

Form **990**Department of the Treasury  
Internal Revenue Service**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

OMB No 1545-0047

**2005**Open to Public  
Inspection**A** For the 2005 calendar year, or tax year beginning **MAY 1, 2005** and ending **APR 30, 2006****B** Check if  
applicable

- ☐ Address  
change
- ☐ Name  
change
- ☐ Initial  
return
- ☐ Final  
return
- ☐ Amended  
return
- ☐ Application  
pending

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instruc-  
tions**C** Name of organization**HOPE ADOPTION & FAMILY SERVICES  
INTERNATIONAL, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

**5850 OMAHA AVENUE NORTH**

City or town, state or country, and ZIP + 4

**OAK PARK HEIGHTS, MN 55082**• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).**D** Employer identification number**41-1296959****E** Telephone number**651-439-2446****F** Accounting method ☐ Cash ☒ Accrual  
☐ Other  
(specify) ▶**G** Website: ▶ **WWW.HOPEADOPTIONSERVICES.ORG****J** Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The  
organization need not file a return with the IRS; but if the organization chooses to file a return, be  
sure to file a complete return. Some states require a complete return**H** and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-  
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is **not** required to attach  
Sch B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **793,569.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

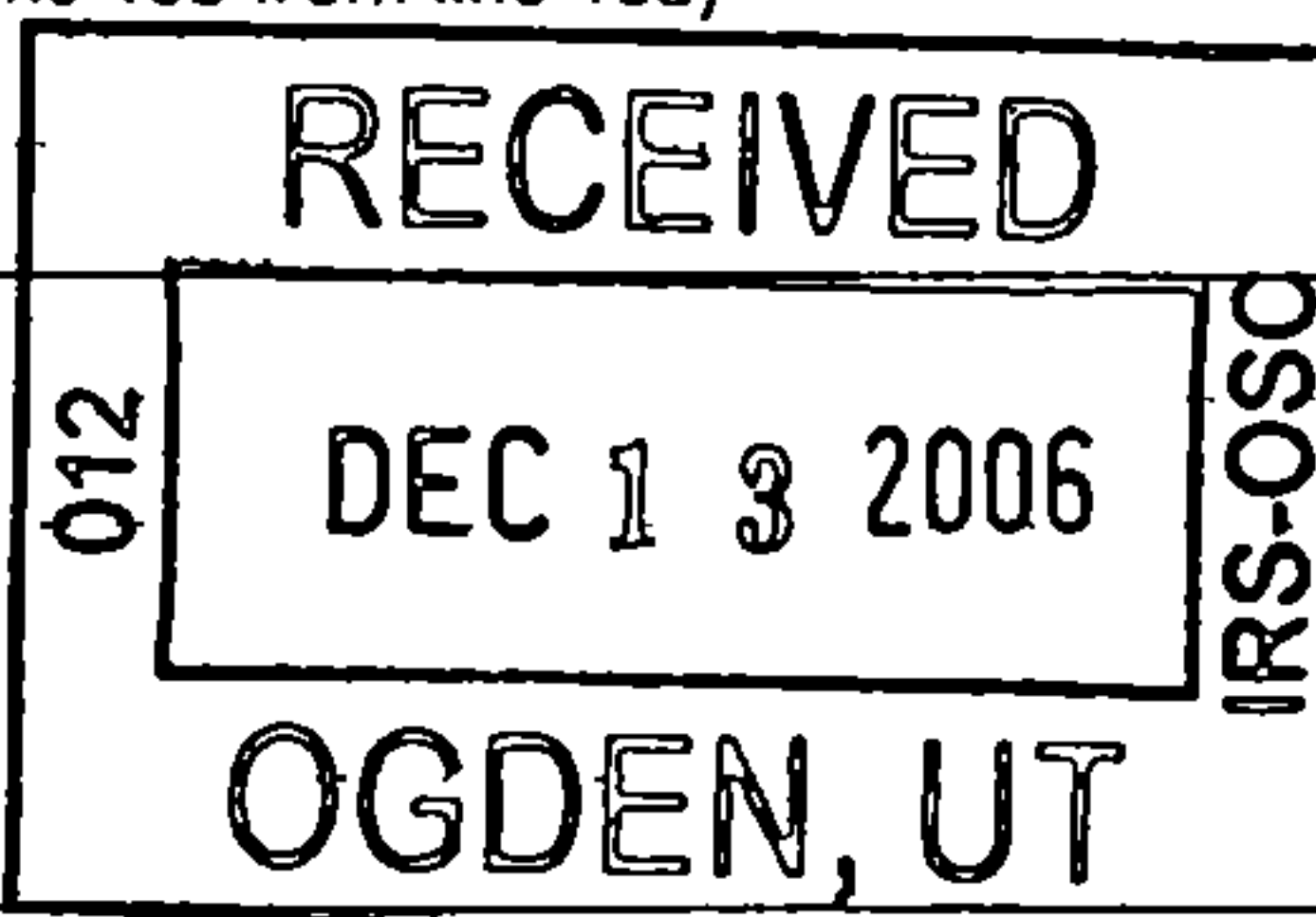
Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received:			
	<b>a</b>	Direct public support	<b>1a</b>	<b>169,801.</b>	
	<b>b</b>	Indirect public support	<b>1b</b>		
	<b>c</b>	Government contributions (grants)	<b>1c</b>		
	<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ <b>169,801.</b> noncash \$ )	<b>1d</b>	<b>169,801.</b>	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>533,801.</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>		
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>643.</b>	
	<b>5</b>	Dividends and interest from securities	<b>5</b>		
	<b>6 a</b>	Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>63,500.</b>	
	<b>b</b>	Less: rental expenses <b>SEE STATEMENT 2</b>	<b>6b</b>	<b>32,639.</b>	
	<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	<b>30,861.</b>	
<b>7</b>	Other investment income (describe ▶ )	<b>7</b>			
Expenses	<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>		
	<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>		
	<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
	<b>8d</b>				
	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b>	Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	<b>9a</b>	<b>23,400.</b>	
	<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>6,254.</b>	
	<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>17,146.</b>	
	<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b>	Less: cost of goods sold	<b>10b</b>		
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
Net Assets	<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>2,424.</b>	
	<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>754,676.</b>	
	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>632,997.</b>	
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>30,655.</b>	
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>36,304.</b>	
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>	<b>699,956.</b>	
	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>54,720.</b>	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>948,848.</b>	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>&lt;17,736.&gt;</b>	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>985,832.</b>		

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02-03-06

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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**HOPE ADOPTION & FAMILY SERVICES  
INTERNATIONAL, INC.**

Form 990 (2005)

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**Part II 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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc * *	25	67,554.	43,151.	9,098.
26	Other salaries and wages	26	478,608.	459,284.	3,550.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	8,000.	8,000.	
32	Legal fees	32			
33	Supplies	33	8,540.	6,450.	1,045.
34	Telephone	34	5,951.	5,694.	128.
35	Postage and shipping	35	5,932.	4,913.	510.
36	Occupancy	36	7,806.	7,420.	193.
37	Equipment rental and maintenance	37	7,363.	6,994.	
38	Printing and publications	38			
39	Travel	39	11,323.	11,204.	53.
40	Conferences, conventions, and meetings	40			
41	Interest	41	2,400.	2,160.	80.
42	Depreciation, depletion, etc (attach schedule)	42	38,927.	32,627.	5,312.
43	Other expenses not covered above (itemize)				
a	ADVERTISING/MARKETING	43a	10,956.	10,514.	
b	CONTRACTED SERVICES	43b	5,718.	5,447.	
c	PROFESSIONAL INSURANCE	43c	6,543.	5,161.	
d	STAFF TRAINING	43d	747.	747.	
e	MISCELLANEOUS	43e	33,588.	31,231.	
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) (D), carry these totals to lines 13-15)	44	699,956.	632,997.	30,655.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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\* \* SEE STATEMENT 5



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INTERNATIONAL, INC.

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**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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 6</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <u>SEE STATEMENT A ATTACHED</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	632,997.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	632,997.

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INTERNATIONAL, INC.**

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**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	3,090.	45	32,618.
	46 Savings and temporary cash investments	50,739.	46	57,493.
	47 a Accounts receivable	90,084.		
	b Less allowance for doubtful accounts		47c	90,084.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	12,381.	53	8,262.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	1,116,537.			
b Less accumulated depreciation <b>STMT 7</b>	263,335.	57c	853,202.	
58 Other assets (describe <input type="checkbox"/> )		58		
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	1,065,032.	59	1,041,659.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	36,184.	60	55,827.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	80,000.	64b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
66 <b>Total liabilities.</b> Add lines 60 through 65)	116,184.	66	55,827.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	948,848.	67	985,832.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	948,848.	73	985,832.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,065,032.	74	1,041,659.

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<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	754,676.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
1	Net unrealized gains on investments	<b>b1</b>	
2	Donated services and use of facilities	<b>b2</b>	
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	754,676.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>	<b>e</b>	754,676.

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	699,956.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	699,956.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>	<b>e</b>	699,956.

[illegible]





**HOPE ADOPTION & FAMILY SERVICES  
INTERNATIONAL, INC.**

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Part VI Other Information (continued)		Yes	No
82 a	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)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
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?	85a	N/A
b	Did the organization make only in house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
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)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach 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 <span style="float: right;">▶ <u>0.</u></span>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">▶ <u>0.</u></span>		
90 a	List the states with which a copy of this return is filed ▶ <u>MN</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	12
91 a	The books are in care of ▶ <u>THE ORGANIZATION</u> Telephone no. ▶ <u>651-439-2446</u> Located at ▶ <u>5850 OMAHA AVENUE NORTH, OAK PARK HEIGHTS, MN</u> ZIP + 4 ▶ <u>55082</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	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 ▶ <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ <u>0.</u></span>	92	N/A

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**HOPE ADOPTION & FAMILY SERVICES  
INTERNATIONAL, INC.**

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**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>PROGRAM FEES</b>					215,003.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					318,798.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	643.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	30,861.			
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			01	17,146.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.					
a <b>MISCELLANEOUS</b>					2,424.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		30,861.		17,789.	536,225.
105 Total (add line 104, columns (B), (D), and (E))					584,875.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	<b>FEES FOR ADOPTION AND BIRTH PARENT SERVICES.</b>
93G	<b>COUNTY AND STATE FEES FOR PLACING CHILDREN INTO ADOPTIVE FAMILIES.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Type or print name and title.	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
			Phone 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**

OMB No 1545-0047

**2005**

Name of the organization **HOPE ADOPTION & FAMILY SERVICES  
INTERNATIONAL, INC.**

Employer identification number  
**41 1296959**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

**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 professional services ▶	0	

**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, enter "None." See page 2 of the 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 ▶	0	

## HOPE ADOPTION &amp; FAMILY SERVICES

Schedule A (Form 990 or 990-EZ) 2005 INTERNATIONAL, INC.

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**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>2d</b> <b>X</b>	
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	<b>3a</b>	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b> <b>X</b>	
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	<b>X</b>
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

<b>5</b> <input type="checkbox"/>	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
<b>6</b> <input type="checkbox"/>	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
<b>7</b> <input type="checkbox"/>	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
<b>8</b> <input type="checkbox"/>	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
<b>9</b> <input type="checkbox"/>	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
<b>10</b> <input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the <b>Support Schedule</b> in Part IV-A.)
<b>11a</b> <input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)
<b>11b</b> <input type="checkbox"/>	A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)
<b>12</b> <input checked="" type="checkbox"/>	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)
<b>13</b> <input type="checkbox"/>	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization. ► <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)



## HOPE ADOPTION &amp; FAMILY SERVICES

Schedule A (Form 990 or 990-EZ) 2005 **INTERNATIONAL, INC.**

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**Part IV-A** **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) Use cash method of accounting.  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	204,830.	103,647.	181,988.	820,845.	1,311,310.
<b>16</b> Membership fees received					
<b>17</b> 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	728,418.	515,802.	595,509.	475,392.	2,315,121.
<b>18</b> 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	55,530.	48,461.	15,947.	6,200.	126,138.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	988,778.	667,910.	793,444.	1,302,437.	3,752,569.
<b>24</b> Line 23 minus line 17	260,360.	152,108.	197,935.	827,045.	1,437,448.
<b>25</b> Enter 1% of line 23	9,888.	6,679.	7,934.	13,024.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					26a N/A
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts					26b N/A
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
<b>e</b> Public support (line 26c minus line 26d total)					26e N/A
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year: (2004) 180,000. (2003) 14,000. (2002) 91,000. (2001) 785,000.					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
<b>c</b> Add: Amounts from column (e) for lines: 15 1,311,310. 16 _____ 17 2,315,121. 20 _____ 21 _____					27c 3,626,431.
<b>d</b> Add: Line 27a total 1,070,000. and line 27b total 0.					27d 1,070,000.
<b>e</b> Public support (line 27c total minus line 27d total)					27e 2,556,431.
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f 3,752,569.				
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 68.1248%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 3.3614%
<b>28</b> 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.	NONE				

## HOPE ADOPTION &amp; FAMILY SERVICES

Schedule A (Form 990 or 990-EZ) 2005 **INTERNATIONAL, INC.**

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

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> 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		

Schedule A (Form 990 or 990-EZ) 2005



## HOPE ADOPTION &amp; FAMILY SERVICES

Schedule A (Form 990 or 990-EZ) 2005 **INTERNATIONAL, INC.**

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

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

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

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

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





## DESCRIPTION OF PROGRAM SERVICE

HOPE's services are as follows:

Recruit and prepare adoptive families who will provide for the emotional, intellectual, and material well-being of children needing families. HOPE facilitates responsible adoptions of local, national, and international children into loving and stable Minnesota and Wisconsin families. HOPE is especially concerned about placing children with special needs: those with emotional or physical handicaps, school-aged children who have been in multiple foster homes, sibling groups, and U.S.-born minority children. Approximately one-fourth of the more than 1,700 children joining HOPE families since 1978 have had special needs.

Support and strengthen families throughout the adoption process and the family life cycle.

HOPE builds and strengthens adoptive families by providing:

- information and educational services
- adoptive home studies
- assistance as parents decide which children will join their family
- support after the child's arrival
- help with paperwork and procedures for adoptions from the United States or other countries.

After the adoption and throughout the family's life cycle, HOPE offers educational workshops, connections with other adoptive families, social gatherings, cultural events, access to social workers, and referrals for further counseling when necessary. All services are open to the community.

Empower and assist birth parents making an adoption plan for their child. HOPE ensures that the birth parents' rights are protected; provides all its services without cost to birth parents; and refers birth parents to assistance if they need help paying expenses or if they decide to raise their child. HOPE also provides birth parents with life and career counseling and assistance in creating a "life plan," and helps birth parents and adoptive parents create an openness agreement to guide future contact.

## SERVICE STATISTICS

During the May 1, 2005 to April 30, 2006 time period, HOPE received 489 requests for information. 106 families attended informational meetings and 64 adoptive family applications were received. 31 children joined their families

There were eleven applications for services to birth parents. Total direct social service hours were 5217. The average length of time from application to study completion was 5.2 months, and from study completion to child arrival was 10 months. 45 studies were completed in this year.

HOPE addresses one of the most basic of human rights – the right to experience the nurturing love of a family – by finding healthy, lifelong families for children. More than 1,800 children - from Minnesota, the United States and around the world - have found loving families through HOPE.

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
COMMERCIAL BUILDING - 5850 OMAHA AVE N OAK PARK HEIGHTS, MN	1	63,500.	
TOTAL TO FORM 990, PART I, LINE 6A		63,500.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
REAL ESTATE TAXES		9,637.	
INSURANCE		3,045.	
MAINTENANCE		4,001.	
UTILITIES		865.	
INTEREST		1,600.	
DEPRECIATION		8,804.	
SALARIES AND RELATED BENEFITS		4,019.	
INCOME TAXES		668.	
- SUBTOTAL -	1		32,639.
TOTAL TO FORM 990, PART I, LINE 6B			32,639.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
DINNER AND SILENT AUCTION	23,400.		23,400.	6,254.	17,146.	
TO FM 990, PART I, LINE 9	23,400.		23,400.	6,254.	17,146.	



FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTIONAMOUNT

PRIOR PERIOD ADJUSTMENT- ACCRUED EXPENSES

&lt;17,736.&gt;

TOTAL TO FORM 990, PART I, LINE 20

&lt;17,736.&gt;

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FORM 990	OFFICER COMPENSATION ALLOCATION PART II, LINE 25	STATEMENT 5
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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
COLEEN GREGOR	66,231.	1,323.		67,554.
A. PROGRAM SERVICES	42,306.	845.		43,151.
B. MANAGEMENT AND GENERAL	8,920.	178.		9,098.
C. FUNDRAISING	15,005.	300.		15,305.

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TOTAL PROGRAM SERVICES	43,151.
TOTAL MANAGEMENT AND GENERAL	9,098.
TOTAL FUNDRAISING	15,305.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B	67,554.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 6
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EXPLANATION

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HELPING TO BRING CHILDREN INTO FAMILIES THROUGH WORK WITH U.S.,  
INTERNATIONAL AND WAITING CHILD ADOPTIONS.

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING AND EQUIPMENT	1,069,389.	263,335.	806,054.
LAND	47,148.	0.	47,148.
.	0.	0.	0.
FIXED ASSETS ARE DEPRECIATED OVER THEIR	0.	0.	0.
ESTIMATED USEFUL LIVES USING THE	0.	0.	0.
STRAIGHT-LINE METHOD.	0.	0.	0.
TOTAL TO FORM 990, PART IV, LN 57	1,116,537.	263,335.	853,202.

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FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GERIANNE FORD 5850 OMAHA AVE N OAK PARK HEIGHTS, MN 55082	CHAIR 2.50	0.	0.	0.
GARY WILLIAMS 5850 OMAHA AVE N OAK PARK HEIGHTS, MN 55082	CO-CHAIR 2.50	0.	0.	0.
NICK HAY 5850 OMAHA AVE N OAK PARK HEIGHTS, MN 55082	TREASURER 2.50	0.	0.	0.
RAJIV KAPADIA 5850 OMAHA AVE N OAK PARK HEIGHTS, MN 55082	SECRETARY 2.50	0.	0.	0.
DAVE LEE 5850 OMAHA AVE N OAK PARK HEIGHTS, MN 55082	NON-VOTING COUNSEL 2.50	0.	0.	0.
COLEEN GREGOR 5850 OMAHA AVE N OAK PARK HEIGHTS, MN 55082	EXECUTIVE DIRECTOR 40.00	66,231.	1,323.	0.
MARITA METCALF 5850 OMAHA AVE N OAK PARK HEIGHTS, MN 55082	DIRECTOR 2.50	0.	0.	0.
NANCY OKERMAN 5850 OMAHA AVE N OAK PARK HEIGHTS, MN 55082	DIRECTOR 2.50	0.	0.	0.
CHUCK ROBERTS 5850 OMAHA AVE N OAK PARK HEIGHTS, MN 55082	DIRECTOR 2.50	0.	0.	0.
WILLIAM LEARY 5850 OMAHA AVE N OAK PARK HEIGHTS, MN 55082	DIRECTOR 2.50	0.	0.	0.
MARY BROZIC 5850 OMAHA AVE N OAK PARK HEIGHTS, MN 55082	DIRECTOR 2.50	0.	0.	0.

HOPE ADOPTION & FAMILY SERVICES INTERNAT

41-1296959

KATHY ROBERTS DIRECTOR  
5850 OMAHA AVE N 2.50  
OAK PARK HEIGHTS, MN 55082

0. 0. 0.

STEVE SORENSON DIRECTOR  
5850 OMAHA AVE N 2.50  
OAK PARK HEIGHTS, MN 55082

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

66,231. 1,323. 0.



FORM 990	EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B	STATEMENT 9
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INDIVIDUAL'S NAME	TITLE OR ROLE
CHUCK ROBERTS	DIRECTOR

INDIVIDUAL'S NAME	TITLE OR ROLE
KATHY ROBERTS	DIRECTOR

EXPLANATION OF RELATIONSHIP

MARRIED

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

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

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

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

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

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension; instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>HOPE ADOPTION &amp; FAMILY SERVICES INTERNATIONAL, INC.</b>	Employer identification number <b>41-1296959</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>5850 OMAHA AVENUE NORTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>OAK PARK HEIGHTS, MN 55082</b>	

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

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

• The books are in the care of ► HOPE ADOPTION & FAMILY SERVICES INTERNATIONAL, INC.

Telephone No. ► (651) 439-2446

FAX No. ► (651) 439-2446

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole group**, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until DECEMBER 15, 20 06 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20\_\_ or
- ☒ tax year beginning MAY 1, 20 05 and ending APRIL 30, 20 06

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

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

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)



- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>			
Type or print.  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>HOPE ADOPTION &amp; FAMILY SERVICES INTERNATIONAL, INC.</b>		Employer identification number <b>41-1296959</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5850 OMAHA AVENUE NORTH</b>		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OAK PARK HEIGHTS, MN 55082</b>		

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

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **THE ORGANIZATION**  
 Telephone No **651-439-2446** FAX No \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MARCH 15, 2007**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **MAY 1, 2005** and ending **APR 30, 2006**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

- 8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. 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 \$ **N/A**

### Signature and Verification

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

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### Notice to Applicant - To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print  523832 05-01-05	Name <b>HLB TAUTGES REDPATH, LTD.</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>4810 WHITE BEAR PARKWAY</b>
	City or town, province or state, and country (including postal or ZIP code) <b>WHITE BEAR LAKE, MN 55110</b>