

**Return of Organization Exempt from Income Tax**

**2001**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2001 calendar year, or tax year beginning **Oct 1**, 2001, and ending **Sep 30**, 2002

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **Reaching Out Thru International Adoption, Inc**  
 Number street (or P.O. box if mail is not delivered to street addr) Room/suite  
**312 South Lincoln Avenue**  
 City/Town or Country State ZIP code + 4  
**Cherry Hill NJ 08002**

**D** Employer identification number: **22-3569848**

**E** Telephone number: **(856) 321-0777**

**F** Accounting method:  Cash  Accrual  
 Other (specify):

**G** Web site: ▶

**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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

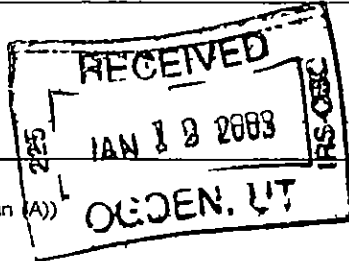
**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **584,920**

**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 ▶  
**H (c)** Are all affiliates included?  Yes  No (If no, attach a list. See instructions.)  
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4 digit group GEN ▶  
**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see instructions)

1	Contributions, gifts, grants, and similar amounts received		1d
	a	Direct public support	
2	Program service revenue including government fees and contracts (from Part VII, line 93)		2
	b	Indirect public support	
3	Membership dues and assessments		3
	c	Government contributions (grants)	
4	Interest on savings and temporary cash investments		4
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	
5	Dividends and interest from securities		5
	6a	Gross rents	
6	Net rental income or (loss) (subtract line 6b from line 6a)		6c
	b	Less rental expenses	
7	Other investment income (describe _____)		7
	8a	Gross amount from sales of assets other than inventory	
8	Net gain or (loss) (combine line 8c columns (A) and (B))		8d
	(A)	Securities	
9	Special events and activities (attach schedule)		9c
	a	Gross revenue (not including \$ <u>16,556</u> of contributions reported on line 1a)	
10	Gross sales of inventory, less returns and allowances		10c
	b	Less cost of goods sold	
11	Other revenue (from Part VII, line 103)		11
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12
	8a	Less cost or other basis and sales expenses	
13	Program services (from line 44, column (B))		13
	8b	Gain or (loss) (attach schedule)	
14	Management and general (from line 44, column (C))		14
	8c	Net gain or (loss) (combine line 8c columns (A) and (B))	
15	Fundraising (from line 44, column (D))		15
	9a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	
16	Payments to affiliates (attach schedule)		16
	9b	Less direct expenses other than fundraising expenses	
17	Total expenses (add lines 16 and 44, column (A))		17
	9c	Net income or (loss) from special events (subtract line 9b from line 9a)	
18	Excess or (deficit) for the year (subtract line 17 from line 12)		18
	10a	Gross sales of inventory, less returns and allowances	
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19
	10b	Less cost of goods sold	
20	Other changes in net assets or fund balances (attach explanation)		20
	10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21
	11	Other revenue (from Part VII, line 103)	



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3 P

**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 (att sch) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24	0	0	
25 Compensation of officers, directors, etc	25	170,432	170,432	0
26 Other salaries and wages	26	64,442	64,442	0
27 Pension plan contributions	27			
28 Other employee benefits	28	4,330	4,330	0
29 Payroll taxes	29	23,448	23,448	0
30 Professional fundraising fees	30	0		0
31 Accounting fees	31	9,054	0	9,054
32 Legal fees	32	2,689	2,689	0
33 Supplies	33	5,035	0	5,035
34 Telephone	34	11,929	11,929	0
35 Postage and shipping	35	9,137	9,137	0
36 Occupancy	36	33,872	33,872	0
37 Equipment rental and maintenance	37	0	0	0
38 Printing and publications	38	2,891	2,891	0
39 Travel	39	6,179	6,179	0
40 Conferences, conventions, and meetings	40	5,301	5,301	0
41 Interest	41	2,975	0	2,975
42 Depreciation depletion, etc (attach schedule)	42	11,162	11,162	0
43 Other expenses not covered above (itemize)				
a See Schedule	43a	441,500	433,951	7,549
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) (D) carry these totals to lines 13 - 15	44	804,376	779,763	24,613

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 \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <u>Placement of Orphans with adoptive families</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a Corporation aided in the placement of 64 infants with adoptive families in FYE 9-30-02 (Grants and allocations \$ 0 )	779,763
b (Grants and allocations \$ )	
c (Grants and allocations \$ )	
d (Grants and allocations \$ )	
e Other program services (Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	779,763

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

<b>Note</b> 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>	<b>45</b> Cash – non-interest bearing	248,308	<b>45</b>	216,061	
	<b>46</b> Savings and temporary cash investments		<b>46</b>		
	<b>47 a</b> Accounts receivable	<b>47 a</b> 355,138			
	<b>b</b> Less allowance for doubtful accounts	<b>47 b</b>	517,666	<b>47 c</b>	355,138
	<b>48 a</b> Pledges receivable	<b>48 a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>48 b</b>		<b>48 c</b>	
	<b>49</b> Grants receivable			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>	
	<b>51 a</b> Other notes & loans receivable (attach sch)	<b>51 a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>51 b</b>		<b>51 c</b>	
	<b>52</b> Inventories for sale or use			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges			<b>53</b>	
	<b>54</b> Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
	<b>55 a</b> Investments – land, buildings, & equipment basis	<b>55 a</b>			
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55 b</b>		<b>55 c</b>	
<b>56</b> Investments – other (attach schedule)			<b>56</b>		
<b>57 a</b> Land buildings, and equipment basis	<b>57 a</b> 56,294				
<b>b</b> Less accumulated depreciation (attach schedule) L-57 Stmt	<b>57 b</b> 37,493	29,584	<b>57 c</b>	18,801	
<b>58</b> Other assets (describe ► <b>Undeposited Funds</b> )		14,867	<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		810,425	<b>59</b>	590,000	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	165	<b>60</b>		
	<b>61</b> Grants payable		<b>61</b>		
	<b>62</b> Deferred revenue		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)	35,551	<b>63</b>	35,551	
	<b>64 a</b> Tax exempt bond liabilities (attach schedule)		<b>64 a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64 b</b>		
	<b>65</b> Other liabilities (describe ► )		<b>65</b>		
<b>66 Total liabilities</b> (add lines 60 through 65)		35,716	<b>66</b>	35,551	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	<b>67</b> Unrestricted	774,709	<b>67</b>	554,449	
	<b>68</b> Temporarily restricted		<b>68</b>		
	<b>69</b> Permanently restricted		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74				
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>		
	<b>71</b> Paid in or capital surplus or land, building, and equipment fund		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 column (A) must equal line 19 and column (B) must equal line 21)	774,709	<b>73</b>	554,449		
<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	810,425	<b>74</b>	590,000		

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b> Total revenue, gains, and other support per audited financial statements		N/A	<b>a</b> Total expenses and losses per audited financial statements		N/A
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990			<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990		
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify)			(4) Other (specify)		
----- \$			----- \$		
Add amounts on lines (1) through (4)	<b>b</b>		Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b>		<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b>	
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> .			<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> .		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)			(2) Other (specify)		
----- \$			----- \$		
Add amounts on lines (1) and (2)	<b>d</b>		Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>		<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Marie Grossman 10 Eckert Rd, Mt Holly, NJ	Board President 5	0	0	0.
Jeannene Smith 312 S Lincoln Ave, Cherry Hill, NJ	Executive Administrator 40	91,293	0	0
Donald L Smith 312 S Lincoln Ave, Cherry Hill, NJ	Coordinator 40	44,234	0	0
Carol Eiferman 37 Greentree Dr, Burlington, NJ	Case Work Supervisor 40	34,905	0	0
Simon Alexander 818 Biddle St, Ardmore, PA	Executive Director 5	0	0	0
Jeffrey Martin 574 West End Ave, NYC, NY	Director 5	0	0.	0.
Amy Steele 16 Lewisburg Rd, Laffayette, NJ	Director 5	0	0.	0
Andrea Vag 312 8th Ave, Asbury Park, NJ	Director 5	0	0	0.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes  No

If 'Yes,' attach schedule - see instructions

**Part VI Other Information** (See specific instructions)

Yes No

<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	<b>76</b>		X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	<b>77</b>		X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>		X
<b>b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>		X
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	<b>79</b>		X
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees officers etc to any other exempt or nonexempt organization?	<b>80a</b>		X
<b>b</b>	If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
<b>81a</b>	Enter direct or indirect political expenditures See line 81 instructions	<b>81a</b>	0	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>		X
<b>82a</b>	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?	<b>82a</b>		X
<b>b</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)	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		
<b>85</b>	<b>501(c)(4) (5) or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>		
<b>b</b>	Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	<b>85b</b>		
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
<b>h</b>	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?	<b>85h</b>		
<b>86</b>	<b>501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
<b>87</b>	<b>501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>		
<b>88</b>	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	<b>88</b>		X
<b>89a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under Section 4911 <input type="checkbox"/> 0, Section 4912 <input type="checkbox"/> 0, Section 4955 <input type="checkbox"/> 0			
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> 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	<b>89b</b>		X
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 <input type="checkbox"/> 0			
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>			
<b>90a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> <u>New Jersey</u>			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	<b>90b</b>		6
<b>91</b>	The books are in care of <input type="checkbox"/> <u>Jeanene Smith</u> Telephone number <input type="checkbox"/> <u>(856) 321-0777</u> Located at <input type="checkbox"/> <u>312 South Lincoln Avenue, Cherry Hill</u> <u>NJ</u> ZIP + 4 <input type="checkbox"/> <u>08002</u>			
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <input type="checkbox"/> <u>92</u>			

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Homestudy Revenue			03	67,418	
b Meeting / Conference Revenue			03	346	
c Miscellaneous Revenue			03	215	
d Program Revenue			03	493,778	
e See Program Service Revenue Stmt				22,565	
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			003	1,125	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			003	-1,401	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				584,046	
105 Total (add line 104, columns (B), (D), and (E))					584,046

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 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)

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions) N/A

(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
	%			
	%			
	%			
	%			

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

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
  - b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
- 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: *Jeannene Smith*

Type or Print Name and Title: Jeannene Smith, Pres

Paid Preparer's Use Only

Preparer's Signature: *James A Hillman*

Firm's name (or yours if self-employed) and address and ZIP + 4: James A Hillman, P O BOX 2270, Southampton

**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.)

**2001**

Supplementary Information - (see separate instructions)

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

Department of the Treasury  
Internal Revenue Service

Name of the Organization

Reaching Out Thru International Adoption, Inc

Employer Identification Number

22-3569848

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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
Jeannene Smith 312 South Lincoln Dr, Cherry Hill NJ	Executive/Administrator 40	91,293	0	0
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Total number of other employees paid over \$50,000 ▶

None

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
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-----		
-----		
-----		
-----		

Total number of others receiving over \$50,000 for professional services ▶

None

**Part III Statements About Activities** (See instructions )

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 **▶ \$ 0**

**(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

2 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 )

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below )

4 Do you have a section 403(b) annuity plan for your employees?

	Yes	No
1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3		X
4		X

**Note.** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments

**Part IV Reason for Non-Private Foundation Status** (See instructions )

The organization 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  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, 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 Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A )
- 12  An organization that normally receives **(1) more than 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 **Support Schedule** 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 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 instructions )



**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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose			622,473	92,146	714,619
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.			6,259		6,259
23 Total of lines 15 through 22			628,732	92,146	720,878
24 Line 23 minus line 17			6,259	0	6,259
25 Enter 1% of line 23			6,287	921	
<b>26 Organizations described on lines 10 or 11.</b> a Enter 2% of amount in column (e) line 24					<b>26a</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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
c Total support for Section 509(a)(1) test. Enter line 24 column (e)					<b>26c</b>
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b>
e Public support (line 26c minus line 26d total)					<b>26e</b>
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					<b>26f</b> %
<b>27 Organizations described on line 12:</b>					
a 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. (2000) _____ (1999) _____ (1998) 0 (1997) 0					
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 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2000) _____ (1999) _____ (1998) 0 (1997) 0					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 714,619 20 _____ 21 _____					<b>27c</b> 714,619
d Add Line 27a total _____ 0 and line 27b total _____ 0					<b>27d</b> 0
e Public support (line 27c total minus line 27d total)					<b>27e</b> 714,619
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)			720,878		<b>27f</b> 720,878
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27g</b> 99.13 %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27h</b> %

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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.

**Part V Private School Questionnaire** (See instructions )  
 (To be completed Only by schools that checked the box on Line 6 in Part IV)

N/A

	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>34a</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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (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

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

**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 )

	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI A) (See instructions )

	N/A		
	Yes	No	Amount
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			
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines <b>c</b> through <b>h</b> )			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .)			

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

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

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

**(i)** Cash

**(ii)** Other assets

**b** Other transactions

**(i)** Sales or exchanges of assets with a noncharitable exempt organization

**(ii)** Purchases of assets from a noncharitable exempt organization

**(iii)** Rental of facilities, equipment, or other assets

**(iv)** Reimbursement arrangements

**(v)** Loans or loan guarantees

**(vi)** Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
<b>51 a (i)</b>		X
<b>a (ii)</b>		X
<b>b (i)</b>		X
<b>b (ii)</b>		X
<b>b (iii)</b>		X
<b>b (iv)</b>		X
<b>b (v)</b>		X
<b>b (vi)</b>		X
<b>c</b>		X

<b>(a)</b> Line no	<b>(b)</b> Amount involved	<b>(c)</b> Name of noncharitable exempt organization	<b>(d)</b> Description of transfers, transactions, and sharing arrangements

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If 'Yes,' complete the following schedule

<b>(a)</b> Name of organization	<b>(b)</b> Type of organization	<b>(c)</b> Description of relationship

**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
▶ See separate instructions.  
▶ Attach to your tax return.

**2001**  
**67**

Name(s) Shown on Return

Reaching Out Thru International Adoption, Inc

Identifying Number  
22-3569848

Business or Activity to Which This Form Relates

Form 990, page 2

**Part I Election to Expense Certain Tangible Property Under Section 179**

Note If you have any listed property complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	1	\$24,000
2	Total cost of Section 179 property placed in service (see instructions)	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter 0. If married filing separately see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of Section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12	13	

Note Do not use Part II or Part III below for listed property instead use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	
15	Property subject to Section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	11,162
18	If you are electing under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	11,162
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense complete **only** 24a-24h columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If 'Yes,' is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Type of property (list vehicles first)	Date placed in service	Business/investment use percentage	Cost or other basis	Basis for depreciation (business/investment use only)	Recovery period	Method/Convention	Depreciation deduction	Elected Section 179 cost
<b>25</b> Special depreciation allowance for listed property acquired after September 10, 2001 and used more than 50% in a qualified business use (see instructions)							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use (see instructions)								
<b>27</b> Property used 50% or less in a qualified business use (see instructions)								
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other more than 5% owner, or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles - see instructions)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>34</b> Was the vehicle available for personal use during off duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note** If your answer to 37, 38, 39, 40, or 41 is Yes, do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a)	(b)	(c)	(d)	(e)	(f)
Description of costs	Date amortization begins	Amortizable amount	Code Section	Amortization period or percentage	Amortization for this year
<b>42</b> Amortization of costs that begins during your 2001 tax year (see instructions)					
				<b>43</b>	
<b>43</b> Amortization of costs that began before your 2001 tax year				<b>43</b>	
<b>44</b> Total. Add amounts in column (f). See instructions for where to report.				<b>44</b>	

Form 990, Page 1, Part I, Line 9

**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
2001 Chinese Auction	0	0	0	279	-279
Adopted Cambodian Orphans	200	0	200	0	200
Cambodia Orphanage Drive	8,781	7,281	1,500	0	1,500
Families in Cambodia	1,158	1,025	133	176	-43
General Fund Revenue	5,645	7,250	-1,605	419	-2,024
Help for Victor Ramirez	245	245	0	0	0
Help for Emmanuel	0	655	-655	0	-655
Hurricane Relief	0	100	-100	0	-100
<b>Total</b>	<b>16,029</b>	<b>16,556</b>	<b>-527</b>	<b>874</b>	<b>-1,401</b>

Form 990, Page 3, Part IV, Lines 57a & 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Leasehold Improvements	5,081	2,642	2,439
Furniture & Fixtures	8,420	4,877	3,543
Office Equipment	42,793	29,974	12,819
<b>Total</b>	<b>56,294</b>	<b>37,493</b>	<b>18,801</b>

Form 990, Page 6, Part VII, Line 93

**Program Service Revenue Stmt**

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	
Program service revenue					
Subscriptions			03	17	
Humanitarian Aid Fees			03	29,500	
Corporate Travel Rebates			03	3,300	
Returned Customer Checks			03	-10,252	
<b>Total</b>				<b>22,565</b>	

**Supporting Statement of**

Form 990 p 2/Line 28 column (B)

Description	Amount
Health Insurance	3,250
Other	1,080
Total	<u>4,330</u>

**Supporting Statement of.**

Form 990 p 2/Line 29 column (B)

Description	Amount
Taxes - Payroll	20,448
Taxes - Unemployment	3,000
Total	<u>23,448</u>

**Supporting Statement of.**

Form 990 p 2/Line 31 column (C)

Description	Amount
Accounting Fees	1,269
Bookkeeping	7,785
Total	<u>9,054</u>

**Supporting Statement of**

Form 990 p 2/Line 35 column (B)

Description	Amount
Express Shipping	1,965
Postage	6,344
Postage Equipment Lease	828
Total	<u>9,137</u>



**Supporting Statement of**

Form 990 p 2/Line 36 column (B)

Description	Amount
Rent	9,000
Repairs & Maintenance	24,872
Total	<u>33,872</u>

**Supporting Statement of.**

Form 990 p 2/Line 39 column (B)

Description	Amount
Airfare	1,340
Automobile Expense	1,219
Client Travel Fees	2,062
Lodging	1,558
Total	<u>6,179</u>

**Supporting Statement of**

Form 990 p 2/Line 43 Column (B)-1

Description	Amount
Branch Office Commissions	30,495
Clearances	2,968
Consulting	12,400
Cooperative Fees	11,735
Country Fees- Azerbaijan	-4,577
Country Fees- Cambodia	54,900
Country Fees- Guatamala	286,948
Country Fees- Russia	13,300
Documentation/Certification Fee	30
Dues & Subscriptions	994
Insurance - Liability	1,117
Insurance - Workmen's Comp	496
Internet Service Fees	843
License & Permits	108
Miscellaneous Expense	50
Miscellaneous Expense	-902
Payroll Service Fees	1,620
Temporary Help	16,566
Translation Fee	4,860
Total	<u>433,951</u>

**Supporting Statement of.**

Form 990 p 2/Line 43 Column (C)-1

<b>Description</b>	<b>Amount</b>
Advertising & Client Promotion	3,353
Bank Service Charge	815
Credit Card Charge	274
Education & Training	427
Employment Advertising	935
Insurance - Administrative	1,691
Rounding Variance	-4
Taxes - Miscellaneous	58
Total	<u>7,549</u>