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)

OMB No 1545-0047

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 2003 cale | ndar year, | or tax year beginning | , 2003, a | and ending | | <u>, , , , , , , , , , , , , , , , , , , </u> | |
|-------------------|--|-------------------------|---|-------------------------------------|-----------------------|-----------------|---|--------------|
| В | Check if applicable | Ī., | C Name of organization | | | D Employ | yer Identification Number | |
| | Address change | Please use IRS label | Faith Internationa | | | 91- | 1711170 | |
| | Name change | or print or type. | Number and street (or P O box if it | mail is not delivered to street add | r) Room/suite | E Teleph | one number | |
| | Initial return | See specific | 535 E. Dock Street | | 100 | | 3) 383-1928 | |
| | Final return | instruc- tions. | City, town or country | State | ZIP code + 4 | F Accou | nting d: X Cash A | Accrual |
| | Amended return | | Tacoma | <u>WA</u> | 98402 | | ther (specify) | |
| | Application pendir | g • Secti | on 501(c)(3) organizations and | 4947(a)(1) nonexempt | H and I are not app | licable to sect | ion 527 organizations | _ |
| | | | table trusts must attach a com n 990 or 990-EZ). | pleted Schedule A | H (a) Is this a gro | up return for | affiliates? Yes | X No |
| G | Web site: ► N / A | • | 555 51 555 12). | | H (b) If 'Yes,' enter | er number of | affiliates 🏲 📉 🗀 | _ |
| | | · | <u></u> | | H (c) Are all affili | | | X No |
| J | Organization type (check only one) | e • | - X 501(c) 3 ◀ (insert n | o) 4947(a)(1) or | (If 'No,' atta | ich a list See | instructions) | |
| <u>к</u> | Check here I if the organization's gross receipts are normally not more than | | | | | | | _ |
| • | | | eed not file a return with the IR | | organization | covered by a | a group ruling? Yes | No |
| | received a Form | 990 Packag | ge in the mail, it should file a re | | | remption N | | |
| | Some states req | · | | | | | organization is not required | |
| | | | , 8b, 9b, and 10b to line 12 - | | | | orm 990, 990-EZ, or 990-PF). | |
| Pa | | | nses, and Changes in Ne | | alances (See Instr | uctions) | | |
| | | -, 5 | ants, and similar amounts rece | ıved | ĺ | | | |
| | a Direct publi | c support | | | 1a | | | |
| _ | b Indirect put | • • | | | 1 b | i | İ | |
| 2004 | c Governmen | | · · | | 1 c | | | |
| 7 | d Total (add line la through lc) | | noncash | | _) | - | 1d | |
| ဗ | _ | | ue including government fees a | and contracts (from Part) | VII, line 93) | | 2 261,1 | <u> 113.</u> |
| 0 | | | assessments d temporary cash investments | | | - | 3 | _ |
| | | F | 4 | | | | | |
| | 5 Dividends a | | 5 | | | | | |
| | 6a Gross rents | | | | | | | |
| Ш | b Less renta | • | | | 6 b | | | |
| | c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe | | | | | | 6c | |
| 4 | / Other inves | ument incor | The (describe | (A) Securities | (B) Oth | | 7 | |
| SCANNED | | | les of assets other | (A) Securities | | er | | |
| | than invent | • | sis and sales expenses | | 8a | | | |
| Ε | c Gain or (loss) | | · · | | 8c | | | |
| | 1 1 1 | • | nbine line 8c, columns (A) and | (B)) | 00 | | 8d | |
| | _ | | tivities (attach schedule) If any | ` '' | check here ► | - | | |
| | a Gross reve | | | of contributions | check here | _ | | |
| | reported,or | | | | 9a | | | |
| | | - | other than fundraising expense | s | 9b | | | |
| | | | om special events (subtract line | | | | 9 c | |
| | | | ry, less returns and allowances | · I | 10 a | | | |
| | b Less cost of | | | | 10b | | | |
| | | - | ales of inventory (attach schedule) (sub | tract line 10h from line 10a) | | | 10 c | |
| | | | art VII, line 103) | RECÉI | VFD | - | 11 | |
| | 12 Total reven | ue (add line | es_1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, | | 76 | - | 12 261,1 | 13. |
| F | | | n line 44, column (B)) | 0 | 2004 8 | | 13 148,3 | |
| EXPESSES | | | eral (from line 44, column (C)) | 2 JUN 2 0 | 2004 SO-SH | _ | 14 114,9 | |
| E | - | _ | 44, column (D)) | | <u> </u> | - | 15 | 0. |
| Š | | | (attach schedule) | COOPEA | 147 | . [| 16 | |
| Š | 17 Total exper | ises (add li | nes 16 and 44, column (A)) | | · · | | 17 263,3 | 861. |
| Α | | | the year (subtract line 17 from I | ine 12) | | | 18 -2,2 | |
| N S E E T | 19 Net assets | or fund bala | ances at beginning of year (fron | n line 73, column (A)) | | — | | 86. |
| N S E E T T | 20 Other chan | ges in net a | issets or fund balances (attach | explanation) | | <u> </u> | 20 | |
| Š | 21 Net assets | or fund bala | ances at end of year (combine l | ines 18, 19, and 20) | | | 21 3,8 | 338. |
| BA | A For Paperwork | Reduction | Act Notice, see the separate in | structions. | TEEA0101 11/24 | 1/03 | Form 990 (| |

Page 2

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

| 22 Cents and allocations (dit sch) (coath \$ 1,000, 1000, cash \$ 1,000, 1000, cash \$ 1,000, 22 Specife assistance to individuals (dit sch) 23 Bender statistance to individuals (dit sch) 24 Benderlik part for for members (dit sch) 25 Compessation of offers, derectors, etc. 26 Other salaries and wages 26 99,536, 62,536, 37,000, 0. 27 Persission plan contributions 27 28 Other employee benefits 28 1,1,36, 5,541, 8,595, 0. 30 Professional fundraising fees 30 31 Accounting 6es 31 3,100, 0. 3,100, 0. 31 Legal fees 32 14,136, 5,541, 8,595, 0. 32 Indiples 33 1618, 618, 0. 0. 0. 31 Accounting 6es 31 3,100, 0. 3,100, 0. 3,100, 0. 32 Legal fees 32 1,2,322, 1,232, 0. 0. 0. 34 Telephone 34 7,337, 5,701, 1,636, 0. 0. 35 Postage and shipping 35 1,232, 1,232, 0. 0. 0. 36 Occupancy 36 Occupancy 37 Equipment renial and maintenance 38 Printing and publications 38 3 32,588, 29,605, 2,983, 0. 40 Confesses, committor, and meeting 40 4,934, 4,934, 934, 0. 0. 40 Confesses, committor, and meeting 40 4,934, 4,934, 0. 0. 41 Interest 42 Depaction, deploined, etc (datch scholarie) 43 Office expenses strong date (datch scholarie) 44 Depaction, deploined, etc (datch scholarie) 45 Office expenses strong date (datch scholarie) 46 Insurance 47 Just 11 J | ~ : | o 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 1,000 1,000 2 2 2 2 2 2 2 2 2 | 22 | Grants and allocations (att sch) | | 77 | | | |
| 28 Speric asstance to individuals (sit str.) 29 Eventic past for fire methes (sit str.) 25 Companishment of efforts, direction, etc. 25 Companishment of efforts, direction, etc. 26 Coffers salars and wages 26 6 99,536, 62,536, 37,000, 0. 27 Person plan contributions 27 Person plan contributions 28 Coffer employee benefits 28 Coffer employee benefits 28 Coffers salars and wages 29 14,136, 5,541, 8,595, 0. 31 Accounting fees 30 Professional fundraising fees 31 3,100, 0. 0, 3,100, 0. 31 Accounting fees 32 Legal frees 32 Legal frees 33 Supplies 33 Golfer employee 34 7,337, 5,701, 1,636, 0. 0. 35 Postage and shipping 35 1,232, 1,232, 1,232, 0. 0. 36 Occupancy 36 Coupancy 37 Tavel 39 Travel and publications 39 Travel 39 Travel 39 Travel 39 Travel 39 Travel 39 32,588, 29,605, 2,983, 0. 40 Conference, conventions, and meeting 40 4,934, 4,934, 0. 0. 41 Interest 41 Companishment of the special septiment of the specia | | (cash \$1,000. | | | | | |
| 24 Berdit pad to of for members (filt scr) 24 | | | _ | 1,000. | 1,000. | | |
| 25 Other saltons and wages | | • | | | | | |
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| 27 Penson plan contributions 28 | | • | _ | | | | |
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| 38 | _ | | - | 12,200. | 12,2001 | | |
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| 40 Conferences, conventions, and meetings 41 1 | | | $\overline{}$ | 32 588 | 29 605 | 2 983 | 0 |
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| 42 2,951. 2,361. 590. 0. | _ | | | 4,334. | | | <u> </u> |
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| b Advertising | | , | 432 | 3 531 | 2 967 | 564 | 0 |
| d Insurance | | | | | | | |
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| Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No Yes No Yes | 44 | Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 | 44 | 263.361. | 148.388 | 114 973 | 0. |
| If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program Services \$; and (iv) the amount allocated to Fundraising \$; and (iv) the amount allocations \$; an | | | | | 148,388. | 114,973. | 0. |
| \$; (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? * Provide Child adoption Services. All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others) a Provide adoption services for applicants for children from various for legin countries. (Grants and allocations \$ 0.) 1446, 027. b (Grants and allocations \$) 146, 027. (Grants and allocations \$) 146, 027. (Grants and allocations \$) 146, 027. | Join | Costs. Check I if you are following | SOP 9 | 8-2 | | | |
| ## Provide Child adoption service Accomplishments What is the organization's primary exempt purpose? ► Provide Child adoption services. All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clents served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others) ### Provide adoption services for applicants for children from various for exemptions and concise manner. State the number of clear a | Join Are | t Costs. Check If you are following any joint costs from a combined educations | SOP 9 | 98-2 paign and fundraising sc | olicitation reported in (B) | Program services? | ► Yes X No |
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| Grants and allocations \$) e Other program services (Grants and allocations \$) f Total of Program Service Expenses (should equal line 44, column (B), Program services) > 146,027. | Join Are a If 'Ye to Fu Par Wha All o clien izatio | recosts. Check Inflyou are following any joint costs from a combined educational est, enter (i) the aggregate amount of these (iii) the amount all indraising Indiana, which is served, publications is sued, etc. Discussions and 4947(a)(1) nonexempt charitable to Provide adoption services | sop se al cam e joint docated vice A jose? I jurpose se achier usts n | paign and fundraising socosts \$ | licitation reported in (B) ; (ii) the aineral \$ Id_adoption_ser and concise manner. Seasurable (Section 501) int of grants & allocation children_from allocations \$ | Program services? mount allocated to Prog ; and (iv) th V1Ces. tate the number of c)(3) & (4) organ- is to others) Various | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) |
| Grants and allocations \$) e Other program services (Grants and allocations \$) f Total of Program Service Expenses (should equal line 44, column (B), Program services) > 146,027. | Join Are a If 'Ye to Fu Par Wha All o clien izatio | recosts. Check Inflyou are following any joint costs from a combined educational est, enter (i) the aggregate amount of these (iii) the amount all indraising Indiana, which is served, publications is sued, etc. Discussions and 4947(a)(1) nonexempt charitable to Provide adoption services | sop se al cam e joint docated vice A jose? I jurpose se achier usts n | paign and fundraising socosts \$ | licitation reported in (B) ; (ii) the aineral \$ Id_adoption_ser and concise manner. Seasurable (Section 501) int of grants & allocation children_from allocations \$ | Program services? mount allocated to Prog ; and (iv) th V1Ces. tate the number of c)(3) & (4) organ- is to others) Various | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) |
| Grants and allocations \$) e Other program services (Grants and allocations \$) f Total of Program Service Expenses (should equal line 44, column (B), Program services) > 146,027. | Join Are a If 'Ye to Fu Par Wha All o clien izatio | recosts. Check Inflyou are following any joint costs from a combined educational est, enter (i) the aggregate amount of these (iii) the amount all indraising Indiana, which is served, publications is sued, etc. Discussions and 4947(a)(1) nonexempt charitable to Provide adoption services | sop se al cam e joint docated vice A jose? I jurpose se achier usts n | paign and fundraising socosts \$ | licitation reported in (B) ; (ii) the aineral \$ Id_adoption_ser and concise manner. Seasurable (Section 501) int of grants & allocation children_from allocations \$ | Program services? mount allocated to Prog ; and (iv) th V1Ces. tate the number of c)(3) & (4) organ- is to others) Various | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) |
| e Other program services (Grants and allocations \$) f Total of Program Service Expenses (should equal line 44, column (B), Program services) 146,027. | Join Are a If 'Ye to Fu Par Wha All o clien izatio | recosts. Check Inflyou are following any joint costs from a combined educational est, enter (i) the aggregate amount of these (iii) the amount all indraising Indiana, which is served, publications is sued, etc. Discussions and 4947(a)(1) nonexempt charitable to Provide adoption services | sop se al cam e joint docated vice A jose? I jurpose se achier usts n | paign and fundraising so costs \$_I to Management and ge Accomplishments Provide Chi achievements in a clear evenents that are not me nust also enter the amou applicants for (Grants and | ld adoption ser and concise manner. Seasurable (Section 501) children from allocations \$ | Program services? mount allocated to Prog ; and (iv) th V1Ces. tate the number of c)(3) & (4) organ- is to others) Various | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) |
| e Other program services (Grants and allocations \$) f Total of Program Service Expenses (should equal line 44, column (B), Program services) 146,027. | Join Are a If 'Ye to Fu Par Wha All o clien izatio | recosts. Check Inflyou are following any joint costs from a combined educational est, enter (i) the aggregate amount of these (iii) the amount all indraising Indiana, which is served, publications is sued, etc. Discussions and 4947(a)(1) nonexempt charitable to Provide adoption services | sop se al cam e joint docated vice A jose? I jurpose se achier usts n | paign and fundraising so costs \$_I to Management and ge Accomplishments Provide Chi achievements in a clear evenents that are not me nust also enter the amou applicants for (Grants and | ld adoption ser and concise manner. Seasurable (Section 501) children from allocations \$ | Program services? mount allocated to Prog ; and (iv) th V1Ces. tate the number of c)(3) & (4) organ- is to others) Various | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) |
| e Other program services (Grants and allocations \$) f Total of Program Service Expenses (should equal line 44, column (B), Program services) 146,027. | Join Are a If 'Ye to Fu Par Wha All o clien izatio | recosts. Check Inflyou are following any joint costs from a combined educational est, enter (i) the aggregate amount of these (iii) the amount all indraising Indiana, which is served, publications is sued, etc. Discussions and 4947(a)(1) nonexempt charitable to Provide adoption services | sop se al cam e joint docated vice A jose? I jurpose se achier usts n | paign and fundraising so costs \$_I to Management and ge Accomplishments Provide Chi achievements in a clear evenents that are not me nust also enter the amou applicants for (Grants and | ld adoption ser and concise manner. Seasurable (Section 501) children from allocations \$ | Program services? mount allocated to Prog ; and (iv) th V1Ces. tate the number of c)(3) & (4) organ- is to others) Various | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) |
| e Other program services (Grants and allocations \$) f Total of Program Service Expenses (should equal line 44, column (B), Program services) 146,027. | Join Are a If 'Ye to Fu Par Wha All o clien izatio | recosts. Check Inflyou are following any joint costs from a combined educational est, enter (i) the aggregate amount of these (iii) the amount all indraising Indiana, which is served, publications is sued, etc. Discussions and 4947(a)(1) nonexempt charitable to Provide adoption services | sop se al cam e joint docated vice A jose? I jurpose se achier usts n | paign and fundraising so costs \$_I to Management and ge Accomplishments Provide Chi achievements in a clear evenents that are not me nust also enter the amou applicants for (Grants and | ld adoption ser and concise manner. Seasurable (Section 501) children from allocations \$ | Program services? mount allocated to Prog ; and (iv) th V1Ces. tate the number of c)(3) & (4) organ- is to others) Various | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | Join Are a If 'Ye to Fu Par Wha All o clien izatio | recosts. Check Inflyou are following any joint costs from a combined educational est, enter (i) the aggregate amount of these (iii) the amount all indraising Indiana, which is served, publications is sued, etc. Discussions and 4947(a)(1) nonexempt charitable to Provide adoption services | sop se al cam e joint docated vice A jose? I jurpose se achier usts n | paign and fundraising socosts \$_I to Management and ge Accomplishments Provide chi achievements in a clear vernents that are not me nust also enter the amount applicants for Grants and | ld adoption ser and concise manner. Seasurable (Section 501) int of grants & allocation children from allocations \$ | Program services? mount allocated to Prog ; and (iv) th V1Ces. tate the number of c)(3) & (4) organ- is to others) Various | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) |
| | Join Are a lif 'Ye so to Fu What All to clien ization | A Costs. Check If you are following any joint costs from a combined educational ass,' enter (i) the aggregate amount of these ; (iii) the amount all indraising Is the organization's primary exempt purpaganizations must describe their exempt purpaganizations must describe their exempt purpaganizations and 4947(a)(1) nonexempt charitable to Provide adoption services for legin countries. | sop se al cam e joint docated vice A jose? I jurpose se achier usts n | paign and fundraising socosts \$_ I to Management and ge Accomplishments Provide chi achievements in a clear evements that are not me nust also enter the amount also enter the | ld adoption ser and concise manner. Seasurable (Section 501) into grants & allocation children from allocations \$ allocations \$ allocations \$ allocations \$ | Program services? mount allocated to Prog ; and (iv) th V1Ces. tate the number of c)(3) & (4) organ- is to others) Various | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) |
| | Join Are a lif 'Ye so to Fu What All to clien ization | costs. Check If you are following any joint costs from a combined educational est, enter (i) the aggregate amount of these timestally the amount all indraising It iii Statement of Program Servers is the organization's primary exempt purpaganizations must describe their exempt purpaganizations must describe their exempt purpaganizations must describe their exempt purpaganizations is sued, etc. Discussions and 4947(a)(1) nonexempt charitable to Provide adoption services for legin countries. | SOP sal came point of ocated point of ocated point of ocated point of ocated points in the case | paign and fundraising socosts \$_ I to Management and ge Accomplishments Provide chi achievements in a clear evements that are not me nust also enter the amount also enter the | ld adoption ser and concise manner. Seasurable (Section 501) (int of grants & allocations \$ allocati | Program services? mount allocated to Prog; and (iv) th VICES. tate the number of c)(3) & (4) organ- s to others) Various)))) | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) 146,027. |

| Part IV | Balance | Sheets | (See | Instructions) |
|---------|---------|--------|------|---------------|
|---------|---------|--------|------|---------------|

| Note | : Wh | 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 |
|-------------|-----------|--|---------------------------------------|---------------------------------------|------------------|--------------------|
| \neg | 45 | Cash - non-interest-bearing . | | 6,477. | 45 | 5,422. |
| j | 46 | Savings and temporary cash investments | | | 46 | |
| | 47 a | Accounts receivable | 47 a | | | |
| | b | Less allowance for doubtful accounts | 47 b | | 47 c | |
| ĺ | 48 a | ı Pledges receivable | 48a | | | |
| į | b | Less: allowance for doubtful accounts | 48b | | 48 c | |
| | 49 | Grants receivable | | | 49 | |
| ASSETS | 50 | Receivables from officers, directors, trustees, and ke employees (attach schedule) | y | | 50 | |
| | 51 a | Other notes & loans receivable (attach sch) | 51 a | | | |
| | | Less allowance for doubtful accounts | 51 b | | 51 c | |
| | 52 | Inventories for sale or use | <u></u> | | 52 | |
| | 53 | Prepaid expenses and deferred charges | | | 53 | |
| | 54 | Investments – securities (attach schedule) | ► Cost FMV | | 54 | |
| | 55 a | Investments - land, buildings, & equipment basis | 55 a | | | |
| | b | Less [,] accumulated depreciation (attach schedule) | 55 b | | 55 c | |
| - } | 56 | Investments – other (attach schedule) | | | 56 | |
| 1 | 57 a | Land, buildings, and equipment. basis . | 57a 14,620. | | | |
| Ì | b | Less accumulated depreciation (attach schedule) L-57 Stmt | 57b 11,164. | 4,107. | 57 c | 3,456. |
| 1 | 58 | Other assets (describe > |) | | 58 | |
| | 59 | Total assets (add lines 45 through 58) (must equal li | ne 74) | 10,584. | 59 | 8,878. |
| - 1 | 60 | Accounts payable and accrued expenses | | 4,498. | 60 | 5,040. |
| + | 61 | Grants payable | | | 61 | |
| À | 62 | Deferred revenue | | | 62 | |
| L-AB-L-T-ES | 63 | Loans from officers, directors, trustees, and key employees (attach | schedule) . | | 63 | |
| Ī | 64 a | Tax-exempt bond liabilities (attach schedule) | | | 64a | |
| E | | Mortgages and other notes payable (attach schedule) | | | 64b | ·—·— |
| 5 | 65 | Other liabilities (describe > |) | | 65 | |
| _ | | Total liabilities (add lines 60 through 65) | | 4,498. | 66 | 5,040. |
| N | Organ | | nd complete lines 67 | | } } | |
| F | 67 | through 69 and lines 73 and 74. | | | | |
| A | 67 | Unrestricted | • | · · · · · · · · · · · · · · · · · · · | 67 | |
| A-MOND-O | 68 | Temporarily restricted | | | 68 | · |
| | 69 0 | Permanently restricted | · · · · · · · · · · · · · · · · · · · | | 69 | |
| R | organ | izations that do not follow SFAS 117, check here ► 70 through 74 | X and complete lines | | } } | |
| 0ZC4 | 70 | Capital stock, trust principal, or current funds | | | 70 | |
| | 71 | Paid-in or capital surplus, or land, building, and equi | oment fund | | 71 | |
| Ŗ | 72 | Retained earnings, endowment, accumulated income | 6,086. | 72 | 3,838. | |
| 日本してこの世の | | Total net assets or fund balances (add lines 67 thro | uah 69 or lines 70 through | | | |
| \$ | 74 | 72; column (A) must equal line 19, column (B) must Total liabilities and net assets/fund balances (add li | 6,086. 10,584. | 73 | 3,838. 8,878. | |
| | /4 | i otal navinties and net assets/fulld balances (add 1) | nes oo anu /3/ | 10.384. | 74 | ο.δ/δ. |

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

| Form | 990 (2003) Faith Internatio | nal Adoptions, I | nc. | | 91-17 | 711 | 170 Page 4 |
|----------|--|---|---------------|--|---|--------------|--|
| Par | Reconciliation of Revenu Financial Statements wit per Return (See Instruction | h Revenue | Part | IV-B Reconcilia Financial S per Return | Statements with | es p 1 Ex | per Audited openses |
| <u>а</u> | Total revenue, gains, and other support per audited financial statements | a | а | Total expenses and life financial statements | | a | |
| b | Amounts included on line a but not on line 12, Form 990 | | b | Amounts included on 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 . \$ | | | |
| ` ' | Recoveries of prior year grants . \$ | | `` | Losses reported on line 20, Form 990 \$ | | | |
| (4) | Other (specify) | | (4) | Other (specify): | | | ç. |
| С | Add amounts on lines (1) through (4) | b c | c | Add amounts on lines (1) | through (4) | ь | |
| d | Amounts included on line 12, Form 990 but not on line a: | | d | Amounts included on Form 990 but not on | | | |
| | Investment expenses not included on line 6b, Form 990 . \$ | | | Investment expenses not included on line 6b, Form 990 \$ Other (specify) | | | |
| (2) | Other (specify). | | (2) | | | | |
| | 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) | е | е | Total expenses per l 990 (line c plus line | <u>d)</u> | e | |
| Par | t V List of Officers, Directors, | Trustees, and Key E | mple | yees (List each one | e even if not compe | nsat | ed, see instructions.) |
| | (A) Name and address | (B) Title and average ho per week devoted to position | urs | (C) Compensation (if not paid, enter -0-) | (D) Contributions employee benef plans and deferr compensation | it | (E) Expense account and other allowances |
| 373 | n J. Meske 4 N. 31st Street | - | | 50.000 | | , | |
| Тас | oma, WA 98407 | Exec. Director | 30 | 60,000. | | 0. | 0. |
| | | | | | | | |
| | | - | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | | | |
| | · | - - - | | | Į. | | |
| | | | | | | | |
| | | | \dashv | - | | | |
| | | - | | | | | |
| 75 | Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related o | and all related organization | gate cons, of | ompensation of more which more than | | <u> </u> | Yes X No |
| | If 'Yes,' attach schedule – see instruct | • | | | · · · | | |
| BAA | | | | | | | Form 990 (2003) |

| Form | 1990 (2003) Faith <u>International Adoptions</u> , <u>Inc.</u> | 91-1711170 |) | F | age 5 |
|------|---|---|----------|----------|-------------------|
| | rt VI Other Information (See instructions) | | | Yes | No |
| 76 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' | | 3 | | |
| | attach a detailed description of each activity | | 76 | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS | | 77 | | ^- , |
| | If 'Yes,' attach a conformed copy of the changes | | 70. | | X |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year | covered by this return? | 78a | | -^- |
| b | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | | 78 b | | <u> </u> |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the | | | | J |
| | year? If 'Yes,' attach a statement | | 79 | | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization | on) through common | 80 a | | |
| | membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt orga | Tilization, | ov a | | ^ _ |
| | olf 'Yes,' enter the name of the organization | | | 1 | · |
| | | kempt or Inonexempt | | | ١, |
| | Enter direct and indirect political expenditures See line 81 instructions | 81 a 0. | | | ~~ -J |
| t | Did the organization file Form 1120-POL for this year? | | 81 b | | X |
| 82 a | a Did the organization receive donated services or the use of materials, equipment, or facilities a substantially less than fair rental value? | at no charge or at | 82 a | | X |
| | of 'Yes,' you may indicate the value of these items here. Do not include this amount as | | | | 1 |
| L | revenue in Part I or as an expense in Part II (See instructions in Part III) | 82b | | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption | applications? | 83 a | X | |
| | Did the organization comply with the disclosure requirements relating to quid pro quo contribut | | 83 b | Χ | |
| | Did the organization solicit any contributions or gifts that were not tax deductible? | | 84 a | | X |
| | | | | | |
| t | If 'Yes,' did the organization include with every solicitation an express statement that such cor not tax deductible? | itributions or gifts were | 84 ь | | |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | | 85 a | | \vdash |
| | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | · | 85 b | | |
| • | If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the | erappization recoved a | 030 | - | |
| | waiver for proxy tax owed for the prior year. | organization received a |) | | 1 |
| | | 85 c | | | |
| | Dues, assessments, and similar amounts from members | | | | |
| | Section 162(e) lobbying and political expenditures | 85 d | | | |
| | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | | | |
| | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | | | |
| Q | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | 85 g | | ├ — |
| ŀ | n If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year? | nable estimate of | 85 h | | . |
| 86 | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on | | | | |
| | line 12 | 86 a | | | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86 b | | | l . |
| | 501(c)(12) organizations Enter a Gross income from members or shareholders | 87 a | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |] |
| | against amounts due or received from them) | 87 b | | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable co or an entity disregarded as separate from the organization under Regulations sections 301.770 | rporation or partnership, | | ı | |
| | | 71-2 and 301.7701-3? | 88 | 1 | Х |
| 89 a | 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year und | | | | <u> </u> |
| | section 4911 ► 0. ; section 4912 ► 0. , section 4 | | | ı | |
| Ь | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess | | | | |
| | during the year or did it become aware of an excess benefit transaction from a prior year? If '\ | s benefit transaction /es.' attach a statement | | | |
| | explaining each transaction | • | 89 b | | X |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the | : | | | |
| | year under sections 4912, 4955, and 4958 | <u> </u> | | | 0. |
| | Enter: Amount of tax on line 89c, above, reimbursed by the organization | · · · • | | | |
| | List the states with which a copy of this return is filed Washington | | | | . . |
| | Number of employees employed in the pay period that includes March 12, 2003 (See instruction | | 90 ь | | 5 |
| 91 | The books are in care of ► John J Meske Telephone number 1. Telephone number 1. | | | | |
| | Located at ► 535 E. Dock Street #100 WA | ZIP + 4 ► <u>9840</u> 2 | <u>-</u> | _ | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check I | nere | | | ▶ 🗍 |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | ▶ 92 | | | |
| BAA | | — ·— | Form | 990 (| (2003) |

| Part VII | Analysis of Income-Produc | | d business income | | tion 512, 513, or 514 | (E) |
|---------------------------|--|---|---|--|-------------------------|-----------------------------------|
| Note: Ente otherwise i | r gross amounts unless ndicated | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | Related or exempt function income |
| | ogram service revenue | | | | | 142,050 |
| | option Fees st Reimbursement | | | | | 119,063 |
| c c | 32 Retilibut Sellicit | | · | - | | |
| d | | | | | | |
| e | | | | | | |
| | dicare/Medicaid payments | | | _ | | |
| • | s & contracts from government agencies | | | | | |
| | mbership dues and assessments rest on savings & temporary cash invmnts | <u> </u> | | + | | |
| | rest on savings & temporary cash hivinits | | | | | |
| | rental income or (loss) from real estate | | | | | |
| | ot-financed property | | | | | |
| | debt-financed property | | | | | |
| | rental income or (loss) from pers prop | | | | | |
| | ner investment income . | | | | | |
| oth | in or (loss) from sales of assets er than inventory | | | | | · |
| 101 Net | income or (loss) from special events | | | | | |
| | ss profit or (loss) from sales of inventory | | | | | |
| | ner revenue a | | | | | |
| ь | | <u> </u> | | - | | |
| ď | | | | | | |
| e | | | | | | |
| | total (add columns (B), (D), and (E)) | | | | | 261,113 |
| | tal (add line 104, columns (B), (D), a | | | | · • | 261,113 |
| | 105 plus line 1d, Part I, should equ | | | Tyanga Dumasa | . (0) | |
| Line No. | Relationship of Activities t | | | | | |
| Line No. | Explain how each activity for which of the organization's exempt purpo | n income is re oses (other tha | ported in column (E) in by providing funds |) of Part VII contribut s for such purposes) | ed importantly to the a | ccomplishment |
| 932 | Fees are collected to | | | | | |
| | for foreign adoptions | | Te imbar sea T | or expenses i | cracea to tra | 700 |
| | l a a a a a a a a a a a a a a a a a a a | · | | | | |
| | | | | | | |
| Part IX | Information Regarding Tax | | diaries and Disr | egarded Entities | (See instructions) | N/A |
| | (A) | (B) | | (C) | (D) | (E) |
| | address, and EIN of corporation | Percentage | | of activities | Total | End-of-year |
| par | rtnership, or disregarded entity | ownership in | | | income | assets |
| | | - | <u>%</u> | | | |
| | | | % | | | ·· |
| | | <u> </u> | % | | | |
| Part X | Information Regarding Tra | nsfers Ass | ociated with Per | rsonal Benefit C | ontracts (See instru | ctions) |
| a Did thi | e organization, during the year, receive any fu | | | | | Yes X No |
| b Did th | he organization, during the year, pay | , premiums, d | rectly or indi | | | |
| Note: / | f 'Yes' to (b), file Form 8870 and Fo | | | | | |
| | Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of pro- | ve examined this re eparer (other than | eturn, including ai officer) is based (| | | |
| Please | > VALLE MA | ala | | | | |
| Sign | Signature of officer | | | | | |
| Here | John J | Meske | • | | | |
| | Type or print name and title | | | | | |
| Paid | Preparer's | | | | | |
| Pre- | signature Matthew P. J | olibois | | | | |
| parer's | Firm's name (or Cunocar Acco | | ervice | | | |
| Use | yours if self- employed) address, and | Ave | | | | |
| Only | ZIP + 4 Tacoma | | | | | |
| BAA | ı | | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

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

2003

OMB No 1545-0047

Employer identification number 91-1711170 Faith International Adoptions, Inc. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions List each one. If there are none, enter 'None') (d) Contributions (a) Name and address of each (b) Title and average (c) Compensation (e) Expense to employee benefit plans and deferred employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation John J Meske 3734 N 31st St, Tac, WA 35 Exec. Director 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 Total number of others receiving over \$50,000 for professional services None

| Sche | dule | A (Form 990 or 990-EZ) 2003 | Faith Intern | ational | Adoptions, | Inc. | 91-1711170 |) | P | age 2 |
|--------------|--------------------|--|--|--|---|--|--|-------------------|---------------|------------------|
| Par | t III | Statements About Acti | vities (See instruction | ons) | | | | _ | Yes | No |
| 1 | to II | ing the year, has the organization influence public opinion on a legisla | itive matter or referer | e national, s | tate, or local legis s,' enter the total | lation, including a expenses paid | | | | |
| | | ncurred in connection with the lobb st equal amounts on line 38, Part | | ► \$ | | | <u>0.</u> | 1 | Í | Х |
| | Org org | anizations that made an election using activities. | inder section 501(h) b | v filina Forn | n 5768 must comp atement giving a c | olete Part VI-A Ot detailed description | her n of the | | | |
| 2 | Dur sub taxa | ing the year, has the organization, stantial contributors, trustees, dire able organization with which any si eficiary? '(If the answer to any que | ctors, officers, creator uch person is affiliate | rs, key empl d as an offic | oyees, or membe er, director, truste | rs of their families ee, majority owner | , or with any , or principal | | | } ! ! ! |
| а | Sal | e, exchange, or leasing of property | ,? | | | | | 2a | | X |
| Ь | Len | ding of money or other extension of | of credit? | | | | | 2b | | X |
| c | Fur | nishing of goods, services, or facil | ties? | | | | | 2c | | X_ |
| d | Pay | ment of compensation (or paymer | nt or reimbursement o | f expenses | f more than \$1,00 | 00)? | | 2 d | [| X |
| е | Tra | nsfer of any part of its income or a | ssets? | | | | | 2e | | X_ |
| 3 a | | you make grants for scholarships, lanation of how you determine tha | | | | | | 3a | | × |
| b | | you have a section 403(b) annuity | , , , | | | | | 3b | | X |
| 4 | Did on | you maintain any separate accoulthe use or distribution of funds? | nt for participating doi | nors where o | lonors have the re | ght to provide adv | ice | 4 | | x_ |
| Par | t IV | Reason for Non-Privat | e Foundation Sta | i tus (See in | structions) | | | | _ | |
| 10 11 a 11 b | | A church, convention of churches A school. Section 170(b)(1)(A)(ii) A hospital or a cooperative hospit A Federal, state, or local governm A medical research organization of and state An organization operated for the k (Also complete the Support Scheman organization that normally rec Section 170(b)(1)(A)(vi) (Also conditional operated for the k (Also community trust Section 170(b) | (Also complete Part all service organization to governmental operated in conjunction to the period of the conjunction of the co | urches Sective V) n Section 1 unit Section n with a hos university o rt of its supp chedule in f | on 170(b)(1)(A)(ii) 70(b)(1)(A)(iii) 170(b)(1)(A)(v). pital Section 170 wned or operated port from a govern | (b)(1)(A)(III) Ente by a governmenta nmental unit or from | al unit Section 1 | 70(b)(1 | | ~ iv) |
| 12 | M | An organization that normally rec | | • | • | • | archin faac and | aroce | rocoin | ntc. |
| 13 | | from activities related to its charit from gross investment income an organization after June 30, 1975. An organization that is not control described in: (1) lines 5 through 1 | able, etc, functions – d unrelated business See section 509(a)(2 led by any disqualifie | subject to c taxable inco). (Also com d persons (c | ertain exceptions, me (less section to plete the Support other than foundat | and (2) no more 511 tax) from busin Schedule in Part 100 managers) and | than 33-1/3% of nesses acquired IV-A.) d supports organ | its sup by the | port | |
| | | section 509(a)(3)) | | | (3), 0. (3), 1. 1.03 | | | . (000 | | |
| | | Provide | the following informa | ation about t | he supported orga | anizations (See in | | | | |
| | | | (a) Name(s) of su | upported org | anization(s) | | | (b) Lir from | e nur abov | |
| | | | | | | | | | | |
| 1.4 | П | An organization organized and an | orated to took for a 4-4 | uo sofet: C | notion E00(c)(4) | Con make at 1 | | | | |
| 14 | L | An organization organized and op | erated to test for publ | ic safety Se | cuon 509(a)(4) (| See instructions.) | | | | |

| | edule A (Form 990 or 990-EZ) 2003 | | | | | 91-17 | | |
|------|--|--|--|--|--|---|---|--|
| | t IV-A Support Schedule (| | | | | | ccou | nting. |
| Note | : You may use the worksheet in th | e instructions for o | converting from the accrua | al to the cash | method of a | | | |
| begi | ndar year (or fiscal year nning in) | (a) 2002 | (b) 2001 | (c) 2000 | | (d) 1999 | | (e) Total |
| 15 | Gifts, grants, and contributions received (Do not include unusual grants See line 28) | | 0. | | 78. | 1, 1 | 100. | 1,178 |
| 16 | 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 charitable, etc, purpose | | 258,053. | 207 | , 926. | 192,4 | 149. | 658,428 |
| 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 | | | | | | | |
| 23 | Total of lines 15 through 22 | | 258,053. | 208 | ,004. | 193, | 549. | 659,606 |
| 24 | Line 23 minus line 17 | | 0. | | 78. | 1, | 100. | 1,178 |
| 25 | Enter 1% of line 23 | <u> </u> | 2,581. | 2 | ,080. | 1,9 | 935. | |
| | Organizations described on lines | - | Enter 2% of amount in co | | | > | 26 a | <u> </u> |
| 1 | b Prepare a list for your records to show the supported organization) whose total gifts return Enter the total of all these excess | for 1999 through 2002 (| contributed by each person (oth exceeded the amount shown in li | er than a governn ine 26a Do not f i | nental unit or p ile this list wit | oublicly h your | 26 b | |
| | c Total support for section 509(a)(1 | | 24. column (e) | | | > | 26c | |
| | d Add: Amounts from column (e) fo | • | | 19 | | | | |
| | | 22 | | 26 b | | _ • | 26 d | |
| | e Public support (line 26c minus lin | ie 26d total) | | | | _ | 26 e | |
| | Public support percentage (line 2 | | ivided by line 26c (denon | ninator)) | | | 26 f | 9 |
| | Organizations described on line a For amounts included in lines 15, name of, and total amounts recei such amounts for each year | , 16, and 17 that w ved in each year f | rom, each 'disqualified pe | erson ' Do not | file this list | with your r | eturn. | Enter the sum of |
| | (2002) | | | | | | | |
| | bFor any amount included in line 1 show the name of, and amount re \$5,000. (Include in the list organicomputing the difference between (the excess amounts) for each year. | eceived for each yezations described the amount receiver. | ear, that was more than to in lines 5 through 11, as vived and the larger amour | he larger of (1 well as individ nt described in | l) the amoui luals) Do n o n (1) or (2), e | nt on line 25 ot file this li enter the sui | for the st with most the state of the state | ne year or (2) n your return. After nese differences |
| | (2002) | (2001) | (2000) | | (| 1999) | | |
| (| c Add: Amounts from column (e) for 17 d Add Line 27a total | r lines 15 | <u> </u> | 16 | | . | ا ۔۔ ا | 650 665 |
| | 17 | <u>658,428.</u> 20 | and long 07% to but | 21 | | — | 27 c | 659,606 |
| | Aud Line 2/a total | us line 27d totals | and line 2/b total | · | | <u> </u> | 27 d | 650,606 |
| | e Public support (line 27c total min f Total support for section 509(a)(2 | • | unt from line 23, column (| e) ► 27 | f 6 | 59,606. | | 659,606 |

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

100.00 %

27 g

27 h

| Par | 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 |
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) | - | | |
| 32 | | 32 a | | |
| | b Records documenting that scholarships and other financial assistance are awarded on a racially | | | |
| i | nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32 b | | - |
| | d Copies of all material used by the organization or on its behalf to solicit contributions? | 32 d | | |
| 33 | If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement) ——————————————————————————————————— | - - - | | |
| į | a Students' rights or privileges? | 33 a | ļ | _ |
| ļ | b Admissions policies? | 33 b | _ | |
| 1 | c Employment of faculty or administrative staff? | 33 c | | _ |
| • | d Scholarships or other financial assistance? | 33 d | - | |
| • | e Educational policies? | 33e | _ | |
| 1 | f Use of facilities? | 33f | | |
| , | g Athletic programs? . | 33 g | | |
| ı | h Other extracurricular activities? | 33 h | | <u> </u> |
| | If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) | | | |
| | | | | |
| 34 | a Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| Í | 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 | 34b | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation | 35 | | |
| | nondiscrimination. Il 110, attach an explanation | 35 | لـــــا | |

Page 5

Lobbying Expenditures by Electing Public Charities (See Instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

| Chec | k Pa If the organiz | zation belongs to an affi | liated group Check | ▶ b If you | u checke | d 'a' and 'limi | ted contro | ol' provisions apply | | | |
|-------|---|---|--|--------------------------------------|-----------------|-------------------------------|------------|--------------------------------------|--|--|--|
| | | imits on Lobbying | • | ٠, | | (a) Affiliated (totals | | (b) To be completed for ALL electing | | | |
| | | 'expenditures' means a | _ | | | | | organizations | | | |
| 36 | Total lobbying expenditu | | | | 36 | | | 0. | | | |
| 37 | Total lobbying expenditu | = | | ing) | 37 | | | | | | |
| 38 | Total lobbying expenditu | | 7) | | 38 | | | 0. | | | |
| 39 | Other exempt purpose e | • | | | 39 | | | | | | |
| 40 | Total exempt purpose es | | | _ | 40 | | | 0. | | | |
| 41 | Lobbying nontaxable am | | • | | | | | | | | |
| | If the amount on line 40 | | lobbying nontaxable as of the amount on line | | | | | 1 | | | |
| | Not over \$500,000 Over \$500,000 but not over \$1 | | 000 plus 15% of the excess o | | | | | | | | |
| | Over \$1,000,000 but not over \$ | , , | 000 plus 10% of the excess o | · · · I | 41 | | | 0. | | | |
| | Over \$1,500,000 but not over \$ | | 000 plus 5% of the excess ov | . 1 | -7'+ | | | <u> </u> | | | |
| | Over \$17,000,000 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | |
| 42 | Grassroots nontaxable a | • , | • | | 42 | | | 0. | | | |
| 43 | Subtract line 42 from lin | · · | | | 43 | | | 0. | | | |
| 44 | Subtract line 41 from lin | | 44 | | | 0. | | | | | |
| | Caution: If there is an a | Caution: If there is an amount on either line 43 or line 44, you must file Form 472 | | | | | | | | | |
| | 4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50) | | | | | | | | | | |
| | Lobbying Expenditures During 4 -Year Averaging Period | | | | | | | | | | |
| | Calendar year (or fiscal year beginning in) ► | (a) 2003 | (b) 2002 | (c) 2001 | | (d) 2000 | | (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)) | | | | | | | | | | |
| | Grassroots lobbying expenditures | | | | | | | | | | |
| | | ctivity by Nonelect | | | | | | N/A | | | |
| atter | ng the year, did the organ npt to influence public op | nization attempt to influe inion on a legislative m | ence national, state or in atter or referendum, thr | ocal legislation, ough the use of | including | any | es No | Amount | | | |
| | Volunteers | | • | | | | | | | | |
| | Paid staff or manageme | ent (Include compensation | on in expenses reported | on lines c throi | ugh h.) | <u> </u> | | | | | |
| | : Media advertisements | analotava sudbir i 14 | • | • | | <u> </u> - | | | | | |
| | Mailings to members, le | - | anto. | | | - | | | | | |
| | Publications, or published | | | | • | · - | | | | | |
| | Grants to other organiza Direct contact with legis | | | avalatuva bashi | | - | | | | | |
| | i Rallies, demonstrations, | | | | 25 | - | | | | | |
| | Total lobbying expenditu | | · · | any other mear | | }- | | <u> </u> | | | |
| • | If 'Yes' to any of the abo | · · · · · · · · · · · · · · · · · · · | • | escription of the | lobbying | L_ Lactivities | | <u></u> | | | |

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

| 51 Did th | ne reporting organization of | directly or in | directly engage in any of the following | y with any other organization describeding to political organizations? | in section 50 | 1(c) |
|---|---|----------------|---|---|----------------|---------------|
| | | | o a noncharitable exempt organization | | | es No |
| (i)C | , , | gariization | o a noncharitable exempt organization | . 3. | 51 a (i) | X |
| • | Other assets | | | | a (ii) | X |
| | transactions. | | | | | |
| | | ets with a no | oncharitable exempt organization | | b (i) | X |
| (ii)P | urchases of assets from a | a noncharita | ble exempt organization | | b (ii) | X |
| , , | lental of facilities, equipm | | · - | | b (iii) | X |
| (iv)R | teimbursement arrangeme | ents | | | b (iv) | X |
| (v)L | oans or loan guarantees | | | | b (v) | X |
| (vi)P | erformance of services or | r membersh | ip or fundraising solicitations | | b (vi) | X |
| c Sharı | ng of facilities, equipment | t, mailing lis | ts, other assets, or paid employees | | С | X |
| d if the | answer to any of the abo | ve is 'Yes,' | complete the following schedule Colu | mn (b) should always show the fair ma | rket value of | |
| any tr | ransaction or sharing arra | ingement, sl | now in column (d) the value of the goo | mn (b) should always show the fair mar ganization received less than fair mar ods, other assets, or services received | Net value III | |
| (a) Line no | (b) Amount involved | | (c) noncharitable exempt organization | (d) Description of transfers, transactions, and | | |
| | | | | | | |
| | | | | | | |
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| descr | e organization directly or in tibed in section 501(c) of the s,' complete the following | the Code (ot | liated with, or related to, one or more her than section 501(c)(3)) or in section | tax-exempt organizations on 527? | ► ☐ Yes | ⊠ No |
| | (a) Name of organization | | (b) Type of organization | (c) Description of relatio | | |
| | | | Type of organization | Description of relation | nsnip ————— | |
| | | | | | | |
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| DAA | | | <u> </u> | ' | | |
| BAA | | | TEEA0406 09/05/03 | Schedule A (Forr | n 990 or 990- | EZ) 2003 |

Form 4562

Depreciation and Amortization

(Including Information on Listed Property) See separate instructions. ► Attach to your tax return.

OMB No 1545-0172 2003

Department of the Treasury Internal Revenue Service

Faith International Adoptions, Inc.

Identifying number

91-1711170 Business or activity to which this form relates / Form 990EZ Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I. Part I 1 \$100.000 Maximum amount. See instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) \$400,000 Threshold cost of section 179 property before reduction in limitation 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property, Add amounts in column (c), lines 6 and 7 Я Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2002 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 2004 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V 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 16 Other depreciation (including ACRS) (see instructions) 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A 2.721 17 MACRS deductions for assets placed in service in tax years beginning before 2003 17 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 2003 Tax Year Using the General Depreciation System (C) Basis for depreciation (a) (b) Month and (e) Convention (g) Depreciation Classification of property (business/investment use Recovery period year placed in service deduction only - see instructions) 19a 3-year property **b** 5-year property 2.303 5.0 yrs HY SL 230 c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs 5/1 27.5 yrs h Residential rental MM S/L property 27.5 yrs MM S/L S/L MM i Nonresidential real 39 vrs property MM S/L Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L

of your return Partnerships and S corporations — see instructions

the portion of the basis attributable to section 263A costs

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

Part IV | Summary (see instructions) 21 Listed property Enter amount from line 28

c 40-year

23

40 yrs

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

MM

S/L

21

22

2,951

Form **4562** (2003) Faith International Adoptions, Inc. 91-1711170 Page 2 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, 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 No 24b If 'Yes,' is the evidence written? No 24 a Do you have evidence to support the business/investment use claimed? Yes Yes (c) Business/ investment (h) (i) (b) Type of property (list vehicles first) Basis for depreciation (business/investment use only) Elected section 179 cost Recovery period Depreciation deduction Date placed Cost or Method/ Convention in service other basis IISA percentage Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions Property used more than 50% in a qualified business use (see instructions) 27 Property used 50% or less in a qualified business use (see instructions): 28 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 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 (d) **(f)** (a) (b) (c) 30 Total husiness/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles - see instructions) Total commuting miles driven during the year Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes Yes No Yes No Yes No Yes No No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person? 36 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). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 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? 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 Amortization Part VI

| | (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|----|---|-------------------------------|------------------------------|------------------------|---------------------------------------|--------------------------------------|
| 42 | Amortization of costs that begins during your | 2003 tax year (see | instructions). | | | |
| _ | | | <u>-</u> | | | |
| | | | | | | |
| 43 | Amortization of costs that began before your | 2003 tax year | | • | 43 | |
| 44 | Total. Add amounts in column (f) See instru | ictions for where to | report . | | 44 | |
| | | | | | | |

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

| Other expenses not covered above (itemize): | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|------------------------------|------------------------------------|----------------------------------|---------------------------|
| Tax & Licenses Business Taxes Repairs & Maint. Seminars, Association | 505. 2,699. 0. 910. | 0. 2,699. 0. 910. | 505. 0. 0. | 0. 0. 0. |
| Total = | 4,114. | 3,609. | 505 <i>.</i> | 0. |

Form 990, Page 3, Part IV, Lines 57a & 57b Land, Buildings and Equipment Statement

| | (a) Cost/Other Basis | (b) Accumulated Depreciation | (c) Book Value |
|----------------------|----------------------------|-------------------------------------|--------------------------|
| Computers & Printers | 14,620. | 11,164. | 3,456. |
| Total | 14,620. | 11,164. | 3,456. |

Supporting Statement of:

Form 990 p 3/Line 60, column (A)

| Description | Amount |
|---------------------------------------|--------|
| Department of Labor & Industries | 208. |
| Employment Security | 107. |
| Federal Withholding & Social Security | 3,054. |
| Department of Revenue | 578. |
| City of Tacoma | 551. |
| Total | 4,498. |

Supporting Statement of:

Form 990 p 3/Line 60, column (B)

| Description | Amount | |
|---------------------------------------|--------|--|
| Department of Labor & Industries | 223. | |
| Employment Security | 164. | |
| Federal Withholding & Social Security | 3,357. | |
| Department of Revenue | 728. | |
| City of Tacoma | 568. | |
| Total | 5,040. | |