	19,834.	19,834.	7 010	
BANK SERVICE CHARGES CLIENT EXP-NON REIMBURSABLE	7,918. 53,778.	53,778.	7,918.	
COMPUTER EXPENSE DUES & PUBLICATIONS	124. 3,440.		124. 3,440.	
EDUCATION	495.		495.	
EQUIPMENT GRANT FEES PAID	4,063. 20,000.	4,063. 20,000.		
HUMANITARIAN AID	9,700.	9,700.	21 527	
INSURANCE MEALS & ENTERTAINMENT	21,527. 711.	711.	21,527.	
MISC EXPENSES OFFICE EXPENSE	42. 17,747.	42. 17,747.		
OTHER PROFESSIONAL SERVICES	10,998.	11,141.	10,998.	
OUTSIDE SERVICES RENT	219,326. 33,819.	33,819.	219,326.	
REPAIRS	3,990.	3,990.	1 205	
TAXES & LICENSE TRANSLATION EXPENSE	1,285. 2,680.	2,680.	1,285.	
TOT	AL \$ 431,477.	\$ 166,364.	\$ 265,113.	\$ 0.

STATEMENT 2 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGOR	ζ	BASIS ·	ACCUM. DEPREC.	BOOK <u>VALUE</u>
MISCELLANEOUS	total \$	19,798. 19,798.	\$ 0. \$ 0.	\$ 19,798. \$ 19,798.

STATEMENT 3 FORM 990, PART IV, LINE 65 OTHER LIABILITIES

DEFERRED SALARIES
PAYROLL CLEARING ACCOUNT
TRUST ACCOUNT-OTHER

\$ 279,551. -325. 11,339. TOTAL \$ 290,565.

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FEDERAL STATEMENTS

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ACROSS THE WORLD ADOPTIONS

68-0369934

STATEMENT 4 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
KELLY MCNALLY 399 TAYLOR BLVD # 102 PLEASANT HILL, CA 94523	MEMBER 1	\$ 0.	\$ 0.	\$ 0.
LESLEY SIEGEL 399 TAYLOR BLVD # 102 PLEASANT HILL, CA 94523	EXECUTIVE DIREC 60	94,491. •	0.	0.
KIMBERLY POLLINGER 399 TAYLOR BLVD # 102 PLEASANT HILL, CA 94523	PRESIDENT 1	0.	0.	0.
MARY BETH MCMAHON 399 TAYLOR BLVD # 102 PLEASANT HILL, CA 94523	TREASURER 1	0.	0.	0.
ERIC POLLINGER 399 TAYLOR BLVD # 102 PLEASANT HILL, CA 94523	SECRETARY 5	0.	0.	0.
KAREN ROSE 399 TAYLOR BLVD # 102 PLEASANT HILL, CA 94523	MEMBER 1	0.	0.	0.
CARA HELBERG 399 TAYLOR BLVD SUITE 102 PLEASANT HILL, CA 94523	ASST DIRECTOR 40	65,417.	0.	0.
MARY DANLEY 399 TAYLOR BLVD # 102 PLEASANT HILL, CA 94523	MEMBER 1	0.	0.	0.
TANA GEE 399 TAYLOR BLVD # 102 PLEASANT HILL, CA 94523	VICE PRESIDENT 1	0.	0.	0.
	TOTAL	\$ 159,908.	<u>\$ 0.</u>	<u>\$ 0.</u>

2005	FEDERAL SUPPORTING DETAIL		PAGE 1
	ACROSS THE WORLD ADOPTIONS		68-0369934
CONTRIB DIRECT F DONATION GRANTS		TOTAL	\$ 3,143. 41,039. 44,182.
BALANCI PREPAID DEPOSITS	EXPENSES AND DEFERRED CHARGES	TOTAL	\$ 600. 600.
	TS PAYABLE AND ACCRUED EXPENSES 403-B CONTRIBUTIONS	TOTAL	\$ 28,087. 28,087.

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2005	FEDERAL WORKSHEETS	PAGE 1
	ACROSS THE WORLD ADOPTIONS	68-036993
RENTAL INCOME WORKSHEET		
GROSS RENTAL INCOME EXPENSES	\$	2,400.
TOTAL EXPENSES	\$ NET RENTAL INCOME OR LOSS \$	0. 2,400.
		-
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