Return of Organization Exempt from Income Tax

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

2004

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

Α	For th	ne 2004 calen	dar year, c	or tax year beginning	, 2004,	and e	nding		•		_
В	Check	if applicable	[C Name of organization				D Empl	oyer Identificat	tion Number	
	X Ac	ldress change	Please use IRS label	Joint Council on In	t'l Children's	Srv	rcs	91	-117117	4	_
	Na	ame change	or print or type	Number and street (or P O box if m	ail is not delivered to street add	dr) R	oom/suite	E Telep	hone number		_
	In	itial return	See specific	117 South Saint Asa	ph St.			(7)	03) 535-	-8045	
	F	nal return	instruc- tions.	City, town or country		ZIP	code + 4	F Acco	unting od:	Cash X Accrua	al
	Ar	nended return	[Alexandria	VA	22	314		Other (specify)	<u> </u>	
	Ar	pplication pending	• Secti	on 501(c)(3) organizations and	4947(a)(1) nonexempt		H and I are not applic	cable to se	ction 527 organ	ızatıons	_
	_		chari	table trusts must attach a comp	leted Schedule A		H (a) Is this a grou	p return fo	r affiliates?	Yes X N	lo
_		· • • • · · · / D	(FOIII	1 990 or 990-EZ).		ı	H (b) If 'Yes,' ente	r number o	of affiliates		
G	web	site: ► N/A					H (C) Are all affilia	tes include	ed?	Yes X N	lo
J	Orga	nization type		X 501(c) 3 ◀ (insert no			(If 'No,' attac	challist Se	ee instructions)		
		k only one)				527	H (d) Is this a sope	arato return	a filed by an		
K				nization's gross receipts are nor sed not file a return with the IRS		.	organization	covered by	a group ruling	² Yes X N	io
	rette	ved a Form 99	90 Packao	e in the mail, it should file a ret	urn without financial dat	ta [I Group Ex	emption	Number	>	_
	Sent	e states requi	re a comp	elete return.					organization i		
L	Gipas	s receipts. Add	d lines 6b,	8b, 9b, and 10b to line 12 ► 3	27,369.		to attach Sci	hedule B (Form 990, 990-	EZ, or 990-PF)	
Pa	12	🕦 Revenue	e, Exper	ises, and Changes in Net	Assets or Fund B	alan	ces (See Instru	ictions)			_
	III	Contributions	s, gifts, gra	ants, and similar amounts received	red						
	\mathbf{U}_{a}	Direct public	support			1 a					
		Indirect publi				1 b					
	S	Government		ons (grants)		1 c					
	عت	Total (add lines la through 1c) (cash \$	noncash	\$)			1 d		_
	3	Program serv	vice reven	ue including government fees a	nd contracts (from Part	VII, li	ne 93)		2	125,409	·
	2	Membership	3	194,585	_						
	蓋	Interest on sa	4	7,375	<u>.</u>						
	3	Dividends an	ıd ınterest	from securities		1			5		_
	6a	Gross rents				6a					
	, b	Less rental	expenses			6 b	·				
	С	c Net rental income or (loss) (subtract line 6b from line 6a)									_
R	7	Other investr	ment incor	me (describe)	7		_
K E A E .	8a	Gross amour	nt from sal	les of assets other	(A) Securities		(B) Othe	er			
Ņ.		than inventor	ry			8a	 				
Ĕ	b	Less cost or	other bas	is and sales expenses		86	 				
		Gain or (loss) (a		•		80	<u> </u>		is the		
				ibine line 8c, columns (A) and (_	8d		_
				ivities (attach schedule). If any		, chec	k here				
	а			luding \$	of contributions	1 _	1				
		reported on I	•			9 a					
	[-	other than fundraising expenses		96	<u>!</u>				
				om special events (subtract line	9b from line 9a)	10-	1		9c		_
	i .			ry, less returns and allowances		10 a					
		Less cost of	-			108	<u> </u>				
				ales of inventory (attach schedule) (subt	ract line IUD from line IUa)				10 c		
	11		•	art VII, line 103)	0d 11\				11	327,369	
_	12	·		es 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1 n line 44, column (B))	All and the second second second		-	_	12	218,911	
E	13	•	•	, , , ,	RECEIVE	ED	1		14	69,204	_
P	14	-	_	eral (from line 44, column (C))			ါ ပ္ပါ		15		<u>:</u> -
N S	15	_	-	44, column (D))	원 MAY 1 6 20	05	8		16		<u>·</u>
E S	16	=		(attach schedule)	1-1	JUJ	121		17	288,115	_
	17			the year (cultrest line 17 from l	ho 12\\ 0 =		SE .		18	39,254	_
. A	18	Not penete a	r fund hal	the year (subtract line 17 from I	UGDEN. I	JT	ı		19	39,234	_
N S E E T T	19	Other above	i intia pal	arices at beginning of year (from	rune /5, COLUMIT (A)	- • - •	لہ		20	309,392	<u>·</u>
ŢŢ		_		assets or fund balances (attach	·					310 616	_
	21	ivet assets o	r tund bala	ances at end of year (combine I	ines 18, 19, and 20)				21	348,646	٠.

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)	3	-		3/ 6 /16/25 45 /6/	105 %
(cash \$					
non-cash \$)	22				
Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
Compensation of officers, directors, etc	25	56,650.	50,985.	5,665.	0.
26 Other salaries and wages	26	53,234.	47,911.	5,323.	0.
Pension plan contributions	27				
28 Other employee benefits	28	43.	0.	43.	0.
29 Payroll taxes	29	12,642.	11,378.	1,264.	0.
Professional fundraising fees	30				
31 Accounting fees	31	2,000.	0.	2,000.	0.
32 Legal fees	32	4,647.	0.	4,647.	0.
33 Supplies	33	2,842.	0.	2,842.	0.
34 Telephone	34	4,899.	4,164.	735.	0.
35 Postage and shipping	35	1,122.	0.	1,122.	0.
36 Occupancy	36	13,860.	0.	13,860.	0.
37 Equipment rental and maintenance	37	3,370.	0.	3,370.	0.
38 Printing and publications	38	2,705.	2,606.	99.	0.
39 Travel	39	660.	660.	0.	0.
	40				0.
Conferences, conventions, and meetings		107,845.	98,907.	8,938.	<u> </u>
11 Interest	41	4.550		1 550	
Depreciation, depletion, etc (attach schedule)	42	1,550.	0.	1,550.	0.
Other expenses not covered above (itemize).					
a Miscellaneous	_ 43a	4,922.	2,300.	2,622.	0.
b Insurance	_ 43b	3,513.	0.	3,513.	0.
c Consulting	43c	10,669.	0.	10,669.	0.
d Advertising	43 d	942.	0.	942.	0.
е	43e				
Total functional expenses (add lines 22 · 43) Organizations completing columns (B) · (D), carry these totals to lines 13 · 15	44	288,115.	218,911.	69,204.	0.
pint Costs. Check If you are following			210/311.		
re any joint costs from a combined education	-		citation reported in (B) Program services?	► Yes X No
'Yes,' enter (i) the aggregate amount of the		-		mount allocated to Prog	ram services
		to Management and gene		; and (iv) th	
Fundraising \$		J	·		
art III Statement of Program Se	rvice A	ccomplishments			
/hat is the organization's primary exempt pu			<u></u>		Program Service Expenses
Il organizations must describe their exempt lents served, publications issued, etc. Disci ations and 4947(a)(1) nonexempt charitable				State the number of (c)(3) & (4) organ- ns to others)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a Annual conference-Open t					
by-laws requirement to					
and education relevant					
7 2 107 2 2 2 2 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1	= ~ - -	Grants and		0.)	114,431
b Advocacy		(Citalità dilu i	anoualions y		
<u> </u>					
		-			
					EN 756
		(Grants and	allocations \$	0.)	50,756.
c Public education	- -				
					
		(Grants and	allocations \$	0.)	33,385
d Bulletin Publication		(Grants and	allocations \$	0.)	33,385
d Bulletin Publication		(Grants and	allocations \$	0.)	33,385
d Bulletin Publication		(Grants and	allocations \$	0.)	33,385
d Bulletin Publication				0.)	
d Bulletin Publication e Other program services		(Grants and	allocations \$		33,385. 20,339.

Part IV: Balance Sheets (See Instructions)

Note:		ere required, attached schedules and amounts within umn should be for end-of-year amounts only	the description	(A) Beginning of year		(B) End of year		
\top	45	Cash — non-interest-bearing		115,918.	45	90,451.		
	46	Savings and temporary cash investments	- -	199,136.	46	264,157.		
	47 a	Accounts receivable	47 a					
		Less allowance for doubtful accounts	47 b		47 c			
	_				通過			
	48 a	Pledges receivable	48a					
		Less allowance for doubtful accounts	48b		48 c			
		Grants receivable			49			
A S	50	Receivables from officers, directors, trustees, and ke employees (attach schedule)		50				
Š	51 a	Other notes & Joans receivable (attach sch)	51a		EFF.			
A S S E T S		Less allowance for doubtful accounts	51 b		51 c			
		Inventories for sale or use	3701		52			
		Prepaid expenses and deferred charges	F					
		Investments - securities (attach schedule)	► Cost FMV	1,100.	53	3,052.		
		Investments - land, buildings, & equipment, basis	55a					
		Less accumulated depreciation (attach schedule)	55 b		55 c			
ļ	56	Investments – other (attach schedule)	1 0001		56	 _		
		Land, buildings, and equipment. basis	57a 11,979.					
	b	Less accumulated depreciation (attach schedule)	57b 6,706.	3,224.	57 c	5, <u>273.</u>		
	58	Other assets (describe ►)		58			
	59	Total assets (add lines 45 through 58) (must equal l	ine 74)	319,378.	59	362, <u>9</u> 33.		
	60	Accounts payable and accrued expenses		815.	60	10,161.		
Ļ	61	Grants payable			61			
LIABILITIES	62	Deferred revenue		9,171.	62	4,126.		
!	63	Loans from officers, directors, trustees, and key employees (attack	h schedule)		63			
֡֝֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	64 a	Tax-exempt bond liabilities (attach schedule)			64 a			
į	b	Mortgages and other notes payable (attach schedule)			64 b			
S	65	Other liabilities (describe -)		65			
	66	Total liabilities (add lines 60 through 65)		9,986.	66	14,287.		
_ c	rgani	izations that follow SFAS 117, check here 🕨 🔲 a	and complete lines 67		* 11 1 . 5. 1 1			
N E		through 69 and lines 73 and 74						
	67	Unrestricted			67			
ASSETS	68	Temporarily restricted			68			
Ī	69	Permanently restricted			69			
P C	rgan	izations that do not follow SFAS 117, check here 🕨	X and complete lines		塞遇			
		70 through 74			養種			
FUND	70	Capital stock, trust principal, or current funds			70			
	71	Paid-in or capital surplus, or land, building, and equ		71	 _			
Ĉ	72	Retained earnings, endowment, accumulated incom	309,392.	72	348,646.			
BALAZCES	73	Total net assets or fund balances (add lines 67 thro 72, column (A) must equal line 19; column (B) mus	ough 69 or lines 70 through it equal line 21)	309,392.	73	348,646.		
5	74	Total liabilities and not assets/fund balances (add		319 378	74	362,933		

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

Pär	Reconciliation of Reversity Financial Statements per Return (See Instru	with	Revenue	Pa	Financial S	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return					
a	Total revenue, gains, and other support per audited financial statements	► a	327,369.	а	Total expenses and I financial statements	osses per audited	a	288,115.			
b	Amounts included on line a but not on line 12, Form 990			b	Amounts included on on line 17, Form 990	line a but not	接				
(1)	Net unrealized gains on investments \$			(Donated services and use of facilities						
(2)	Donated services and use of facilities \$			(2) Prior year adjust- ments 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)						
	s				\$						
	Add amounts on lines (1) through (4)	Ь	Missian Commission () and Commission (Add amounts on lines (1)	through (4)	Ъ	Administrative Control of Section 1971 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
С	Line a minus line b	► c	327,369.	С	Line a minus line b	•	C				
d	Amounts included on line 12, Form 990 but not on line a :			d	Amounts included on Form 990 but not on						
(1)	Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		新馬克				
(2)	Other (specify)			(2) Other (specify)						
	s				\$						
	Add amounts on lines (1) and (2)	► d			Add amounts on line	es (1) and (2)	d				
e	Total revenue per line 12, Form 990 (line c plus line d)	► e		е	Total expenses per l 990 (line c plus line	d) <u> </u>	e				
Par	Visi List of Officers, Directo										
	(A) Name and address		(B) Title and average ho per week devoted to position	ours	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benef plans and deferre compensation	it	(E) Expense account and other allowances			
	onia Edwardson xandria, VA										
SEE	ATTACHED LIST	<u>F</u>	Exec. Dir.	35	56,650.		0.	0.			
	OF OFFICERS AND BOARD MEMBERS		See list	as	0.		0.	0.			
	-										
			<u> </u>	-							
							_				
75	Did any officer, director, trustee, of than \$100,000 from your organiza \$10,000 was provided by the relative to the state of the state	tion ar ed org	nd all related organization anizations?	gate ons,	compensation of more of which more than		•	Yes X No			
BAA	If 'Yes,' attach schedule – see ins	uctic	113				_	Form 990 (2004			

	990 (2004) Joint Council on Int'l Children's Srvcs	91-1171174	1	Pa	age 5
Pa	t VI: Other Information (See Instructions)			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		76		X 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 a	Did the organization have unrelated business gross income of \$1,000 or more during the year cov	rered by this return?	78 a	Х	
Ь	If 'Yes,' has it filed a tax return on Form 990-T for this year?	•	78 b	Х	
70	Was there a liquidation, dissolution, termination, or substantial contraction during the			开始 的对	
73	year? If 'Yes,' attach a statement		79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization)	through common		132 H	生
oo a	membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization,	ation?	80 a	1	Χ
b	If 'Yes,' enter the name of the organization ▶				
	and check whether it is exem	npt or nonexempt			
81 a	Enter direct and indirect political expenditures. See line 81 instructions.	a 0.			
b	Did the organization file Form 1120-POL for this year?		81 b		Χ_
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at a	io charge or at		E.F.	
0L u	substantially less than fair rental value?	to charge of at	82 a		X
h	If 'Yes,' you may indicate the value of these items here. Do not include this amount as			建建:	
	revenue in Part I or as an expense in Part II (See instructions in Part III)	2Ы			
83 a	Did the organization comply with the public inspection requirements for returns and exemption ap	plications?	83 a	Х	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contribution	s?	83 b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		Χ
h	If 'Yes,' did the organization include with every solicitation an express statement that such contrib	uitions or gifts word			
U	not tax deductible?	dulions or gints were	84 b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		85 a	N/A	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the or	ganization received a		III.	
	waiver for proxy tax owed for the prior year.	9-			
С	Dues, assessments, and similar amounts from members 85	5c			
	real control of the c	5d			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	ie .			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	5f	Ì		
q	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<u>. </u>	85 g		
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 dues allocable to nondeductible lobbying and political expenditures for the following tax year?	e estimate of	85 h		
86	501(c)(7) organizations Enter. a Initiation fees and capital contributions included on			F 会的	19 P
00	line 12	Sa N/A			
ь		5b			
87		7a N/A	1	运	
_			Ì		
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	7b N/A			
ΩΩ	At any time during the year, did the organization own a 50% or greater interest in a taxable corpo			Figuranti.	5 M 1254 7452
00	or an entity disregarded as separate from the organization under Regulations sections 301 7701.	2 and 301 7701-37			
	If 'Yes,' complete Part IX		88	- 200	X '- ',, 55-'1
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	•			に対
	section 4911 ► 0. , section 4912 ► 0. , section 4955	5 - 0.		1.81.5	
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess b during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes	enefit transaction ;' attach a statement	201		
	explaining each transaction		89 b	<u> </u>	<u> X</u>
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the	_			0
	year under sections 4912, 4955, and 4958				<u>0.</u>
	Enter Amount of tax on line 89c, above, reimbursed by the organization				0.
	List the states with which a copy of this return is filed Colorado		Γ		
	Number of employees employed in the pay period that includes March 12, 2004 (See instructions		906		3
91	The books are in care of Linda Vollman Telephone numb			-	
	Located at P.O. Box 667 McMinnville, OR	ZIP + 4 ► 9712	g		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check her	t t		ı	_ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92			0000
BAA			Forr	າາ 990 (ZUU4\

Part V	II Analysis of Income-Produ		ies (See instructions) d business income	Excluded by se	ection 512, 513, or 514	
Note: Enotherwise	ter gross amounts unless e indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
	rogram service revenue.					125,409.
d_ e_						
	ledicare/Medicaid payments ees & contracts from government agencies					
94 N	dembership dues and assessments atterest on savings & temporary cash invents			14	7,375.	194,585.
97 N ad			的 连续 使引力不同		沙 包括打手下8.01年分解的	
98 N 99 C	ot debt-financed property et rental income or (loss) from pers prop other investment income fain or (loss) from sales of assets					
0 101 N 102 G	ther than inventory et income or (loss) from special events ross profit or (loss) from sales of inventory					
b_	Other revenue: a	国際問題的習	基础的是一个企业的企业的			
104 S 105 T	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D),			[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	7,375.	319,994. 327,369.
	ne 105 plus line 1d, Part I, should eq III: Relationship of Activities			empt Purpos	es (See instructions.)	
Line No	<u> </u>					accomplishment
93	3a One annual conference conference fee co	vers room,	board, & meet	ing room o	costs.	
	Annual conference See Relationship of Activities to t				rement for	
Part I	X: Information Regarding Ta				es (See instructions)	N/A
	(A)				(D)	(E)
	ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage ownership in		activities	Total income	End-of-year assets
			8 8			
∳Part >	Information Regarding Tr	ansfers Ass	<u> </u>	onal Benefit	<u> </u> Contracts (See instri	uctions)
a Did b Did	the organization, during the year, receive any the organization, during the year, p : If 'Yes' to (b), file Form 8870 and F	funds, directly or it ay premiums, d	ndirectly, to pay premiums or directly or indi			Yes X No
Please Sign Here	Under penalties of perjury. I declare that I in true, correct and complete Declaration of Signature of Officer		return, including a officer) is based			
——— Paid	Preparer's signature	1/				
Pre- parer's		lirshenson				

SCHEDULE A (Form 990 or 990-EZ)

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.)

2004

OMB No 1545-0047 ·

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization Joint Council on Int'l Children's Srvcs 91-1171174 Part Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions List each one If there are none, enter 'None') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation Total number of other employees paid over \$50,000 None Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See instructions List each one (whether individuals or firms) If there are none, enter 'None') (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service Total number of others receiving over \$50,000 for professional services

Part III	A (Form 990 or 990-EZ) 2004 Joint Council on Int'l Children's Srvcs 91-117117: Statements About Activities (See Instructions)		Yes	Pag N
1 Dur	ng the year, has the organization attempted to influence national, state, or local legislation, including any attempt iffuence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	incurred in connection with the lobbying activities			ĺ
	st equal amounts on line 38, Part VI-A, or line i of Part VI-B)	,		
•	·	5.5.27.	.di#[; 'e	1
org	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other inizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the ying activities.			を記れる
sub taxa	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any ble organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal eficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)			打完 重美生
a Sal	e, exchange, or leasing of property?	2a		
b Len	ding of money or other extension of credit?	2b	<u>_</u>	
c Fur	nishing of goods, services, or facilities?	2c		L
d Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		_
e Tra	nsfer of any part of its income or assets?	2e		
	ou make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an anation of how you determine that recipients qualify to receive payments)	3a		
	ou have a section 403(b) annuity plan for your employees?	3Ь		L
4a Did	you maintain any separate account for participating donors where donors have the right to provide advice			
	he use or distribution of funds?	4a		-
b Do	ou provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		L
6 7 8 9 10	A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's and state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 1 (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general pu Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)	70(b)(1		(IV
11 b	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 from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)	its sup	port	ots
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) section 509(a)(3).)	nization) (See	ns	
	Provide the following information about the supported organizations (See instructions)			_
	(a) Name(s) of supported organization(s)	(b) Lir fron	ne nu n abo	
				_

Schedule A (Form 990 or 990-EZ) 2004 Joint Council on Int'l Children's Srvcs 91-1171174 Page 3 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) (e) Total Gifts, grants, and contributions received (Do not include unusual grants See line 28) 0 0 0 0 173,004 134,811 124,507 899 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 105,192. 103,520 85,489. 78,559 372,760. charitable, etc, purpose 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 5.876 6,307 7,397 5,417. 24,997. Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income. Attach a schedule Do not include gain or (loss) from sale of 0 n 0 capital assets 217, 393 243,875 989, 978. Total of lines 15 through 22 284,072 244,638 131,904 165,316. 617,218 Line 23 minus line 17 178,880. 24 141,118. 2,439. 2,841. Enter 1% of line 23 2,446. 2,174. 12,344. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a 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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts 26 b c Total support for section 509(a)(1) test Enter line 24, column (e) 26 c 617,218. 18 d Add Amounts from column (e) for lines: 19 J. 141-17 26 d 24,997. 592,221. 26 e e Public support (line 26c minus line 26d total) 95.95 % 26 f f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 27 Organizations described on line 12: 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. (2003)____ (2002) ____ (2001) ____ (2001) ____ (2000) ____ 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 (2003) _ _ _ _ (2002) _ _ _ c Add Amounts from column (e) for lines 15 16 ► 27 c 20 27 d d Add Line 27a total and line 27b total e Public support (line 27c total minus line 27d total) 27 e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27 g 욯 g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) • કુ h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

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

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		42:13
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
20	Open the appropriate maintain the following			
	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	1,49000	in Ili
	b Records documenting that scholarships and other financial assistance are awarded on a racially			-
	nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b		
	with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32 c 32 d		-
		更重		F., 21-
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
		_ []		
22	Donath, and the second of the			
33	Does the organization discriminate by race in any way with respect to			
	a Students' rights or privileges?	33a	Tananas.	Siari can
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance? .	33 d		<u></u>
	e Educational policies?	33e		-
	f Use of facilities?	33 f		ļ
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h	aram.	1 (A) (A) (A)
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
			Har V.	-laini _e ts
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a	-	-
	b Has the organization's right to such aid ever been revoked or suspended?	34 b	2.84	#U49
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		
	Schedule & (Form	990 or C	90 E	77 200

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

			(To be completed ONLY by a	n eligible organization th	nat filed Fori	m 576	8)				N/A
Chec	k ►	а	if the organization belongs	to an affiliated group	Check ►	b	11	f you c	heck	ed 'a' and 'limited con	trol' provisions apply
		_	Limits on Lo	bbying Expenditus' means amounts paid)				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)								36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)								37		
38	3 Total lobbying expenditures (add lines 36 and 37)								38		
39	Othe	r ex	empt purpose expenditures						39	_	
40	Total	l ex	empt purpose expenditures (a	dd lines 38 and 39)					40		
41	Lobb	yın	nontaxable amount Enter th	e amount from the follo	wing table -	_		1.gr			
	If the	an	ount on line 40 is —	The lobbying non	taxable amo	ount is	s –	\ 5			
	Not o	over	\$500,000	20% of the amoun	it on line 40		_	٦			
	Over 9	\$500	000 but not over \$1,000,000	\$100,000 plus 15% of	the excess over	\$500,0	000				
	Over \$	\$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of	the excess over	\$1,000	0,000		41		
	Over \$	\$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of t	he excess over	\$1,500,	000	1 1			
	Over	\$ 1	7,000,000	\$1,000,000				_			

4 -Year Averaging Period Under Section 501(h)

42

43

44

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

		Lobbying Expenditures During 4 -Year Averaging Period									
	Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total					
45	Lobbying nontaxable amount										
46	Lobbying ceiling amount (150% of line 45(e))										
47	Total lobbying expenditures										
48	Grassroots non- taxable amount										
49	Grassroots ceiling amount (150% of line 48(e))										
50	Grassroots lobbying expenditures										

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

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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements

42 Grassroots nontaxable amount (enter 25% of line 41)

Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36

Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

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

		IV/ A
Yes	No	Amount
		is it secusial medicibilities within a few afficients
	 1.50	;
		<u> </u>

NT / 7A

Schedule A (Form 990 or 990-EZ) 2004

Partivilia Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)

51 Did the	e reporting organization d Code (other than section	lirectly or inc	directly engage	in any of the following	g with any	other organiza	ation described	ın section	501 (c)
	ers from the reporting or		•			cai organizatio)115 [*]	[Yes	No
(i)Ca	, ,	garnzation to	a nonchartab	ic exempt organization	., 01			51 a (i)		X
	her assets							a (ii)		X
	transactions									
(i)Sa	ales or exchanges of asse	ets with a no	ncharitable exe	empt organization				b (i)		<u>X</u>
(ii)Pu	irchases of assets from a	noncharitat	ole exempt orga	anization				b (ii)		Χ
(iii)Re	ental of facilities, equipme	ent, or other	assets					b (iii)		Χ
(iv)Re	eimbursement arrangeme	nts						b (iv)		<u>X</u>
(v) Lo	ans or loan guarantees							b (v)		<u>X</u>
• •	erformance of services or							b (vi)		<u>X</u>
c Sharin	g of facilities, equipment	, mailing list	s, other assets	, or paid employees	ma (b) ch	auld always sh	out the foir ma	c c	of	_X
the go	enswer to any of the above ods, other assets, or serv ensaction or sharing arra	rices given b	by the reporting	organization If the or	rganizatior	received less	than fair mark	et value ir	!	
		ngement, sn		d) the value of the god	ods, otner T	assets, or ser				
(a) Line no	(b) Amount involved	Name of	(c) noncharitable e	exempt organization	Descri	ption of transfers	(d) , transactions, and	sharing arrai	ngement	:s
				· · · · · · · · · · · · · · · · · · ·	1					
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		<u> </u>			1			_		
52a Is the	organization directly or in bed in section 501(c) of t	ndirectly affil he Code (ot)	liated with, or re her than section	elated to, one or more	tax-exem	pt organization	ns	► ☐ Ye	s X	No
	,' complete the following		ner than section	1001(0)(0)) 0/ 11/ 0000	1011 027				ت -	
	(a)	00.1000		(b)			(c) ption of relatio			
	Name of organization	_	Туре с	f organization		Descri	ption of relatio	nship ————		
					<u> </u>					
					<u> </u>					
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					<u> </u>					

Page 6

Form **4562**

See separate instructions.Attach to your tax return.

OMB No 1545-0172

2004

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Joint Council on Int'l Children's Srvcs

Identifying number 91–1171174

Business or activity to which this form relates Part Section To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I 1 \$102,000 Maximum amount. See instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 3 \$410,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 6 (b) Cost (business use only) (C) Elected cost (a) Description of property 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 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2005 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 川瀬 | Special Depreciation Allowance and Other Depreciation (Do not include listed property) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) Property subject to section 168(f)(1) election (see instructions) 15 Other depreciation (including ACRS) (see instructions) 16 Partilli MACRS Depreciation (Do not include listed property) (See instructions) 17 206 17 MACRS deductions for assets placed in service in tax years beginning before 2004 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 Section B — Assets Placed in Service During 2004 Tax Year Using the General Depreciation System (g) Depreciation (b) Month and (C) Basis for depreciation (a) (e) Classification of property year placed in service (business/investment use Recovery period deduction only - see instructions) 19a 3-year property 302. 3,014 5.0 yrs HY SL **b** 5-year property c 7-year property 585 7.0 vrs HY SL 42 d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L MM S/L i Nonresidential real 39 yrs property MM S/L Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System S/L 20 a Class life b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV鋼 Summary (see instructions)

the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

21 Listed property Enter amount from line 28

23

21

Partivis 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, 24b.

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, 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)

24 a	Do you have evident	ed?		Yes No 24b If 'Yes,' is the					evidence	written?	Yes	No				
Ту	(a) pe of property (list vehicles first)	of property (list Date placed Business/		(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)			(f) Recovery period		(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost	
25	Special depreci	pecial depreciation allowance for qualified lis		listed prop	sted property placed in service during			the tax year and						學問題		
26	used more than 50% in a qualified business use (see instructions) 25															
]						· · · · · · · · ·		
							_		_		<u> </u>				<u> </u>	
27	Property used 5	0% or loss in a	gualified bus	cinece lice	/cae inci	tructions	-)				<u> </u>		<u> </u>		<u> </u>	
	Froperty used 5	Property used 50% or less in a qualified busine		siriess use	less use (see msi		il detions)		T							
																聖禮
	Add amounts in column (h), lines 25 through 2 Add amounts in column (i), line 26. Enter here								28					29		
	Add amounts in	column (i), ime	e 20. Enter n	Section 1			on Use	of V	ehicl	es				25	<u>' </u>	
Com	plete this section	for vehicles us	sed by a sole								' or rela	ted pers	son If yo	ou provi	ded vehi	cles
to yo	our employees, fi	rst answer the o	questions in S	Section C t	o see if	you mee	et an ex	cepti	on to	compl	leting th	s section	on for the	ose veh		
30	Total business/investment miles driven during the year (do not include commuting miles — see instructions)			1	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		Vehicle 6	
31	Total commuting miles driven during the year															
32	Total other personal (noncommuting) miles driven															
33	Total miles driven during the year Add lines 30 through 32			Yes							, , , , , , , , , , , , , , , , , , , 				Non No	
34		Was the vehicle available for personal use during off-duty hours?			No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?						-									
36	Is another vehicle available for personal use?															
			C – Questio		•						•				_	
Ansv	wer these question where or related	ons to determine I persons (see i	e if you meet instructions)	an except	ion to co	mpleting	g Sectio	n B f	or ve	hicles	used by	employ	ees who	are no	t more t	nan
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?								Yes	No						
38	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															
39	Do you treat all use of vehicles by employees as personal use?															
40	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?															
41	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															
Pă	rt:以際 Amort		_													
	(a) Description of costs			Date ar	(b) Date amortization begins		(c) Amortizable amount		(d) Cod secti		ode Amo				Amortization for this year	
42 Amortization of costs that begins during your 2004 tax year (see instructions)																
							_		4-					-		
42	Amortization	f costs that beg	an hofore ::	Ur 2004 to:									43	-		
43 44		ounts in column	-		•	to repor	t						44	 		
						DIZ0812 09								F	orm 456	2 (2004)

Additional Information

Form 990 page 2: Exempt purpose

STATEMENT #1 -

The primary exempt purpose of the Organization is to promote advocacy for the rights of children and to establish standards and guidelines for intercountry adoptions and promote services consistant with these standards and guidelines.

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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)								
	providing a forum for the exchange of information and education relevant to international adoption, and fulfills the requirement for the members' annual business meeting.								
94	Dues are received from the members in support of the organization, and in exchange for which the members receive voting rights in accordance with the bylaws of the organization and a subscription to the quarterly newsletter.								

JCICS Board Members 2004-2005

President

Deb Murphy-Scheumann (02-05) Special Additions, Inc.

19055 Metcalf Ave. Stilwell, KS 66085

e-mall: SPECIALAD2@aol.com

ph: 913-681-8472 913-681-0748 fax: celi: 913-980-6607

Rosemary Martin (03-06)

Carolina Adoption Services 301 North Elm St. Greensboro, NC 27401

e-mail: mm@carolinaadoption.org

336-275-9660 ph: 336-273-9804 fax: home ph: 336-545-7891

home address: 1900 Baytree Dr.

Greensboro, NC 27455

Vice-President

Lynn Wetterberg (02-05) Uniting Families Foundation 95 W. Grand Ave., Suite 206 Lake Villa, IL 60046

e-mail: UnitingFam@aol.com 847-356-1452 ph: 847-356-1584 fax:

home ph: 847-356-7856 847-287-4478 cell:

Cynthia V.N. Peck (02-05)

Friends of Children of Various Nations 1562 Pearl St. fax:

Denver, CO 80230 FCVN ph: 303-837-9438

e-mail: fcvn@bellsouth.net home ph: 336-664-6914

336-664-6915 home e-mail: cvnpeck@bellsouth.net Mailing address: 3614 Cardinal Ridge Dr.

Greensboro, NC 27410

Secretary

Heather Stultz (03-06) Maps International 277 Congress St. Portland, ME 04101

e-mail: cramerh@iuno.com ph: 207-775-4101

fax: 207-775-1019 home ph: 207-284-2317 Samuel Pitkowsky (04-07) Adoptive Parents Committee, Inc.

254 Seaman Ave.

e-mail: samapc@aol.com home ph/fax: 212-304-8479 work: 914-693-9274, 0 and page

Home ph: 212-942-9708 (for emergencies)

Cell: 646-339-4447

Treasurer

Keith Wallace (04-07) Families Thru Int'l Adoption 400 Bente Wes Ct.

Evansville, IN 47715

Donna Clauss (02-05)

ph: 812-479-9900 fax: 812-479-9901 cell: 812-305-9900

e-mail: donna@rhi.org

e-mail: kwallace@ftia.org

505-881-1234 ph: 505-864-8420 fax:

19676 HWY 85 Belen, NM 87002 Linda Vollman (04-07)

New York, NY 10034

PLAN Loving Adoptions Now, Inc.

P.O. Box 667 McMinnville, OR 97128 e-mail: Ivollman@planlovingadoptions.org

ph: 503-472-8452 fax: 503-472-0685

home ph: 503-843-2066

Great Wall China Adoption 248 Addie Roy Rd., A102 Austin, TX 78746

e-mail: snow@gwcadopt.org

ph.: 512-323-9595 fax: 512-329-9912 cell: 512-947-8686

Rebecca Hackworth (03-06)

Rainbow House International

Dillon International 3227 E. 31st St., Suite 200 Tulsa, OK 74105

e-mail: Rebecca@dillonadopt.com 918-749-4600, ext. 207

ph: 918-749-7144 fax: home ph: 918-583-4450 cell: 918-260-3172

Executive Director

Alexandria, VA 22306

Snow Wu

Antonia Edwardson 7826 Friars Court

(04-07)

e-mail: aedwardson@icics.org

home e-rnail: antoniaedwardson@msn.com home ph: 703-660-8668

cell: 703-371-5925

Ex-Officio

Judy Stigger (01-04) e-mail: istigger@cradle.org The Cradle istigger@comcast.net 2049 Ridge Ave. home ph: 708-386-3167 Evanston, IL 60201 home fax: 708-386-3271 ph: 847-733-3249/ fax: 847-475-5871 cell: 708-308-3167

Membership & Administration Manager

Meghan Hendy e-mail: icics@icics.org or **JCICS** mihendy@icics.org cell: 703-862-8343 1403 King St., Suite 101