# SCANNED SEP 10 2005

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A	For th	e 2004 calendar year, or tax year beginning	and ending		
В	Check applica	ble Please		D Employe	r identification number .
	Add	use IRS   INSTERNATIONAL, INC   INTERNATIONAL, INC		41-3	1737622
	Nan Cha	he rige   type   Number and street (or P O box if mail is not delivered to street address	s) Room/suite	E Telephon	
Ļ	Initi	specific 3701 WINNETKA AVENUE		763-	-591-0791
F	Fina retui Ame	tions   City or town, state or country, and ZIP + 4		F Accounting in Other (specif	
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable tru	usts H and I are not app		ection 527 organizations.
	.	must attach à compléted Schedule A (Form 990 or 990-EZ).	H(a) Is this a group		——————————————————————————————————————
	+	ite: ►WWW.RAIADOPT.ORG	H(b) If "Yes," enter no	umber of affili	rates 🕨
Ţ	Organ	<b>Ization type</b> (check only one) $\blacktriangleright [X]$ 501(c) (3) $\blacktriangleleft$ (insert no) [ 4947(a)(1) or [	527 H(c) Are all affiliates		N/A Yes No
K	Check	here \( \sum_{\text{if the organization's gross receipts are normally not more than \$25,000}\)	The H(d) is this a separat		by an or-
	- 1	zation need not file a return with the IRS, but if the organization received a Form 990 Pa		<del></del>	
	in the i	mail, it should file a return without financial data. Some states require a complete return			
	C-coc	receipts Add lines 6b, 8b, 9b, and 10b to line 12   1,871,37		-	ation is <b>not</b> required to attach
-	art I	, <del></del>		00, 990-EZ, U	1 330-гг)
	1	Contributions, gifts, grants, and similar amounts received	Dalances		T
		a Direct public support	1a   95,7	32.	
	1 1	b Indirect public support	1b		
		c Government contributions (grants)	10		1
	1 1	d Total (add lines 1a through 1c) (cash \$ 95,732. noncash \$	L	) 1d	95,732.
	2	Program service revenue including government fees and contracts (from Part VII, III		2	1,775,642.
	3	Membership dues and assessments	,	3	
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	
	6 :	a Gross rents	6a		
		b Less rental expenses	6b		
	(	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
a)	7	Other investment income (describe		) 7	
Revenue	8 8	a Gross amount from sales of assets other (A) Securities	(B) Other		
ě		than inventory	8a		
Œ	t	Less cost or other basis and sales expenses	8b		
	ι	Gain or (loss) (attach schedule)	8c		
	C			8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check	here 🕨 📖		
	a	Gross revenue (not including \$ of contributions	1 [		
		reported on line 1a)	9a		
,	t	• •	9b		
	G		11	9c	
	10 a		10a		
	1	·	106		
	C			100	
	11	Other revenue (from Part VII, line 103)	ارا	11	1,871,374.
	12	Other revenue (from Part VII, line 103)  Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 15 CEIVE  Program services (from line 44, column (B))	<del>-  <u>%</u> </del>	12	1,651,354.
es	14	101 ± 5 200		14	212,698.
Sua	15	Fundraising (from line 44, column (D))	3 181	15	12,874.
Expenses	16		16	12/0/10	
ш	17	Payments to affiliates (attach schedule)  Total expenses (add lines 16 and 44, column (A))  GGDEN, I		17	1,876,926.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	<5,552.>
ets	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	<43,470.>
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	<49,022.>
42300 01-13	1 05	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instr	ructions		Form 990 (2004)

	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)	1	<del></del>	30171003	and general	
	(cash \$noncash \$	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24	· · · · · · · · · · · · · · · · · · ·			<u> </u>
25	Compensation of officers, directors, etc	25	48,044.		48,044.	
26	Other salaries and wages	26	209,371.	122,615.	86,756.	
27	Pension plan contributions	27	12 222			
28	Other employee benefits	28	13,220.		7,932.	
29	Payroll taxes	29	21,919.	8,768.	13,151.	
30	Professional fundraising fees	30				
31	Accounting fees	31	000		000	
32	Legal fees	32	800.	14 515	800.	
33	Supplies	33	21,255. 18,917.	14,515. 17,971.	6,740.	
34	Telephone	34	22,361.	22,361.	946.	<del> </del>
35	Postage and shipping	35	15,344.	12,275.	1,534.	1 525
	Occupancy	36	7,341.	5,873.	734.	
	Equipment rental and maintenance	37	8,156.	3,013.	4,078.	
	Printing and publications Travel	38	53,150.	49,315.	3,835.	
		_	33,130.	47,313.	3,033.	
	Conferences, conventions, and meetings Interest	40	28,132.	28,132.		<b> </b>
	Depreciation, depletion, etc. (attach schedule)	42	21,028.	18,926.	2,102.	<del> </del>
	Other expenses not covered above (itemize)	42	21/0201	10/3201	2/102.	
a	SCHEDULE	43a	1,387,888.	1,345,315.	36,046.	6,527.
D.		43b				
C.		43c				<del> </del>
d .		43d				
e,		43e	t			
44	otal functional expenses (add lines 22 through 43)	44	1 876 926	1 651 354	212 698	12 874
	otal functional expenses (add lines 22 through 43) againzations completing columns (8)-(D), carry these totals to lines 13-15	44	1,876,926.	1,651,354.	212,698.	12,874.
Join	Costs. Check ► ☐ If you are following SOP 98	-2				<del></del>
Join Are a	Costs. Check ► if you are following SOP 98 my joint costs from a combined educational campaignal c	44 -2 on and	fundraising solicitation rep	orted in <b>(B)</b> Program service	es? ►[	Yes X No
Joint Are a If "Ye	Costs. Check ► ☐ if you are following SOP 98 my joint costs from a combined educational campaigs, enter (i) the aggregate amount of these joint cos	44 -2 on and	fundraising solicitation rep	orted in (B) Program service	es?  Program services \$	Yes X No
Joint Are a If "Ye (iii) 1	Costs. Check ► ☐ If you are following SOP 98 my joint costs from a combined educational campaigs, enter (i) the aggregate amount of these joint costs amount allocated to Management and general \$	44 -2 on and ts \$ _	fundraising solicitation rep	orted in <b>(B)</b> Program service	es?  Program services \$	Yes X No
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Partition of the control of the cont	costs. Check    If you are following SOP 98 by joint costs from a combined educational campaigs, enter (i) the aggregate amount of these joint costs amount allocated to Management and general strill    Statement of Program Service is the organization's primary exempt purpose?   anizations must describe their exempt purpose achievements ements that are not measurable (Section 501(c)(3) and (4) organists to others)  A LICENSED CHILD PLACEM PRIMARILY FROM RUSSIA, TO CHILDREN WERE PLACED DRGANIZATION OF ORPHANA	gn and ts \$ SE AC SF  ENT HE IN	fundraising solicitation rep  , and (incomplishments)  SE STATEMENT  Bear and concise manner State to the stand 4947(a)(1) nonexempt of the stand 4947(a)(1) nonexempt of the standard form of the sta	in the amount allocated to P in the amount allocated to P in the amount allocated to F  1 in the number of clients served, publicantable trusts must also enter the CING ORPHANED GUATEMALA.  Trants and allocations \$ TNE.  Trants and allocations \$ THING, ETC.	es?  Program services \$  Fundraising \$  Incations issued, atc Discuss is amount of grants and  CHILDREN	Program Service Expenses (Required for 501(c)(3) and (4) org for 501(c)(3) trusts, but optional for others)  1,505,491.
dintare a far a fa	costs. Check    If you are following SOP 98 In y joint costs from a combined educational campaig s, enter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ In the organization's primary exempt purpose?   In the organization's primary exempt purpose achievements ements that are not measurable (Section 501(c)(3) and (4) organists to others)  A LICENSED CHILD PLACEM PRIMARILY FROM RUSSIA, TO CHILDREN WERE PLACED  ORGANIZATION OF ORPHANA  PROVIDER OF HUMANITARIA	gn and ts \$ SE AC SF  ENT HE IN	fundraising solicitation rep  , and (i , and (i ccomplishments E STATEMENT  ear and concise manner State to sens and 4947(a)(1) nonexempt of AGENCY-PLAC UKRAINE, AND 2004.  (G IN THE UKRAI  (G ID-FOOD, CLC  (G)	orted in (B) Program service (ii) the amount allocated to P (iv) the amount allocated to F  1  The number of clients served, publicantable trusts must also enter the CING ORPHANED OGUATEMALA.  Trants and allocations \$  OTHING, ETC.  Trants and allocations \$  OTHING, ETC.	es?  Program services \$  Fundraising \$  Incations issued, atc Discuss is amount of grants and  CHILDREN	Program Service Expenses (Required for 501(c)(3) and (4) org for 501(c)(3) trusts, but optional for others)  1,505,491.
Joint Are a fire	costs. Check    If you are following SOP 98 In y joint costs from a combined educational campaig s, enter (i) the aggregate amount of these joint costs from a mount allocated to Management and general \$ In the argument of Program Service Is the organization's primary exempt purpose?   In the organization's primary exempt purpose achievements aments that are not measurable (Section 501(c)(3) and (4) organists to others)  I LICENSED CHILD PLACEM PRIMARILY FROM RUSSIA, TO CHILD PLACEM PRIMARILY FROM RUSSIA, TO CHILD PLACED  ORGANIZATION OF ORPHANA  PROVIDER OF HUMANITARIA  PROVIDER OF HUMANITARIA  The program services (attach schedule)	44 -2 gn and ts \$ _ se Ac SE SE SIN A CIE IN A C	fundraising solicitation rep  , and (incomplishments)  E STATEMENT  Par and concise manner State to the stand 4947(a)(1) nonexempt of the standard	ported in (B) Program service (ii) the amount allocated to P (iv) the amount allocated to F  1  The number of clients served, publicantable trusts must also enter the CING ORPHANED OGUATEMALA.  Frants and allocations \$  OTHING, ETC.  Frants and allocations \$	Program services \$  Fundraising \$  Incations issued, etc Discuss the amount of grants and the CHILDREN A TOTAL OF  Incations issued, etc Discuss the amount of grants and the children is a service of the children is a se	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)  1,505,491.  99,225.
Joint Are a all f "Ye (iii) I Pa what organization a distribution	costs. Check ► ☐ If you are following SOP 98 In y joint costs from a combined educational campaig s, enter (i) the aggregate amount of these joint costs from a line and general services.  It is statement of Program Service (Section 501(c)(3) and (4) organizations must describe their exempt purpose achievements ements that are not measurable (Section 501(c)(3) and (4) organists to others)  A LICENSED CHILD PLACEM PRIMARILY FROM RUSSIA, TO CHILDREN WERE PLACED CHILDREN CHILDRE	44 -2 gn and ts \$ _ se Ac SE SE SIN A CIE IN A C	fundraising solicitation rep  , and (incomplishments)  E STATEMENT  Par and concise manner State to the stand 4947(a)(1) nonexempt of the standard	ported in (B) Program service (ii) the amount allocated to P (iv) the amount allocated to F  1  The number of clients served, publicantable trusts must also enter the CING ORPHANED OGUATEMALA.  Frants and allocations \$  OTHING, ETC.  Frants and allocations \$	es?  Program services \$  Fundraising \$  Incations issued, atc Discuss is amount of grants and  CHILDREN	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)  1,505,491.

## Part IV Balance Sheets

Note		attached schedules and amoun nd-of-year amounts only	ts within the de	scription column	(A) Beginning of year		( <b>B)</b> End of year
	45 Cash - non-	-interest-bearing		26,052	45	15,429.	
	46 Savings and	d temporary cash investments	_		46		
	47 a Accounts re	eceivable	47a	35,782.			•
	b Less allowa	ance for doubtful accounts	47b		30,688.	47c	35,782.
	48 a Pledges rec	eivable	48a				
	<b>b</b> Less allowa	ance for doubtful accounts	48b			48c	
	49 Grants recei	ıvable				49	
	50 Receivables	from officers, directors, trustees,					
<b>/A</b>	and key em	ployees	1 1	_		50	
Assets	51 a Other notes	and loans receivable	51a				
Ass	b Less allowa	ince for doubtful accounts	51b			51c	
	52 Inventories	for sale or use				52	
	53 Prepaid exp	enses and deferred charges		53			
	54 Investments	- securities	▶ [	Cost FMV		54	
	55 a Investments	: - land, buildings, and					
	equipment 1	basis	55a				
	b Less accum	nulated depreciation	55b			55c	
	56 Investments	- other				56	
	57 a Land, buildir	ngs, and equipment basis	57a	410,007.			
		ulated depreciation	57b	410,007. 150,922.	280,113.	57c	259,085.
		(describe		)		58	
	59 Total assets	(add lines 45 through 58) (must equ	ial line 74)		336,853.	59	310,296.
		yable and accrued expenses			68,767.	60	310,296. 64,158.
	61 Grants payat					61	
	62 Deferred revo					62	
es		officers, directors, trustees, and key (	emplovees			63	
	64 a Tax-exempt		,,			64a	
Liabilities	•	nd other notes payable			311,556.	64b	295,160.
٠		es (describe		)		65	
}	66 Total liabiliti	les (add lines 60 through 65)			380,323.	66	359,318.
-			X and comple	te lines 67 through	30070200		
Ì	69 and lines		and comple	ic inics of through			
es	67 Unrestricted	75 and 74			<44,041.	>67	<81.173.
5	68 Temporarily	restricted			571.	68	<81,173.3 32,151.
gi l	69 Permanently					69	
		to not follow SFAS 117, check here	▶ ☐ and c	omplete lines			
5	70 through 7		and c	omplete lines			
5	•	trust principal, or current funds		70			
2	•	, trust principal, or current lunus pital surplus, or land, building, and e	numment fund	ļ		71	
wet Assets of Fund Balances	•	nings, endowment, accumulated inco	le -		72		
3		ets or fund balances (add lines 67 t		r			
2		•	5 / O UNIVUYN / Z,	<43,470.	>73	<49 022	
- 1		nust equal line 19, column (B) must e es and net assets / fund balances (		. –	336,853.	74	<49,022.> 310,296.

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.

Form 990 (2004)		ARMS INTERNA		INC		41-1737	
	tion of Revenu		Part IV-B	Recond	iliation of Ex	penses per /	Audited
Financial S	tatements with	n Kevenue per		Return	al Statement	s with Exper	ises per
a Total revenue, gains, and oth-	er support	1 071 274	a Total exp	enses and lo			076 006
per audited financial statemen	nts P	a 1,871,374.		inancial state	ements ' line <b>a</b> but not on	►   a   1	,876,926.
b Amounts included on line a t line 12, Form 990	out not on		line 17, F	orm 990	inio a batnot on		
(1) Net unrealized gains				of facilities	\$		
on investments \$			(2) Prior yea	r adjustment	is .		
(2) Donated services			1 '	on line 20,		.	
and use of facilities \$			Form 990		\$		
(3) Recoveries of prior			(3) Losses re	•			
year grants \$			line 20, Fi		\$		
(4) Other (specify)			(4) Other (sp	ecity)	•		
Add amounts on lines (1) thro	augh (A)	b 0.	Add amou	unte on lines	(1) through (4)	—   b	0.
c Line a minus line ti	/ugir (4)	1,871,374.	c Line a mil		(1) tillough (4)		876,926.
d Amounts included on line 12.	Form		1	-	line 17, Form	-   -	
990 but not on line a:	)			ot on line a			
(1) Investment expenses	Ì		(1) Investmen	nt expenses			
not included on	j		not includ	led on			
line 6b, Form 990 \$			line 6b, Fo	orm 990	\$		
(2) Other (specify)			(2) Other (spe	ecify)			
\$					\$	}	
Add amounts on lines (1) and	(2)	0.	Add amou	ınts on lines	(1) and (2)	<b>▶</b> a	0.
e Total revenue per line 12, Forn	. 1	1	1	· · · · · · · · · · · · · · · · · · ·	e 17, Form 990		075 005
(line c plus line d)	<u> </u>	1,871,374.	(line c plu		4 - 4		876,926.
Part V List of Officers	s, Directors, Ir	ustees, and Key E	(B) Title and avei		(C) Compensation		(E) Expense
(A) N	ame and address		` per week dev	oted to	(If not paid, enter	employee benefit plans & deferred	account and other allowances
NILA NEUMILLER			positioi EXECUTIV		<del></del>	compensation	other allowances
11409 RIDGEMOUNT	AVENUE W				201011	}	}
MINNETONKA, MINN			40	ì	42,000.	0.	0.
BILL NEUMILLER			DIRECTOR		-		
11409 RIDGEMOUNT	AVENUE W	EST					ł
MINNETONKA, MINN	ESOTA 5530	05	1		0.	0.	0.
CRAIG COOK			PRESIDEN	$\mathbf{T}$			
13035 JONQUIL LA							_
DAYTON, MINNESOT	A 55327		7		6,044.	0.	0.
				}			
<del></del>		<del></del>	<del> </del>	<del></del>		<del></del>	
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				1	ł		
E Did any officer during the		No 000000000000000000000000000000000000	n of mars 35 Ma	00 000 4		and all released	
5 Did any officer, director, trustee,							
organizations, of which more tha	ιι φτυ,υυυ was provid	ieu ny me related organizat	ions in tes, atta	ich schednie	- L TES L	∡ ] Νυ	

	m 990 (2004) REACHING ARMS INTERNATIONAL, INC	41-1737	7622		Page :
P	art VI Other Information			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each a	activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?		77		X
	If "Yes," attach a conformed copy of the changes		}		
78 :	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		78a		X
ı	of "Yes," has it filed a tax return on Form 990-T for this year?	N/A	78b	ļ	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?		79		X
	If "Yes," attach a statement				
8D a	Is the organization related (other than by association with a statewide or nationwide organization) through common member	rship,			7.7
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a		X
t	If "Yes," enter the name of the organization				
64	and check whether it is exempt or	nonexempt			:
	Enter direct or indirect political expenditures See line 81 instructions  81a	0.	1 '		v
02 a	•	laas Abaa	81b		X
02 d	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially l	iess than	200		Х
h	fair rental value?  If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an		82a		
ນ	expense in Part II (See instructions in Part III )	N/A			
83 a		11/ 11	83a	х	
b b			83b	X	
84 a			84a		X
b	· · · · · · · · · · · · · · · · · · ·			·····	·
_	tax deductible?	N/A	84b	}	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		
-	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waive		332		**********
	owed for the prior year			1	
C	Dues, assessments, and similar amounts from members	N/A		Ì	
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?	N/A	85g		
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 e	estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	501(c)(7) organizations Enter a initiation fees and capital contributions included on line 12	N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b	N/A		ŀ	
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a	N/A	.		
þ	Gross income from other sources. (Do not net amounts due or paid to other sources			1	
	against amounts due or received from them )	N/A		ļ	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	ĵ	[		
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?	ì	-		.,
_	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	0.	-	ļ	
	section 4911 ▶ 0 • , section 4912 ▶ , section 4955 ▶		1	1	
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	Ì			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		89b	1	Х
_	If "Yes," attach a statement explaining each transaction	l	oan		
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4012, 4055, and 4058.	<b>.</b>			0.
d	sections 4912, 4955, and 4958 Enter Amount of tax on line 89c, above, reimbursed by the organization	<u> </u>			0.
90 a	List the states with which a copy of this return is filed MINNESOTA				<u></u>
ou a b		90b			13
91	The books are in care of NILA NEUMILLER  Telephone no		1-07	791	
	Total Indiana in the second of				
	Located at ► 3701 WINNETKA AVE., NEW HOPE, MN	ZIP+4 ► 5!	5428	3	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here				
	· · · · · · · · · · · · · · · · · · ·	92	N/A	<u> </u>	
423041 01-13-0			Form	990 (2	004)

Note: Enter gross amounts unless of	herwise	Unrelate	d business income		ided by section 512, 513, or 514	(E)
indicated		(A)	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue		Business   code	Amount	sion	Amount	function income
a ADOPTION FEES	j			1000		1,126,882
b PROGRAM FEES						490,700.
c SOCIAL SERVICES				1		147,070.
d OTHER INCOME	<del></del>			1		10,990.
6				+		
1 Medicare/Medicaid payments				<del> </del>		<del>- </del>
g Fees and contracts from government	anencies			<u> </u>	<del> </del>	<del></del>
94 Membership dues and assessments	agencius			<del>- </del>	<del> </del>	
95 Interest on savings and temporary ca	sch invactmente		· · · · · · · · · · · · · · · · · · ·	+		
	Ε			+		<del></del>
	- J			+		
97 Net rental income or (loss) from real	estate			+		<del></del>
a debt-financed property	}-			<del></del>		
b not debt-financed property						
98 Net rental income or (loss) from pers	onal property		<del></del>			<del></del>
99 Other investment income	}-			<del></del>	<del></del>	<del></del>
100 Gain or (loss) from sales of assets	}			1		1
other than inventory	-					
101 Net income or (loss) from special eve	,		<del></del>			<del></del>
102 Gross profit or (loss) from sales of in	ventory					<u> </u>
103 Other revenue						
a						<del></del>
b	·			<del>  </del>		<del> </del>
c						
d				<u> </u>	<del></del>	
e						<u> </u>
104 Subtotal (add columns (B), (D), and (I	E))		0 .		0	
105 Total (add line 104, columns (B), (D),	and (E))				•	1,775,642.
Note: Line 105 plus line 1d, Part I, shou	uld equal the amour	nt on line 12,	Part I.			
Part VIII Relationship of Ac	tivities to the A	ccomplis	hment of Exemp	ot Pur	poses (See page 34 of ti	ne instructions )
Line No.   Explain how each activity for v	which income is report	ed in column (	E) of Part VII contribute	d import	antly to the accomplishmen	t of the organization's
exempt purposes (other than	by providing funds for	such purpose	s)			
SEE STATEMEN	Т 2					
Part IX Information Regard	ding Taxable S	ubsidiarie	s and Disregard	ed En	tities (See page 34 of the	e instructions )
(A) Name, address, and EIN of corporation,	(B) Percentage of		(C) Nature of activities		(D) Total income	(E) End-of-year
partnership, or disregarded entity	ownership interest	<b>'</b>	vature of activities	[	rotal income	assets
N/A	%					
	%					
<del></del>	%		<del></del>		<del></del>	
	%				<del></del>	<del> </del>
Part X Information Regard	<del></del>		d with Personal	Rene	fit Contracts (See na	ne 34 of the instructions )
(a) Did the organization, during the year,						Yes X No
	•	-	• • • •		iai beneni Contract.	Yes X No
(b) Did the organization, during the year,			on a personal benefit co	miraci		C3 [V] NU
Note: If "Yes" to (b), file Form 8870 an	hat have examined this re	structions).	ccompanying schedules and	statemen	ts, and to the best of my knowle	dge and belief, it is true.
Pinase Under penalties of perjury, I declare the correct approximate Declaration of	preparer (other than office	dus based on all			knowledge	עבירווויונטבי הדם
		2	<u> </u>		<u>-</u>	CECUTIVE DIR
		Da			int name and title	Preparer's SSN or PTIN
			Dal Pa		Solf omnloved	r reparer a solvium FTIIV

### **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 Section 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

2004

OMB No 1545-0047

Name of the organization Employer identification number 41 1737622 REACHING ARMS INTERNATIONAL, INC 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") (b) Title and average hours per week devoted to d) Contributions to employee benefit plans & deferred (e) Expense account and other (a) Name and address of each employee paid (c) Compensation more than \$50,000 position allowances compensation NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation MARY BONN FACILITATOR OF GUATEMALAN ADOPTI 134,325. 79 GLEN EAGLE CIRCLE, NAPLES, FL 34104 Total number of others receiving over \$50,000 for professional services

P	art III Statements About Activities (See page 2 of the instructions )		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$	i-A,		
	or line i of Part VI-B )	1	<del> </del>	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking		}	
2	"Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities  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		1	
	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)	1		
а	Sale, exchange, or leasing of property?	<u>2a</u>	┼	X
b	Lending of money or other extension of credit?	2b	<u> </u>	X
	Furnishing of goods paguage outselffund	1 22	1	X
E	Furnishing of goods, services, or facilities?	20	<del> </del>	1
đ	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 99	00 <u>2d</u>	X	
е	Fransfer of any part of its income or assets?	2e		Х
3 a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how			
	ou determine that recipients qualify to receive payments )	38	X	<u>X</u>
	Do you have a section 403(b) annuity plan for your employees?	3b	<u> </u>	<del> </del>
	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	1 <sub>e</sub>	<u>X</u>
Pa	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions )			
	rganization is not a private foundation because it is. (Please check only ONE applicable box.)	- ·		
5	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
6 7	A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
8	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)(v)			
g	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, ci	tv.		
_	and state			
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(	A)(IV)		
	(Also complete the Support Schedule in Part IV-A )			
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public			
11b	Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)  A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)			
12	X 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 acquir	ed		
	by the organization after June 30, 1975 See section 509(a)(2) (Also complete the <b>Support Schedule</b> in Part IV-A)			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations	described in		
	(1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(	3))		
	Provide the following information about the supported organizations (See page 5 of the instructions )	/h) Lua	e numi	
	(a) Name(s) of supported organization(s)		m abo	
			ı; 	
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			

and line 27b total 27d Add Line 27a total 3,908,555. 27e Public support (line 27c total minus line 27d total) 3,908,749. Total support for section 509(a)(2) test. Enter amount on line 23, column (e) 99.9950% Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g .0050% h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 Schedule A (Form 990 or 990-EZ) 2004 423121 12-03-04

Private School Questionnaire (See page 7 of the instructions )

1975~2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
LJ	Instrument, or in a resolution of its governing body?	29	1	-
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,		-	ļ
	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		1	
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			}
	to all parts of the general community it serves?	31		[
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		-		
32	Does the organization maintain the following			
2	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	<u> </u>	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C				
	admissions, programs, and scholarships?	32c		
đ	,	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	_		
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	331		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 2	Does the organization receive any financial aid or assistance from a governmental agency?	_   _   34a		
	Has the organization's right to such aid ever been revoked or suspended?	34b		
•	If you answered "Yes" to either 34a or b, please explain using an attached statement	-		******
•	Pose the exemptation contributes the compiler with the exemption of the exemptation of the their these compiler with the exemptation of the their these compiler with the exemptation of the their these compiler with the exemptation of the exe	1 1	}	

Schedule A (Form 990 or 990-EZ) 2004

F		Expenditures by Ei	ecting Public Charit	i <b>es</b> (See pa	age 9 o	the instru	ctions )		N/A
Ch		zation belongs to an affiliated	<del></del>	<b>b</b> ☐ if	you ch	ecked "a" a	and "limited	control	provisions apply
		imits on Lobbying l	-			Affi	(a) liated group totals	p	(b) To be completed for ALL electing organizations
_	(The te	rm "expenditures" means am	ounts paid or incurred )		т—		J/A		electing organizations
36	Total lobbying expenditures	to influence public opinion (c	irassmots inhhving)		36	1	1/ A		
37					37				
38	Total lobbying expenditures		, (,		38				
39	Other exempt purpose exper				39				
40	Total exempt purpose expen	ditures (add lines 38 and 39)			40				
41	Lobbying nontaxable amoun	t Enter the amount from the	following table -						
	If the amount on line 40 is -	The lobbying	g nontaxable amount is -						
	Not over \$500,000	20% of the am	ount on line 40	)					
	Over \$500,000 but not over \$1,000	[							
	Over \$1,000,000 but not over \$1,5	)	41		······································		,		
	Over \$1,500,000 but not over \$17,		5% of the excess over \$1,500,000	1				ĺ	
12	Over \$17,000,000 Grassroots nontaxable amou	\$1,000,000 at /enter 25% of line 41\		,	42			1	
	Subtract line 42 from line 36		43						
		Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38							
		•			44	<del></del>	<del></del>		·
	Caution: If there is an amo	ount on either line 43 or lin	e 44, you must file Form 4	720.					
		below See the inst	tructions for lines 45 through the Lobbying Expend						
	endar year (or	(a) 2004	(b) 2003	(c) 2002			(d) 2001		N/A (e) Total
	Lobbying nontaxable	2004	2003	2002			2001		Total
	amount	}	į						0.
46	Lobbying ceiling amount								
	(150% of line 45(e))								0.
	Total lobbying								
	expenditures								0.
	Grassroots nontaxable amount					}			0.
	Grassroots ceiling amount								
	(150% of line 48(e))								0.
50	Grassroots lobbying								
	expenditures								0.
Pa			ing Public Charities	naa 11 of th	a inetzii	otione \			N/A
7.1.515	ig the year, did the organization		not complete Part VI-A) (See p						N/A
	ence public opinion on a legisl			cidulity ally a	irrempt	10	Yes	No	Amount
	Volunteers	ative matter or relevandaril, t	mough the use of						
	Paid staff or management (Inc	clude compensation in expens	ses reported on lines <b>c</b> through	h <b>h</b> .)					
	Media advertisements			•					
d I	Mailings to members, legislato	ors, or the public							
	Publications, or published or t								·,
	Grants to other organizations f								
-	Direct contact with legislators,								
	Railies, demonstrations, semir Fotal lobbying expenditures (A		icolaics, or any other means						0.
	f "Yes" to any of the above, als		detailed description of the lot	bying activit	ies		<b>L</b>		<u>~</u>
2314 1-24	1						Sche	A slubs	(Form 990 or 990-EZ) 2004

INC

Schedule A (Form 990 or 990-EZ) 2004 REACHING ARMS INTERNATIONAL,

Par		garding Transfers To a izations (See page 11 of the I		d Relationships With Noncha	ritable		
<del></del>				er organization described in section			
		section 501(c)(3) organizations)		=			
		ganization to a noncharitable exer		ontion organizations		Yes	No
	(i) Cash				51a(i)		X
	(ii) Other assets				a(11)		X
	Other transactions						1
	(i) Sales or exchanges of asse	ets with a noncharitable exempt o	rganization		b(i)		X
		a noncharitable exempt organizati			b(iı)		X
(	iii) Rental of facilities, equipme	ent, or other assets			b(iii)		X
(	(iv) Reimbursement arrangeme	ents			b(IV)		X
	(v) Loans or loan guarantees			,	b(v)		X
(	(vi) Performance of services or	r membership or fundraising solic	itations	,	b(vi)		X
C	Sharing of facilities, equipment,	mailing lists, other assets, or pair	d employees		C		X
đ i	f the answer to any of the above	e is "Yes," complete the following	schedule Column (b) should	always show the fair market value of the			
ç	goods, other assets, or services	given by the reporting organizati	on If the organization received	d less than fair market value in any			
t	ransaction or sharing arrangen	nent, show in column (d) the value	e of the goods, other assets, o	r services received		N/P	1
(a)	(b)	(c)		(d)	_		
Line no	Amount involved	Name of noncharitable	exempt organization	Description of transfers, transactions, and	d sharing ari	ranger	ments
<del></del> _							
C	the organization directly or ind ode (other than section 501(c)( "Yes," complete the following s	(3)) or in section 527?		anizations described in section 501(c) of the	Yes	X	☐ No
	(a) Name of org	anization	(b) Type of organization	(c) Description of relations	ship	,•	

FORM 990	٠,	STATEMENT	OF	ORGANIZATION'	s	PRIMARY	EXEMPT	PURPOSE	STATEMENT	1
PART III										

### **EXPLANATION**

TO PLACE ORPHANED CHILDREN INTO HOMES AND PROVIDE HUMANITARIAN AID SUCH AS FOOD, MEDICINE AND CLOTHING TO SICK AND NEEDY CHILDREN.

FORM	990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT ACCOMPLISHMENT OF EXEMPT PURPOSES	2
LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES	
00-	ASSIST IN THE ADOPTION OF ORPHANED CHILDREN AND PROVIDE RELATED	
93A	ADOPTION SERVICES ASSIST IN THE ADOPTION OF ORPHANED CHILDREN AND PROVIDE RELATED	
93B	ADOPTION SERVICES ASSIST IN THE ADOPTION OF ORPHANED CHILDREN AND PROVIDE RELATED	
93C	ADOPTION SERVICES	
93D	ASSIST IN THE ADOPTION OF ORPHANED CHILDREN AND PROVIDE RELATED ADOPTION SERVICES	

# Reaching Arms International, Inc. New Hope, Minnesota

mbor 31 2004

41-1737622

December 31, 2004

Part II — Schedule of Other Functional Expenses

	(A)	(B)	(C)	(D)
		Program	Mgmt &	Fund-
	Total	Services	General	raising .
Overseas adoption costs	938,175	938,175		
Domestic adoption costs	279,708	279,708		•
Ministries donations	, 19,794	19,794		
Childrens of Cradle of Hope	74,770	74,770		
Contract labor	15,579	15,579		
Professional fees	12,247		12,247	
Marketing	13,054	6,527		6,527
Mortgage fees	6,551		6,551	
Equipment	2,170	1,723	447	
Automobile expense	2,758	1,931	827	•
Meeting expense	4,324	4,324		
Bank service charges	2,254		2,254	-
Insurance	8,692		8,692	
Dues and subscriptions	3,568	1,784	1,784	
Training	300	300		
Other	3,944	700	3,244	
Totals	1,387,888	1,345,315	36,046	6,527