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

2003

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 2003 caler	dar year,	or tax year beginning	, 2003, a	and ending		 ,	
В	Check if applicable		C Name of organization		-	D En	nployer Identification Numb	per
	X Address change	Please use IRS label	Beacon House A <u>dop</u> ti	on Services, In	ıc	7	2 - 1159061	
	Name change	or print or type	Number and street (or P O box if m	nail is not delivered to street add	r) Room/suite	Ете	lephone number 850)	430-400
	Initial return	See specific	1306 E_ Cervantes		Suite	G 6	22 5) 272-3221	. •
	Final return	instruc- tions	City town or country	State	ZIP code + 4	F Ac	counting X Cash	Accrual
	Amended return		Pensacola	FL	32501	l f	Other (specify)	
	Application pending	• Secti	on 501(c)(3) organizations and	4947(a)(1) nonexempt	H and I a	re not applicable to	section 527 organizations	
		charı	table trusts must attach a com	pleted Schedule A	l l	this a group return		s X No
_		(Forn	n 990 or 990-EZ).			Yes, enter numbe		
G	Web site: ► N/A				— H (c) A	ire all affiliates incli	uded? Ye	s X No
J	Organization type				`` (If 'No attach a list		
	(check only one)		X 501(c) 3 ◀ (insert no		527 H (d) Is	this a separate ret	urn filed by an	
K			inization's gross receipts are no		' '	rganization covered	·	s No
	received a Form S	anization r 190 Packai	need not file a return with the IF ge in the mail, it should file a re	RS, but if the organizatio eturn without financial da		Group Exemption		1 1.0
	Some states requ						the organization is not req	uired
<u> </u>	Gross receipts Ac	dd lines 6t	o, 8b, 9b, and 10b to line 12► 3	344 042			B (Form 990, 990 EZ, or 99	
			ises, and Changes in Ne		alances (S	ee Instructions	:)	
1000	T		rants, and similar amounts rece		aldilocs (o	ee manachons		
	a Direct public		aris, and similar arroants rece		1 a			
	b Indirect pub		·		1 b			
	c Government	* *			1 c			
	d Total (add lines la through 1c)		noncash	<u> </u>	\		1 d	
			nue including government fees		/ EN/II line 93	`		14,042
)	_		l assessments	and contracts (nontrain	(VII, IIIIC 33	,	3	17,072
			nd temporary cash investments				4	
₽	Į.	-	t from securities				5	
- -	6a Gross rents	na interes	t nom securities		6 a			
ā		AVAAHEAE			6b			
	BECE	VED.	loss) (subtract line 6b from line	, 6a)	. 05			
	Other invest	tment inco	(describe	, oa)) 7	
N E V				(A) Securities		(B) Other	/ 	
_ E	7 I than invente	Sr.	of assets other	<u> </u>	8a			
Э E	h Less cost of	röther ha	ists and sales expenses		8b			
	CQGIAESN	atta Ched	ule)		8c			
3			mbine line 8c, columns (A) and	(B))	, 00,		8d	
,	1	. , .	ctivities (attach schedule). If any	• • •	. check here	►□		
	1		cluding \$, 0,,00,,,,,,,,			
	reported on				9 a			
	'		other than fundraising expense	es	9 b			
			from special events (subtract lin				9 c	
			ory, less returns and allowances		10 a			
	b Less cost of		•	-	10 b			
		•	sales of inventory (attach schedule) (sub	htract line 10b from line 10a)			10 c	
		, ,	Part VII, line 103)				11	
			nes 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c and 11)				44,042
	13 Program se		m line 44, column (B))	100, 414 11)				56,010
E X P	14 Managemer		neral (from line 44, column (C))				14	0
E	1 15 Eundraising	_	e 44, column (D))				15	
N S	1 3 1 4 1 4 1 4 1 5 1 1 9	-	(attach schedule)				16	<u>~</u> _
E S	1 '		lines 16 and 44, column (A))					56,010
_	17 10 10 10 10 10 10 10 10 10 10 10 10 10		the year (subtract line 17 from					11,968
	A IO LACESS UI (allances at beginning of year (fro					23,736
N E T	٥						20	,130
		-	assets or fund balances (attach	•				35,704
	S 21 Net assets	or iuna ba	lances at end of year (combine	: mies 10, 19, and 20)			41	55,104

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch)					CONTRACTOR OF SERVICE
(cash \$					
non cash \$)	22				
23 Specific assistance to individuals (att sch)24 Benefits paid to or for members (att sch)	23				
24 Benefits paid to or for members (att sch) 25 Compensation of officers, directors, etc	25	96,960.	96,960.		
26 Other salaries and wages	26	45,527.	45,527.	0.	0.
27 Pension plan contributions	27	0.	43,327.	0.	0.
28 Other employee benefits	28	0	0	0.	0.
29 Payroll taxes	29	10,224.	10,224	0.	0.
30 Professional fundraising fees	30	0	0	0	0
31 Accounting fees	31	4,465	4,465	0	0
32 Legal fees	32	4,465	4,403	0	0
33 Supplies	33	0.	0.	0	
• •		0.	0	<u>-</u>	0
34 Telephone	34		+ <u> </u>	0	0
35 Postage and shipping	35 36	4,608.	4,608.	0.	0
36 Occupancy		7,180.	7,180.	0	0.
37 Equipment rental and maintenance	37	1,944.	1,944.	0.	0
38 Printing and publications	38	0.	0	0.	0
39 Travel	39	1,003.	1,003.	0	0.
40 Conferences, conventions, and meetings	_40_	0.	0.	0	0.
41 Interest	41	1,959.	1,959.	0	0
42 Depreciation, depletion, etc (attach schedule)	42	3,818.	3,818.	0.	0
43 Other expenses not covered above (itemize)					
a Advertising	43 a	32,506.	32,506	0.	0
b Auto	43 b	340.	340.	0.	0
c Bank Charges	43 c	142.	142.	0.	0
d Birth Mother Expenses	43 d	48,475.	48,475.	0.	0
e See Other Expenses Stmt	43 e	96,859	96,859	0	0
Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	356,010.	356,010	0	0
Joint Costs. Check If you are following			350,010		
Are any joint costs from a combined education			olicitation reported in (R) Program services?	► Yes X No
If 'Yes' enter (i) the aggregate amount of these				amount allocated to Prog	
		to Management and ge			ne amount allocated
to Fundraising \$		z to management arra g		, (,	
Part III. Statement of Program Serv	ice A	ccomplishments			
What is the organization's primary exempt pure	ose?	Private Ado	options		Program Service Expenses
All organizations must describe their exempt p clients served, publications issued, etc. Discus izations and 4947(a)(1) nonexempt charitable t	urpose	achievements in a clea	ar and concise manner	State the number of	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
clients served, publications issued, etc. Discus izations and 4947(a)(1) nonexempt charitable t	s acnie rusts r	evements that are not must also enter the amo	neasurable (Section 50) ount of grants & allocation	(c)(3) & (4) organ- ons to others)	4947(a)(1) trusts but optional for others)
a The organization arranges					
about 30 children each yea				S	
received grants or loans					
7 CCC 1 CC			nd allocations \$	0)	356,010
b		(Grants G			
		(Cranto ar	nd allocations \$		
		(Grants ar	id anocations p		
c					
		(Grants ar	nd allocations \$		
d					
			nd allocations \$)	<u> </u>
e Other program services			nd allocations \$)	
f Total of Program Service Expenses (she	ould ed	qual line 44, column (B)	, Program services)	·····	356,010
ΒΔΔ		TFFA0102	10/03/03		Form 990 (2003)

Part IV Balance Sheets (See Instructions)

Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
	45 Cash – non-interest-bearing	9,990	45	101.
	46 Savings and temporary cash investments		46	
			J	
	47 a Accounts receivable 47 a			
İ	b Less allowance for doubtful accounts 47b		47 c	
	AS a Change recovered		*	
-	48a Pledges receivable b Less allowance for doubtful accounts 48b		40.0	
	49 Grants receivable		48 c	
			45	
A S	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
A S E T S	51 a Other notes & loans receivable (attach sch) 51 a			
s	b Less allowance for doubtful accounts 51b		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
-	54 Investments – securities (attach schedule) Cost Cost FMV		54	
	55a Investments – land, buildings, & equipment basis 55a 55a			
	b Less accumulated depreciation		:332	
	(attach schedule) 55b 56 Investments – other (attach schedule)		55 c	
	57a Land, buildings, and equipment basis 57a 94,500.		 	
	b Less accumulated depreciation (attach schedule) L-57 Stmt 57b 92,670.	5,648.	57 c	1,830.
	58 Other assets (describe ► See Line 58 Stmt)	27,845	58	12,481
	59 Total assets (add lines 45 through 58) (must equal line 74)	43,483.	59	14,412
	60 Accounts payable and accrued expenses	3,648	60	5,325.
Ļ	61 Grants payable		61	
L A B	62 Deferred revenue		62	
Ļ	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63 64 a	
L	64a Tax-exempt bond liabilities (attach schedule)	36,126.	64 b	32,310
E S	 b Mortgages and other notes payable (attach schedule) 65 Other habilities (describe ► See Line 65 Stmt) 	27,445.	65	12,481
	66 Total liabilities (add lines 60 through 65)	67,219.	66	50,116
-	Organizations that follow SFAS 117, check here ► X and complete lines 67	<u></u>		
E N	through 69 and lines 73 and 74			
- 1	67 Unrestricted	-23,736.	67	-35,704
ASSETS	68 Temporarily restricted		68	
	69 Permanently restricted		69	
R	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74			
FUZD	70 Capital stock, trust principal, or current funds		70	<u> </u>
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
F F	72 Retained earnings, endowment, accumulated income, or other funds		72	
BALAZCES	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	-23,736.	73	-35,704
Š	74 Total liabilities and net assets/fund balances(add lines 66 and 73)	43,483	74	14,412

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

 			-		
 75	Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related of	and all related organizations	e compensation of mor	e ▶ [↑Yes X No

\$10,000 from your organization and all related organizations, of which more the \$10,000 was provided by the related organizations?

If 'Yes,' attach schedule—see instructions

Pa	nt VID 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		
77	Were any changes made in the organizing or governing documents but not reported to the IRS?					
	If 'Yes,' attach a conformed copy of the changes		î xel	X		
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?						
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		_X		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X		
	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80 a		X		
b	If 'Yes,' enter the name of the organization		1			
01.	and check whether it is exempt or nonexempt		4			
	Enter direct and indirect political expenditures See line 81 instructions 81a 0	`	10 TE	ENERA LED		
	Did the organization file Form 1120-POL for this year?	81 b	5/802 de 1	X		
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a		X		
t	olf 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)					
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 contributions?	83b	X			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a		X		
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	ř.			
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?						
Ŀ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b				
	If 'Ycs' was answered to either 85a or85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year					
c	Dues, assessments, and similar amounts from members 85c					
c	Section 162(e) lobbying and political expenditures					
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e]	100			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f					
ç	Does the organization elect to pay the section 6033(e) tax on the amount on line 851?	85 g		<u></u>		
ŀ	n If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h				
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12					
		-				
	of Gross receipts, included on line 12, for public use of club facilities 501(c)(12) organizations Enter a Gross income from members or shareholders 87a	\dashv	14			
		┪				
	oGross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b	_	Ž	, i		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Part IX	88		×		
89 8	a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under		2 1	3.5		
	section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0		3			
1	• 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	891		X		
•	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.		
	d Enter Amount of tax on line 89c, above, reimbursed by the organization					
	a List the states with which a copy of this return is filed Louisiana		-			
	2 Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	901	oj	3		
	The books are in care of ► Anne Hughes Telephone number ► (225) 272		 -			
	Located at ► 15254 Old Hammond Highway Baton Rouge LA Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu o Form 1041 — Check here			 -		
92	and enter the amount of tax-exempt interest received or accrued during the tax year 92					

× 25 1 1 1 2	Analysis of meetine i rough	oning Activit	000 (000 111	Judenons /			
Note: Enter	r gross amounts unless		d business i			ection 512, 513, or 514	- \ \ \ \ \ \ \
otherwise ii		(A) Business code	(E Amo	i) Junt	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Pro	gram service revenue	Business state			Exclusion dode	Amount	Turiction income
	ofessional Fees	624000			i		217,308
	ternational Fees	624000					90,775.
	st Placement	624000					7,735
	plication Fees	624000					3,925.
	e Program Service Revenue Stmt	02 100					24,299.
	dicare/Medicaid payments		-				24,233.
q Fees	& contracts from government agencies						
_	mbership dues and assessments						
	est on savings & temporary cash invmnts						
96 Divi	idends & interest from securities						
97 Net r	rental income or (loss) from real estate	# 30 at 1 at		`	10 to		
a deb	t-financed property						
b not	debt-financed property						
98 Net r	rental income or (loss) from pers prop						
	er investment income						
100 Gair othe	n or (loss) from sales of assets er than inventory						
101 Net i	income or (loss) from special events						
	s profit or (loss) from sales of inventory						
103 Oth	er revenue a			6 AS 4 S W			A.A. (4) 11/06 AV
b						~	
c							
d						_	
e		**************************************			A war allow		
	total (add columns (B), (D), and (E))	The STEEL SE					344,042
	al (add line 104, columns (B), (D), 105 plus line 1d, Part I, should eq		t on 1:00 12	Dort I		_	344,042.
	Relationship of Activities				omnt Burnos	06 (Caa unatuuntana)	
	<u> </u>						
Line No. ▼	of the organization's exempt purp	oses (other th	an by provi	ding funds	for such purpose	es)	ne accomplishment
93	The organization arra	nges for	the pri	vate <u>ad</u>	loption of	children	
	Income consists of pa	yments of	expens	es dire	ctly assoc	nated with	
	adoptions						
Part IX	Information Regarding Tax	xable Subsi	diaries ar	nd Disrec	arded Entitie	S (See instructions)	N/A
	(A)	(B)		(0		(D)	(E)
Name	, address, and EIN of corporation,	Percentag	e of			Total	End-of-year
	rtnership, or disregarded entity	ownership ir		Nature of	activities	ıncome	assets
			%				
			%				
			%				
			-%				
Dart Y	Information Regarding Tra	ansfers Ass	ociated w	ith Perso	onal Benefit	Contracts (See insti	ructions)
Fait V		funds directly or i	ndirectly, to pay	premiums or	n a personal benefit i	contract?	Yes X No
	e organization, during the year, receive any	unds, uncour or r					Yes X No
a Did the	e organization, during the year, receive any the organization, during the year, p		directly or ii	ndirectly, oi	n a personal ber	nefit contract?	∐ Yes X No
a Did the b Did tl	he organization, during the year, p	ay premiums,	•	-	n a personal ber	nefit contract?	res
a Did the b Did tl	he organization, during the year, p If 'Yes' to (b), fi l e Form 8870 and Fo	ay premiums, orm 4720 (see	instru <u>ctions</u>)	·	_	
a Did the b Did tl Note: /	he organization, during the year, p	ay premiums, orm 4720 (see	instru <u>ctions</u>)	·	_	
a Did the b Did tl	he organization, during the year, p If 'Yes' to (b), fi l e Form 8870 and Fo	ay premiums, orm 4720 (see	instru <u>ctions</u>)	·	ments and to the best of my ler has any knowledge	
a Did the b Did tl Note: /	he organization, during the year, p If 'Yes' to (b), fi l e Form 8870 and Fo	ay premiums, orm 4720 (see	instructions return, including officer) is base	accompanying d on all inform	g schedules and state ation of which prepare	_	
a Did the b Did tl Note: /	he organization, during the year, p If 'Yes' to (b), fi l e Form 8870 and Fo	ay premiums, orm 4720 (see	instructions return, including officer) is base)	g schedules and state ation of which prepare	ments and to the best of my ler has any knowledge	
a Did the b Did tl Note: /	he organization, during the year, p If 'Yes' to (b), fi l e Form 8870 and Fo	ay premiums, orm 4720 (see	instructions return, including officer) is base	accompanying d on all inform	g schedules and state ation of which prepare	ments and to the best of my ker has any knowledge 11/10/04 Date	

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.)

2003

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.

Beacon House <u>Adoption</u> Services, I	nc		72-1159061	number
Part Compensation of the Five High	est Paid Employees Othe	er Than Officers	Directors and	Trustees
(See instructions List each one If there	e are none, enter 'None ')	or rinan Officers,	Directors, and	าานอเซซอ
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid	Non	le de la companya de		
over \$50,000 Part Compensation of the Five High (See instructions List each one (wheth	est Paid Independent Co	entractors for Pro	fessional Servi	
(a) Name and address of each independent cont	ractor paid more than \$50,000	(b) Type	of service	(c) Compensation
None		-		
		-		
		_		
		_		
		2: 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	~	
Total number of others receiving over \$50,000 for professional services	Nor	ne	etter ingt in special	

3011	cauic	72-115906	1	<u> </u>	age 2
Pä	rt (III)	Statements About Activities (See Instructions)	-	Yes	No
1	or ir	ing the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid in connection with the lobbying activities * * * * * * * * *			
		st equal amounts on line 38,Part VI-A, or line i of Part VI-B)	1		X
	Orga orga lobb	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities.			÷
2	taxa	ing 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 able 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)			
	a Sale	e, exchange, or leasing of property?	2 a	Mai Dia	X
	b Len	ding of money or other extension of credit?	2 b		Х
	c Furr	nishing of goods, services, or facilities?	2 c		X
	d Pay	See Part V, Form 990 ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	X	
	e Trar	nsfer of any part of its income or assets?	2 e		X
3	a Do y exp	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an lanation of how you determine that recipients qualify to receive payments)	3 a		×
	b Do y	you have a section 403(b) annuity plan for your employees?	3b		Χ
4	Did on t	you maintain any separate account for participating donors where donors have the right to provide advice he use or distribution of funds?	4		X
Ρå	rt.IV.	Reason for Non-Private Foundation Status (See instructions)			
5 6 7 8 9 10 11 11 12	a b	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) 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 (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 Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.) A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.) 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 to the support of the sup	n 170(public d gros	(b)(1)(c)	
13		organization after June 30, 1975. See section 509(a)(2). (Also complete the support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports or 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)(3).	ganıza 2) (Se	itions ee	
		Provide the following information about the supported organizations (See instructions)			
		(a) Name(s) of supported organization(s)		ine nu im abo	
1.4		An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)			
_14		An organization organized and operated to test for public safety. Section 303(a)(4) (See instructions.)	Eorm !	000 E	7) 201

Schedule A (Form 990 or 990-EZ) 2003 Beacon House Adoption Services, Inc 72-1159061 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 **(b)** 2001 (e) Total beginning in) Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) 15 Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose 327.014. 238,977 565,991. 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 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 capital assets 238,977 Total of lines 15 through 22 327,014 565.991 24 Line 23 minus line 17 0 0 0 3,270 2,390 25 Enter 1% of line 23 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 1999 through 2002 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 d Add Amounts from column (e) for lines 18 19 22 26 b 26 d 26 e e Public support (line 26c minus line 26d total) % f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 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 (2001) (2001) (1999) (1999) bFor 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 targer 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 i(1) or (2), enter the sum of these differences (the excess amounts) for each year ____ (2001) _ _ _ c Add Amounts from column (e) for lines 15 16 565,991 565,991. 20 21 27 c 0. 27 d 0 and line 27b total d Add Line 27a total 27 e 991 565, e Public support (line 27c total minus line 27d total) f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 565.991. 100 00 % g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27 h

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

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

		N/A		
			Yes	No
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	888 -at. 11.	4 9h. 1.960
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	e de	
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		V
1	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
,	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33 b		_
	c Employment of faculty or administrative staff?	33 c		-
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		_
	f Use of facilities?	33 f		1
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33h		1 m 18
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
			1° £''	AM I
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 2		<u> </u>
	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34 b		
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	35	\$- * **	

Lobbying Expenditures by Electing Public Charities (See instructions)

		(16 be completed citz) an		at filed rottil 57	00)			
Chec	k ► a	If the organization belongs	to an affiliated group	Check ► b	ıf yo	u check	ed a' and 'limited contr	ol' provisions apply
		Limits on Lo	bbying Expenditure means amounts paid of				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lo	obbying expenditures to influen	ce public opinion (grassi	roots lobbying)		36		0
37	Total lo	obbying expenditures to influen	ce a legislative body (dii	rect lobbying)		37		
38	Total Id	obbying expenditures (add lines	36 and 37)			38		0.
39	Other (exempt purpose expenditures				39		
40	Total e	exempt purpose expenditures (a	dd lines 38 and 39)			40		0.
42 43 44	Not over \$50 Over \$5, Over \$1, Over \$1, Over \$ Grassr Subtra	ng nontaxable amount Enter the smount on line 40 is— er \$500,000 00,000 but not over \$1,000,000 000,000 but not over \$1,500,000 500,000 but not over \$17,000,000 017,000,000 oots nontaxable amount (enter ct line 42 from line 36 Enter -0 ct line 41 from line 38 Enter -0 m: If there is an amount on eith	The lobbying nonta 20% of the amount \$100,000 plus 15% of the \$175,000 plus 10% of the \$225,000 plus 5% of the \$1,000,000 25% of line 41) If line 42 is more than If line 43 or line 44, you	taxable amount t on line 40 he excess over \$500, he excess over \$1,00 e excess over \$1,500 he line 36 he line 38 he must file Forn	000 0,000 0,000 0,000	42 43 44		0. 0. 0. 0
		(Some organizations that	I -Year Averaging F made a section 501(h) e See the instruction	election do not l	nave to	complete	(h) e all of the five column	s below

		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))				20-100 Subsection 10-100				
50	Grassroots lobbying expenditures								

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

N/A

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 through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.
- I Total lobbying expenditures (add linesc through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities	If 'Yes' to any o	of the above	, a <u>l</u> so attach a	statement of	giving a detailed	description of	t the lo	obbying activities
--	-------------------	--------------	--------------------------	--------------	-------------------	----------------	----------	--------------------

Yes	No	Amount	
<u> </u>	<u> </u>		Å.
<u> </u>			-
	000 m. 100 m. 100		
90.00	27,83	·	_

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

	Exempt Organization	JIS (See III:	structions)				
51 Did th of the	e reporting organization (Code (other than section	directly or in n 501(c)(3) o	directly engage in any of the following rganizations) or in section 527, relative to the following section 527, relative to 527, rela	ng with any other organization descri	bed in sect	юп 50	1(c)
a Trans	fers from the reporting or	ganization to	o a noncharitable exempt organizati	on of		Yes	No
(1) C:	ash				51 a (i)		X
(II) O	ther assets				a (iı)		X
b Other	transactions						
(ı) S:	ales or exchanges of ass	ets with a no	oncharitable exempt organization		b (i)		Χ
(II) PI	urchases of assets from a	a noncharital	ble exempt organization		b (iı)		X
(iiı)Re	ental of facilities, equipm	ent, or other	assets		b (III)		X
(IV)R	eimbursement arrangeme	ents			b (iv)		Х
(v) Lo	oans or loan guarantees				b (v)		X
(vi)Po	erformance of services or	membershi	p or fundraising solicitations		b (vi)		X
c Sharir	ng of facilities, equipment	t, mailing lis	ts, other assets, or paid employees		С		Χ
d If the the go any tr	answer to any of the abo oods, other assets, or ser ansaction or sharing arra	ive is 'Yes,' o vices given l ingement, sh	complete the following schedule. Co by the reporting organization. If the now in column (d) the value of the gi	lumn (b) should always show the fair organization received less than fair n oods, other assets, or services receiv	market val narket value red	ue of	
(a)	(b)	 	(c)	(d)			
Line no	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, ar	id sharing arra	ngemen	ts
		- -					
	- "						
							
					-		
							
							
*			· ·			_	
	e organization directly or in the in section 501(c) of s,' complete the following		iliated with, or related to, one or mo ther than section 501(c)(3)) or in sec	re tax-exempt organizations ction 527?	► [] Ye	es X	No
	(a) Name of organization		(b) Type of organization	(c) Description of relat	ionship		
	-						
			100				
						_	
			 				
			<u> </u>				
				<u> </u>			

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
Contract Labor Insurance-Other Licenses Miscellaneous Office Utilities Bonuses Communications Dues & Subscriptions Entertainment Marketing	14,532. 8,208 1,962. 1,191 13,400 1,730 15,273. 14,964. 280. 241. 20,000.	14,532. 8,208 1,962. 1,191. 13,400 1,730 15,273. 14,964. 280. 241 20,000.	0 0. 0. 0 0 0. 0. 0. 0.	0 0. 0. 0 0 0 0 0 0 0. 0.
Seminar Special Expense Other Direct Costs	2,002. 1,584. 1,492.	2,002. 1,584 1,492.	0.	0.
Total	96,859.	96,859.	<u> </u>	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
Equipment Furniture Leasehold Improvements Vehicle	69,959. 19,992. 1,549 3,000.	68,129. 19,992. 1,549. 3,000.	1,830. 0. 0.
Total	94,500.	92,670.	1,830.

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Deposits Cash-Escrow Account	400 27,445	12,481.
Total	27,845	12,481

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year	
Birth Mother Costs Advanced	27,445.	12,481	

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Continued

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Total	27,445	12,481

Form 990, Page 6, Part VII, Line 93 **Program Service Revenue Stmt**

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	(E) Related or exempt function income
Program service revenue Home Study Other Revenue	624000				14,400. 9,899.

Total <u>24, 299.</u>

Supporting Statement of:

Form 990 p 2/Line 37 column (A)

Description	Amount
Lease-equipment Repairs	1,146. 798.
Total	1,944.

Supporting Statement of:

Form 990 p 2/Line 37 column (B)

Description	Amount
Lease-Equipment Repairs	1,146 798.
Total	1,944.