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

2002

Department of the Treasury Internal Revenue Service

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

Public Public

Α	For th	ne 2002	calend:	ar year, or	tax year beginning		and e	nding			
		k if appl			C Name of organization	1			D Employer Identific	ation nu	mber
	Addre	ss cha	nge	Please use IRS	HEART TO HEART A	DOPTION SERVICES			25-1805611		
╗	Name	chang	e	label or print or		box if mail is not delivered to street ad	dress) F	Room/suite	E Telephone number	· ·	
	i	return	_	type See	 FOXLURE BUILDING	, 504 BENNER PIKE, PO	BOX 5f				
	Final	return		Specific Instruc-	City or town	State or cou		7 + 4	F Accounting method		ash X Accrual
	Amen	ded ret	urn	tions	BELLEFONTE	PA	16	823	Other (specify)	\	
	Applic	ation p	ending	Section		d 4947(a)(1) nonexempt charita			ot applicable to section 5	27 organ	izations
_		•	J			hedule A (Form 990 or 990-EZ)			s a group return for affiliate		Yes X No
G	Web	site	•						es " enter number of aff	_	
	-							H(c) Are	all affiliates included?	Г	Yes No
J	ORGA	NIZATIO	N TYPE	(check only o	one) ► X 501(c)(3)	¶ (Insert no)	₹ 527	. , , -	No attach a list See in:	ـــا structions	
				1				_			•
n	Check		ed not file			ormally not more than \$25 000. The connective of the connection received a Form 990 Package			is a separate return filed	t by an <u>or</u>	7 5
	mail it	should f	file a retun	n without fina	ancial data SOME STATES F	REQUIRE A COMPLETE RETUR	N		ered by a group ruling?		Yes X No
_									er 4-digit GEN		
					_			M Che	ck X if the organ	zation is	NOT required
					and 10b to line 12	<u> </u>	204,221		ttach Sch B (Form 990	AAN-FZ	or 990-PF)
<u>ra</u>	配曲					Assets or Fund Balance	es (See	page 17 of	the instructions)	*****	
		1			gifts, grants, and simila	r amounts received					
		а		t public si				<u>1a</u>			
		b		ct public				<u>1b</u>			
		C	Gove	mment co	ontributions (grants)			1c	<u> </u>		
		d	I TOTA	AL (add lir	nes 1a through 1c) (cas	sh \$	noncas	sh \$)	1d	25
		2				overnment fees and contra	acts (from F	Part VII, line	93)	2	<u>198,951</u>
		3			ues and assessments					3	
	ł	4			ings and temporary ca					4	324
		5	-		interest from securities	5		1.	1	5	
		6 a		s rents				<u>6a</u>	•		
	ŀ	b		rental ex	·			6b	<u>l</u>		
		_ c			me or (loss) (subtract I	•				6c	0
		7			ent income (describe)	7	
	3	8 a			from sales of assets of	her	(A) Secu	T T	(B) Other		
	Revenue			inventory				8a			
1	§	b			ther basis and sales ex	крепѕеѕ		8b			
		C			attach schedule)		L	0 8c	0	7///4	
	1	_			ss) (combine line 8c, co					8d	0
	- 1	9	-		and activities (attach s	schedule)	_ =				
	ļ	а			(not including \$_		25		1		
		,			eported on line 1a)	1		9a			
3]				penses other than fund		l ^-\	9b	8,382		
V	1		Net in	icome or	(ioss) from special eve	nts (subtract line 9b from	iine 9a)	ء، ا	I	9c	-3,461
		10 a	1 01089	sales of	inventory, less returns oods sold	and allowing CEIV	ED 3	10a			
ELC C		b		3				10t			
5	ļ	11				ento (cattach schedule)		ie 100 irom	line 10a)	10c	0
]	12	TOTA	Tevenue	(from Part VII, line 103	NOV 1 7 2 4, 5, 6c, 7, 8d, 9c, 10c, 6	003IXI			11	405.000
_		13			ces (from lines 10, 2, 3					12	195,839
	<u> </u>	14	Mono	am servic	res (nom mie 44, colun	4, colum QGDEN,	UTS			13	196,361
¥	ž	15	Fundi	raieine 11. a	om line 44, selves 40	A COMMINICATE OF				14	0
	B .	16			om line 44, column (D) ffiliates (attach schedu					15	0
Ū.	ן נ	17			illiates (attach schedu ISES (add lines 16 and					16	100.001
		18				oct line 17 from line 12)				17	196,361
	56	19				ning of year (from line 12)	column /A\	A.		18	-522
	Het Assets	20				ning or year (from line 73, palances (attach explanati		''		19 20	34,245
	ž	21				f year (combine lines 18, 1				21	33,723
_					n Act Notice, see the se		13, and 20)				<u>33,723 </u>
(HT.	~)	TOL FO	PCI WUIT	, neuuciio	m ACI NOLICE. SEE INE SE	Darate Instructions				FOR	n 33U (2002)

	990 (2002) HEART TO HEAR	RT ADO	PTION SERVIC	ES	25-180561	1 Page 2
Partil	Statement of All organizations must complete colum and section 4947(a)(1) nonexempt cha					(4) organizations
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program senrices	(C) Managemen and general	(D) Fundraising
22	Grants and allocations (attach schedule)	77				
	(cash \$ noncash \$) 22	0			X/////////////////////////////////////
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)	24	0	74 400		
25 26	Compensation of officers, directors, etc	25	71,100			<u> </u>
26 27	Other salaries and wages	26 27	15,7 <u>35</u>			
28	Pension plan contributions Other employee benefits	28	<u>0</u>			+
29	Payroll taxes	29	6,643	6,643		
30	Professional fundraising fees	30	0,040			
31	Accounting fees	31	5,941	5,941		
32	Legal fees	32	0			
33	Supplies	33	0			
34	Telephone	34	7,960	7,960		
35	Postage and shipping	35	2,272	2,272		
36	Occupancy	36	0			
37	Equipment rental and maintenance	37	2,516			<u> </u>
38	Printing and publications	38	2,164			
39	Travel	39	8,425			
40 41	Conferences, conventions, and meetings	40	700			
42	Interest Depresenting depletion at (attach schodule)	41	2 404			
43	Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize) a	43a	3,494 0			
_	SEE ATTACHED SCHEDULE	43b	69,411			
	GEE ATTACHED GOTTEDGEE	43c	09,411			
d		43d	0			
0		43e	0		<u> </u>	
f		43f	0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	44	196,361	196,361		0 0
JOINT	COSTS Check ▶ if you are following SOP 98-2					· —— ·
	y joint costs from a combined educational campaign and fundraising s					Yes X No
	* enter (i) the aggregate amount of these joint costs \$					s ,
	amount allocated to Management and general \$			ount allocated to f	Fundraising \$	
Part,	Statement of Program Service Accomplishments	(See p	age 24 of the ii	nstructions)		Program Service
	is the organization's primary exempt purpose? ADOPTION					Expenses
	anizations must describe their exempt purpose achievements in a clear					equired for 501(c)(3) and (4) orgs and 4947(a)(1)
	nts served publications issued, etc. Discuss achievements that are no zations and 4947(a)(1) nonexempt chantable trusts must also enter the				.	trusts but optional for others.)
					•	.
	<u>/E PROVIDE ADPOTION PLACEMENT SERVICES FOR DON OME STUDIES ARE PERFORMED TO DETERMINE SUITAB</u>				KEN	
	PPROX 40-50 ADOPTIONS WERE INITIATED IN 1999	i <u>Liti (i</u>	ADOF HING H	OIVIC		
	THE STATE OF THE S	(Gra	ents and allocat	ions \$	1	196,361
b		1				
_						
	· · · · · · · · · · · · · · · · · · ·	(Gra	ents and allocat	ions \$)	
c						
_						
	<u> </u>					
		(Gra	ants and allocat	ions \$)	
a_						
				· · · · · · · · · · · · · · · · · · ·		
_		IG-	ants and allocat	ione \$		
e 0	ther program services (attach schedule)		ants and allocat			
	OTAL OF PROGRAM SERVICE EXPENSES (should equal lin				•	196,361

Part IV Balance Sheets (See page 24 of the instructions) Note Where required, attached schedules and amounts within the description (A) (B) Beginning of year End of year column should be for end-of-year amounts only 45 2,722 45 Cash - non-interest-bearing 12.299 46 Savings and temporary cash investments 46 5,915 47 a Accounts receivable 47a 18.761 47b 12.854 b Less allowance for doubtful accounts 47¢ 18.761 48 a Pledges receivable 48a b Less allowance for doubtful accounts 48b 48c 0 49 Grants receivable 49 50 Receivables from officers, directors, trustees, and key employees (attach schedule) 50 51 a Other notes and loans receivable (attach schedule) 51a **b** Less allowance for doubtful accounts 51b O 51c 0 52 Inventories for sale or use 53 Prepaid expenses and deferred charges 53 54 Investments - securities (attach schedule) Cost |FMV 0 54 0 55 a Investments - land, buildings, and 55a equipment basis b Less accumulated depreciation (attach 55b schedule) 0 55c 0 56 0 56 Investments - other (attach schedule) 0 57 a Land, buildings, and equipment basis 57a 17,570 b Less accumulated depreciation (attach 57b 12,034 schedule) 9,030 57c 5,536 58 2,798 1,493 TOTAL ASSETS (add lines 45 through 58) (must equal line 74) 36.981 34.427 60 Accounts payable and accrued expenses 60 61 Grants payable 61 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees (attach schedule) 63 64 a Tax-exempt bond liabilities (attach schedule) 0 64a 0 b Mortgages and other notes payable (attach schedule) 0 64b 0 65 Other liabilities (describe ► PAYROLL TAXES PAYABLE 2.736 65 704 TOTAL LIABILITIES (add lines 60 through 65) 2,736 66 704 Organizations that follow SFAS 117, check here | X | and complete lines 67 through 69 and lines 73 and 74 67 Unrestricted 34.245 67 33,723 Net Assets or Fund Balances 68 Temporarily restricted Permanently restricted 69 Organizations that do not follow SFAS 117, check here | and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 Retained earnings, endowment, accumulated income, or other funds 72 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) 73 TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)

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.

	90 (2002)			1127111 10 112		AL	JOH HON SEKA	1CES 25-1805611		Page 4
Part IV	Reconciliation of Revenue	per A	ludite	ed	Pa	rt IV	B Reconci	liation of Expenses per	Audit	ed
	Financial Statements with	Revei	ոսթ բ	per			Financia	il Statements with Expe	nses	per
	Return (See page 26 of the	einstr	uctio	ns)	L		Return			•
2	Total revenue gains, and other support				ā		Tutal expenses	and losses per		
	per audited financial statements	- ▶	а	203,897			audited financia		a	204,743
b	Amounts included on line a but not				ь			led on line a but not	77///	
	on line 12, Form 990				_		on line 17, For			
	Net unrealized gains					/41	Donated service			
	on investments					117				
						رم،	and use of facil	<u> </u>		
• •	Donated services and					(2)	Prior year adjus			
	use of facilities \$						reported on line	e 20,		
(3)	Recoveries of prior						Form 990	\$		
	year grants \$					(3)	Losses reporte	d on		
(4)	Other (specify)						line 20, Form 9			
						(4)	Other (specify)			
-	<u> </u>					` '	(op-on-y)			
•	Add amounts on lines (1) through (4)	→	b	0						
	Add amounts on tines (1) billough (4)			0			A 3 3 3 3 3 3 3	<u> </u>		
_	Luca a musus bus b		_	000 007				lines (1) through (4)	b	0
C	Line a minus line b	•		203,897	С		Line a minus lir		C	204,743
	Amounts included on line 12,				d		Amounts includ	•		
	Form 990 but not on line a						Form 990 but n	ot on line a		
(1)	Investment expenses					(1)	Investment exp	enses		
	not included on line						not included on			
	6b, Form 990 \$						6b, Form 990	•		
	Other (specify)					/21	Other (specify)			
	INTEREST				i	(~)	Other (specify)			
		204								
-	INCOME \$	324								
	Add amounts on lines (1) and (2)	•	d	324	ŀ			n lines (1) and (2) ►	d	0
0	Total revenue per line 12, Form 990)			θ		Total expenses	per line 17, Form 990		
<u>.</u>	(line c plus line d)	▶	Θ	204,221			(line c plus line	d) >	е	204,743
Part V	List of Officers, Directors,	Frust	ees,	and Key Emplo	yee	S	(List each one	even if not compensated,	see	
	page 26 of the instructions)						•			
		_				IC:	Compensation	(D) Contributions to	/6	E) Expense
	(A) Name and address			d average hours p			IF NOT PAID,	employee benefit plans &		ount and other
	(, , , , , , , , , , , , , , , , , , ,	W	eek d	evoted to position		١ '	ENTER -0-)	deferred compensation		allowances
CHDIC	SCAFF	DDC	CIDE	NT				doloned compensation		anowances
		PRE	シロレロ	INI						
								_		
IE VIVII	AST VALLEY RD, LOGANTON, PA			_			36,100	0		0
	ER HOLDREN	EXE	CUTI	VE			36,100	0		0
		EXE	CUTI	VE			36,100 35,000	0		0
1221 D	ER HOLDREN	EXE(CUTI	VE				0		
1221 D ERNES	ER HOLDREN OTTERER RD, MILL HALL, PA 17 ST STUMP	EXE DIRE BOA	CUTI	VE PR				0 0		0
1221 D ERNES 1400 N	ER HOLDREN OTTERER RD, MILL HALL, PA 17 ST STUMP ORTH JUNIATA ST, HOLLIDAYSB	DIRE BOA	CUTI CTC RD M	VE DR MEMBER			35,000			
1221 D ERNES 1400 N ANNE	ER HOLDREN OTTERER RD, MILL HALL, PA 17 ST STUMP ORTH JUNIATA ST, HOLLIDAYSB PENO	EXE DIRE BOA BOA	CUTI CTC RD M	VE PR			35,000 0	0		0
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Fori	m S	990 (2002) HEART TO HEART ADOPTION SERVICES 25-1805611			Pag	je 5
Par	ŧγ	Other Information (See page 27 of the 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	5?	77		Х
		If Yes, attach a conformed copy of the changes			XIIII	
78	а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	this return?	788	<u> </u>	_X
	b	If "Yes," has it filed a tax return on FORM 990-T for this year?		78t	<u> </u>	
79		Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attac	h a statement	79	1	Х
80	а	Is the organization related (other than by association with a statewide or nationwide organization) through	common		D(/////	
		membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		808	1	X
	b	If "Yes," enter the name of the organization ▶		<i>\\\\\</i>	<i> }{ </i>	
		and check whether it isexempt OR	nonexempt			
81	а	Enter direct or indirect political expenditures. See line 81 instructions	81a		/X/////	
	þ	Did the organization file FORM 1120-POL for this year?		811	<u> </u>	
82	а	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	14/////	X
	b	If "Yes," you may indicate the value of these items here. Do not include this amount	1 1			
		as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		D(III)	
83		Did the organization comply with the public inspection requirements for returns and exemption	* *	838		
		Did the organization comply with the disclosure requirements relating to quid pro quo contribu	tions?	836		
84		Did the organization solicit any contributions or gifts that were not tax deductible?		848	,,,,,,,	X
	D	If "Yes," did the organization include with every solicitation an express statement that such con	ntributions			//////
0.5		or gifts were not tax deductible?	0	841		!
85		501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by member	ers /	858		
	D	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	the	851		
		If "Yes" was answered to either 85a or 85b, DO NOT complete 85c through 85h below unless organization received a waiver for proxy tax owed for the prior year	uie	<i>\(\(\) \(\)</i>	<i> }{ </i>	
	_	Dues, assessments, and similar amounts from members	85c	<i>\(\(\) \(\)</i>	/////	
		Section 162(e) lobbying and political expenditures	85d	— <i>{///</i>	/X////	
		Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		<i> }} </i>	
		Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		<i> }} </i>	
		Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		859	1	,,,,,,
		If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amou	nt on line 85f to			
		its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures				
		following tax year?		851	<u> </u>	
86		501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		//////	
	þ	Gross receipts, included on line 12, for public use of club facilities	86b		//////	
87		501(c)(12) orgs Enter a Gross income from members or shareholders	87a		//////	
	Ь	Gross income from other sources (Do not net amounts due or paid to other	1		<i> }} </i>	
		sources against amounts due or received from them)	87b		D\$[[][]	
88		At any time during the year, did the organization own a 50% or greater interest in a taxable co	•			1
		partnership, or an entity disregarded as separate from the organization under Regulations sec	ctions			
00	_	301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88	dum	VIIII
09	а	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year unit			//////	
	h	section 4911 ► NONE , section 4912 ► NONE , section 4955 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit			(X(////	
		during the year or did it become aware of an excess benefit transaction from a prior year? If "			ŀ	
		a statement explaining each transaction	ics, allacii	89	, }	x
	c	Enter Amount of tax imposed on the organization managers or disqualified persons during the	e vear under	03		
	•	sections 4912, 4955, and 4958	o year ander	► NONE		
	А	Enter Amount of tax on line 89c, above, reimbursed by the organization		► NONE	-	
۵n				NONL		
30		List the states with which a copy of this return is filed NONE		l oor l		
64		Number of employees employed in the pay period that includes March 12, 2002 (See instruction of the pay period that includes M	•	905	40	4
91				<u>14) 355-43</u>	10	
		Located at ► FOXLURE BLDG,504 BENNER PIKE, PO BOX 56, BELLEFONTE, PA ZIP +				
92		Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check	here		▶_	J
_		and enter the amount of tax-exempt interest received or accrued during the tax year		92		

orm	990	(2002))

Form 990 (2002	2)	HEART TO HEAR	T ADOPTION	SERVICES	25-1805611	Page 6
Part VIII Aı	nalysis of Income-Producing A	ctivities (See pag	je 31 of the ins	structions)		
Note Enter gro	oss amounts unless otherwise	Unrelated busin	ness income	Excluded by section	512 513 or 514	(E)
ndicated		(A)	(B)	(C)	(D)	Related or exempt
93 Program	service revenue	Business code	Amount	Exclusion code	Amount	function income
a POST F	PLACEMENT FEES			_		29,028
	MENT FEES			_	<u> </u>	57,498
	ATION FEE				ļ <u>.</u>	4,800
	STUDY FEES				ļ	16,600
	REVENUE				<u> </u>	8,150
f Medicare.	/Medicaid payments					
-	contracts from government agencies		<u> </u>	<u> </u>	 	
	hip dues and assessments		ļ	<u> </u>	<u> </u>	
	avings and temporary cash investments			14	324	
	s and interest from securities					
	I income or (loss) from real estate			<u> </u>		
	nced property				 -	
	financed property			 	 -	
	come or (loss) from personal property				 - -	
	estment income				 	
	s) from sales of assets other than inventory		<u> </u>		ļ.—·	
4.00	ne or (loss) from special events				 -	-3,461
•	it or (loss) from sales of inventory		\			
103 Other rev			<u> </u>	· 	 	
b <u>DIAKON</u>				 	 	76,005
	RAL PLACEMENT FEE	· · · · · · · · · · · · · · · · · · ·	 	 	 -	6,870
d			 	 	 	
e			 -			105 100
	(add columns (B), (D) and (E))		L	0//////////////////////////////////////	324	195,490
	add line 104, columns (B) (D), and (E		42 Don't		•	195,814
	5 <u>plus line 1d, Part I, should equa</u> elationship of Activities to the <i>l</i>			(6	20 - (45	
						
Line No ▼	Explain how each activity for who of the organization's exempt pur				nportantly to the ac	complishment
93 & 103 & 95	ALL PROCEEDS ARE USED				TON SERVICE A	ND.
101	HOME STUDY EVALUATION		EIGHIOL OF F	TOVIDING ADOP I	TON SERVICE A	
101	TIONE STODY EVALUATION		_ 	<u> </u>		
·	- 					
Part IX In	formation Regarding Taxable S	Subsidiaries and Di	srenarded En	itities (See nage	32 of the instruct	ions)
	(A)	(B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(C)	(D)	(E)
Name a	address, and EIN of corporation,	Percentage	of Nat	ure of activities	Total income	End-of-year
	nership, or disregarded entity	ownership into			1012	assets
·	<u>`</u>		%			
			%			
			%			· -
·		-	%			
Part X In	formation Regarding Transfers	Associated with F		fit Contracts (See	nage 33 of the I	netaictions)
2					.:	
(a) Did the orga	anization, during the year, receive any	funds, directly or indir	ectly, to pay pre	miums on a personal l	penefit contract?	Yes X No
	ganization, during the year, pay pi			a personal benefit co	ontract?	Yes X No
Note If " Yes"	to (b), file Form 8870 AND Form	4720 (see instruction	ons)			
	Under penalties of perjury I declare that I	have examined this return				
			her than officer)	is based on all informatio	n of which preparer ha	s any knowledge
				1.7	11-14-03	
			_	Date		_

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

OMB No 1545-0047

2002

Name of the organization Employer identification number **HEART TO HEART ADOPTION SERVICES** 25-1805611 Part I+ Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions List each one If there are none, enter "None") (a) Name and address of each (b) Title and average (d) Contributions to (e) Expense account employee paid more than \$50,000 hours per week (c) Compensation employee benefit plans & and other devoted to position deferred compensation allowances NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50 000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services

Scl	ned	lle A (Form 990 or 990-EZ) 2002 HEART TO HEART ADOPTION SERVICES 25-1805611		Pa	age 2
Pä	řŧ∤l	Statements About Activities (See page 2 of the instructions)		Yes	No
2	!	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities O(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) Sale, exchange, or leasing of property?	1 2a		×
	b	Lending of money or other extension of credit?	2ь		Х
	С	Furnishing of goods, services, or facilities?	2c		Х
	d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	х	
	0	Transfer of any part of its income or assets?	2е		X
or i	te loa	Does the organization make grants for scholarships, fellowships, student loans, etc? (See NOTE below) Do you have a section 403(b) annuity plan for your employees? Attach a statement to explain how the organization determines that individuals or organizations receiving grants as from it in furtherance of its chantable programs "qualify" to receive payments	3		×
Ρà	rti	Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)			
5 7 8 9 10	a b	A church, convention of churches, or association of churches Section 170(b)(1)(A)(ii) 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 HNAME, CITY, AND STATE An organization operated for the benefit of a college or university owned or operated by a governmental unit Se 170(b)(1)(A)(iv) (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 public 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) X an organization that normally receives (1) MORE THAN 33 1/3% of its support from contributions, membership fees, and gross activities related to its chaniable, etc., functions - subject to certain exceptions, and (2) NO MORE THAN 33 1/3% of its support investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization 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 organization described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test 509(a)(2). (See section 509(a)(3).) Provide the following information about the supported organizations. (See page 5 of the instructions.)	eral es rece t from after of sec	ipts froi gross June 30 ction	
		(a) Name(s) of supported organization(s) from ab			•
14		An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instruction	ns)		•
			•		

ant I	V:A Support Schedule (Complete only if you che You may use the worksheet in the instructions for con		•			OUNTING
	ndar year (or fiscal year beginning in)	(a) 2001_	(b) 2000	(c) 1999	(d) 1998	(e)_Total
15	Cifts, grants, and contributions received (Do	(8) 2001	(8) 2000	(0) 1000	(0) 1000	(0)_10(8)
•	not include unusual grants. See line 28.)	70	11,133	9,623		20,826
16	Membership fees received					0
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of	i				
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose	152,325	183,191	77,187	16,484	429,187
18	Gross income from interest, dividends	1		•		
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and					į
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired		ì			
	by the organization after June 30, 1975	52				<u>5</u> 2
19	Net income from unrelated business					
	activities not included in line 18					0
20	Tax revenues levied for the organization's					1
	benefit and either paid to it or expended on	}				
	its behalf					0
21	The value of services or facilities furnished to	:				
	the organization by a governmental unit		ļ		ļ	İ
	without charge. Do not include the value of					
	services or facilities generally furnished to the					
	public without charge					0
22	Other income Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets					0
23	Total of lines 15 through 22	152,447	194,324	86,810	16,484	450,065
24	Line 23 minus line 17	122	11,133	9,623	0	*************
25 26	Enter 1% of line 23	1,524	1,943	868	165	
26	ORGANIZATIONS DESCRIBED ON LINES 10 OR 11 a				26a	
E.	Prepare a list for your records to show the name of and amo			=	V/////	
	unit or publicly supported organization) whose total gifts for	-		unt snown in line :	1	911111111111111111111111111111111111111
_	DO NOT FILE THIS LIST WITH YOUR RETURN Enter the		ess amounts		26b	
	Total support for section 509(a)(1) test. Enter line 24, column	• •	0		26c	
C			<u> </u>		7////	
_	22	<u>0</u> 26b _	<u> </u>		26d	0
f	 Public support (line 26c minus line 26d total) PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATION) 	OD) DIVIDED OV LII	NE 260 (DENOM	INIATORN	26e 26f	0 00%
27		ounts included in line				
	person," prepare a list for your records to show the name of				•	
	DO NOT FILE THIS LIST WITH YOUR RETURN Enter the		•	ear nom, each or	squaimed person	
	SO NOT FILE THIS CIST WITH FOOR REPORT EITER WE	Sum of Sport arrivari	w for each year			
	(2001) 0 (2000)	0 (199	99)	0	(1998)	0
b	For any amount included in line 17 that was received from e	ach person (other th	an "disqualified pe	ersons"), prepare	a list for your reco	ords to
	show the name of, and amount received for each year, that	was more than the L	ARGER of (1) the	amount on line 2	5 for the year or (2) \$5,000
	(Include in the list organizations described in lines 5 through	11 as well as indivi	duals) DO NOT F	FILE THIS LIST W	ITH YOUR RETU	JRN After
	computing the difference between the amount received and	the larger amount de	escribed in (1) or ((2), enter the sum	of these difference	es (the
	excess amounts) for each year					
	(2001) (2000)	<u>0</u> (19:	99)	0	(1998)	0
_		00.000				
•		20,826 16	0		l a= .	l 450.046
_	17429,18720	0 21	0		27c	450,013
		27b lotal	0		27d	450.040
6		00		امحدا	27e	450,013
ţ		• •	NE 035 (DELICE)	27f	450,065	Y/////////////////////////////////////
٩					27g	99 99%
<u> </u>						0 01%
28	UNUSUAL GRANTS For an organization described in line to list for your records to show, for each year, the name of the		•	-	_	
	nature of the grant DO NOT FILE THIS LIST WITH YOUR			-	si uescripuon of tr	10
	TOTAL OF THE GIGHT DO NOT FILE THIS EIGH WITH TOOK	THE POINT DO HOUSE	wage alese Albills	III (6 1 J		

Part V

Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

				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		ĺ
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			
			7////	//////	(1/1///
		admissions, programs, and scholarships?	30	,,,,,,	mm
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)		//////	777777
		in res, please describe, in No, please explain (if you need more space, attach a separate statement)			
			<i>\\\\\\\</i>		
					<i>[[]][]</i> .
32	•	Does the organization maintain the following			
JŁ		- · · · · · · · · · · · · · · · · · · ·	//////		<i>[[]][]</i> .
		Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c	Copies of all catalogues, brochures, announcements, and other written communications to the public	 		<u> </u>
	-				ĺ
		dealing with student admissions, programs, and scholarships?	32c		
	d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		<u>i </u>
		If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			<i>(/////.</i>
		in you decided the to did to decide, produce explain (if you need more space, attach a separate statement)	<i>\\\\\\</i>		
					//////
33		Does the organization discriminate by race in any way with respect to			
	а	Students' rights or privileges?	33a		
	b	Admissions policies?	33ь		
	С	Employment of faculty or administrative staff?	33c		
	d	Scholarships or other financial assistance?	224		
	-	Conditionings of other infancial assistance.	33d		 -
	е	Educational policies?	33e		
					ĺ
	f	Use of facilities?	33f		
	g	Athletic programs?	33g		
					ĺ
	h	Other extracumcular activities?	33h		l
		If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		you allowed in the any of the above, please explain (in you need more space, attach a separate statement)			<i>[]]]]</i>].
					(/////
					//////
34	а	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
•	_	2. 2. 3. Same and the second of the second o			
	b	Has the organization's right to such aid ever been revoked or suspended?	34b		L.
		If you answered "Yes" to either 34a or b, please explain using an attached statement			<i>77777.</i>
		.,			
35		Does the organization certify that it has complied with the applicable secured as a section 4.04 the section 1.04 the section	7////	//////	//////
JJ		Does the organization certify that it has complied with the applicable requirements of sections 4 01 through			ĺ
		4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		<u> </u>

Cherk	44	ule A (Form 990 or 990-EZ) 2002 HEART TO HEART				05611		Page 5
Limits on Lobbying Expenditures (The lem" expenditures means amounts paid or incurred) (The lem" expenditures means amounts paid or incurred) (The lem" expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 38 and 37) 39 Other exempl purpose expenditures (add lines 38 and 39) 40 Total except purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount Enter the amount from the following table if the amount on line 40 is. Not over \$500,000 to a core \$1,000,000	Part				of the instruction	ons)		
Caution If there is an amount one other him 43 or line 41 is more than line 35	Check	aif the organization belongs to an affiliated grou	n Check b	if you checked ":	a" and "limited	control" p	LUAISI	ne apply
Total bobying expenditures to influence public opinion (grassroots lobbying) 37 Total bobying expenditures (and lines 36 and 37) 38 Total bobying expenditures (and lines 36 and 37) 39 Other exempt purpose expenditures (add lines 38 and 39) 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount for the following table— 17 If the amount on line 40 is— 18 Not over \$500,000 18 The 100 bying nontaxable amount is— 18 Not over \$500,000 18 The 100 bying nontaxable amount is— 18 Not over \$500,000 18 The 100 bying nontaxable amount is— 18 Not over \$500,000 18 The 100 bying nontaxable amount is— 18 Not over \$500,000 18 The 100 bying nontaxable amount is— 18 Not over \$500,000 18 The 100 bying nontaxable amount is— 18 Not over \$500,000 18 The 100 bying nontaxable amount is— 18 Not over \$500,000 18 The 100 bying nontaxable amount is— 18 Not over \$500,000 18 The 100 bying nontaxable amount is— 18 The 100 bying nontaxable amount is— 18 Subtract line 42 from line 36 Enter-0-I file 42 is more than line 36 18 Total lobbying expenditures 19 Pair VI-B. 18 Caution If there is an amount on either line 42 or line 44, your must file Form 4720 4 Year Averaging Penod Under Section 501(h) 18 Lobbying Expenditures During 4 Year Averaging Penod 19 Calendar year (or fiscal year beginning in) 2002 2001 2000 1999 Total 2002 2001 2000 1999 Total 2002 2001 2000 1999 Total 2007 Total lobbying expenditures 20 Calendar year (or fiscal year beginning in) 2002 2001 2000 2001 2000 2001 2000 2001 2000 2001 2000 2001 2000 2001 2000 2001 2000 2001 2000 2001 2000 2001 2000 2001 2000 2001 2000 2001 2000 2001 2001 2000 2001	_			ed)		Affiliated	group	To be completed for ALL electing
37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 38 0 0 0 0 0 0 0 0 0	36	Total lobbying expenditures to influence public opinion (grassroots lobb	/ing)	36			organizations
39 Other exempt purpose expenditures (add lines 38 and 39) 40 0 0 41 Total exempt purpose expenditures (add lines 38 and 39) 42 Lobbying nontaxable amount Enter the amount from the following table - I'll the amount on line 40 is - Not over \$500,000 43 Over \$500,000 but not over \$1,000,000 44 Subtract line 42 from line 36 Enter-0- if line 42 is more than line 36 45 Subtract line 42 from line 36 Enter-0- if line 42 is more than line 38 46 Subtract line 42 from line 38 Enter-0- if line 41 is more than line 38 47 Subtract line 42 from line 38 Enter-0- if line 41 is more than line 38 48 Subtract line 42 from line 38 Enter-0- if line 41 is more than line 38 49 O O O O O O O O O O O O O O O O O O O								
40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 Over \$51,000,000 but not over \$1,000,000 Over \$10,000,000 but not over \$1,000,000 Over \$10,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 but 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 but 15% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S225,000 but 15% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S225,000 but 15% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S225,000 but 15% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 A1	38	Total lobbying expenditures (add lines 36 and 37)		_	38		0	0
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 Over \$100,000 but not over \$1,000,000 Over \$100,000 but not over \$1,000,000 Over \$1,000,000 Over \$1,000,	39				-			
If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000	-		•		40	,,,,,,,,,,	0	0
Not over \$500,000 Over \$10,000,000 but not over \$1,000,000 Over \$1,000,000 Over	41	• =	•					
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$75,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$17,000,000 \$222,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 S1000 000 \$1,000,000 S1000 000 \$1,000 S1000 \$1,000 \$		•	-	amount is -				
Over \$1,000,000 but not over \$1,700,000 \$175,000 plus 19% of the excess over \$1,000,000 \$100,000 \$175,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000 \$100,000 \$		•		PEOO 000	_ /////			
Over \$17,000,000 \$1,00					.]		//////	
Over \$17,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 44 Subtract line 41 from line 38 Enter -0- if line 42 is more than line 38 44 0 0 0 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 44 0 0 0 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 44 0 0 0 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 44 0 0 0 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 44 0 0 0 47 Equation If there is an amount on either line 43 or line 44, you must file Form 4720 48 Grassroots purpose the instructions for lines 45 through 50 on page 11 of the instructions) 49 Grassroots ceiling amount (150% of line 45(e)) 40 Grassroots ceiling amount (150% of line 48(e)) 41 Total lobbying expenditures 42 Grassroots ceiling amount (150% of line 48(e)) 43 Grassroots ceiling amount (150% of line 48(e)) 44 Corporation of lines are included and not complete Part VI-A) (See page 11 of the instructions) 45 Lobbying Activity by Nonelecting Public Charities 46 Grassroots bying expenditures 47 Forte potring only by organizations that did not complete Part VI-A) (See page 11 of the instructions) 48 During the year, did the organization aftempt 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 40 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 41 During the year, did the organizations for bobying purposes of the public opinion on a legislative statements of the reparations for bobying purposes of the public opinion on a legislative statements of Grants to other organizations for lobbying purposes of the public opinion on a legislative statements of Grants to other					777777			
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### A-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 line 45 through 50 on page 11 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or	44	Subtract line 41 from line 38 Enter -0- if line 41 is more	than line 38		44		0	-
### A-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 line 45 through 50 on page 11 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or								
(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 on page 11 of the instructions) Lobbying Expenditures During 4-Year Averaging Period		· · · · · · · · · · · · · · · · · · ·						
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Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions) During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers	50	Grassroots Johnwing expenditures						۱ ,
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers b Paid staff or management (Include compensation in expenses reported on lines c through h.) c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements 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 1 Total lobbying expenditures (Add lines c through h.)			c Charities					
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attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers b Paid staff or management (Include compensation in expenses reported on lines c through h) c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements 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 1 Total lobbying expenditures (Add lines c through h)	During	g the year, did the organization attempt to influence natio	nal, state or loca	al legislation, inclu	uding any			
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d Mailings to members, legislators, or the public Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means Total lobbying expenditures (Add lines c through h)	ь	Paid staff or management (Include compensation in exp	enses reported	on lines c through	hh)		X	
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h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means Total lobbying expenditures (Add lines c through h)	f	· _ · _ · _ · _ · _ · _ · _ · _ · _					 	
Total lobbying expenditures (Add lines c through h)			_	_		<u> </u>		·
<u></u>			ies, lectures, or	any other means		77777		 :
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Dalamak ka A z			,					
Part VIII	orm 990 or 990-EZ) : Information Reg Exempt Organia	garding Trans	HEART TO HEART ADOP Ifers To and Transactio ee page 12 of the instructio	ns and Relationship	25-1805611 s With Noncharit	able	Pag	<u>e 6</u>
501(c	e reporting organiz) of the Code (othe	ration directly or than section 5	indirectly engage in any of 01(c)(3) organizations) or ir	section 527, relating to				
		ting organization	n to a noncharitable exempt	t organization of			Yes	No
(i) C	ther assets					51a(ı)		- <u>X</u> -
	transactions					a(11)	-+	<u> </u>
		of assets with a	noncharitable exempt orga	anization		6/3		х
			rtable exempt organization	inization		b(i) b(ii)		$\hat{\mathbf{x}}$
	ental of facilities, e					b(iii)		$\frac{\hat{x}}{x}$
	eimbursement arra		107 000010			b(iv)		$\frac{\hat{x}}{x}$
	oans or loan guara	_				b(v)		$\frac{\hat{x}}{x}$
	-		ship or fundraising solicitati	ons		b(vi)		X
			ists, other assets, or paid e			c		X
			," complete the following so		uld always show the	fair marke	t value	
of the	goods, other asse	ts, or services g	iven by the reporting organi nt, show in column (d) the v	zation If the organization	n received less than	n fair marke	t value	
(a) Line no	(b) Amount involved		(c) naritable exempt organization		(d) ers, transactions, and s		gement	
N/A			"					
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descr		(c) of the Code (ffiliated with, or related to, of other than section 501(c)(3		organizations	Yes	×	No
	(a)	30.000	(b)		(c)	-	·	
	Name of organization	ภา	Type of organization	D	escription of relationsh	nip		
V/A								
							-	
<u> </u>								

ORM 990, LINE 43B, COLUMNS (A) & (B), OTHER EXPENSES, ATTACHMENT I	Total	69,411
MEALS & ENTERTAINMENT	1	1,798
RENT-BUILDING	2	11,975
INTERNET	3	267
AMORTIZATION	4	210
OFFICE EXPENSE	5	5,949
DUES & SUBSCRIPTIONS	6	948
CONTRIBUTION	7	0
ADVERTISING	8	9,043
INSURANCE	9	14,319
D LICENSES & PERMITS	10	254
1 BANK CHARGES	11	416
2 CONSULTING	12	19,612
BONUS	13	474
4 CERTIFICATIONS	14	51
5 DOSSIER PREPARATION	15	700
MONETARY GIFT	16	2,350
7 AUTOMOBILE EXPENSE	47	1,045
3	40	
)	40	
)		
1	24	_
2		
3	23	

Total land, buildings and equipment

Land Only (net of any amortization)				Land (net of any a	mortization)
				Beginning	End
			1		
'			2		
			3		
·			4		·
			5		
·			6		
			7		
			8		
)			9		
0			10		
Total land (net of any amortization)				0	(
Buildings and equipment Only Buildings and equipment				Accumulated de	preciation
		Beginning	End	Beginning	End
		17,570	17,570	8,540	12,034
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	3				
	4				_
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	6 [
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	9 [
)	40				
0	10				
	1∪	17,570	17,570	8,540	12,034

Beginning of Year

9,030

End of Year

5,536

8/13/2003 15 16

HEART TO HEART ADOPTION SERVICES

Company Page

H2F

Federal ID # 25-1805611 Asset Summary - Federal Tax Basis Period Ended 12/31/02

Num Lo	c Property Description	<u>Acquired</u>	T	Method	<u>Life</u>	Cost/Basis	179 Exp/AFD	Add 30%	Prior Depr	Current Depr	Ending Depr
Group # I											
	1 GATEWAY COMPUTE	07/06/98	N	MACRS	5	2,094 00	0 00	0 00	1 732 16	241 23	1,973 30
2	1 REFRIGERATOR	03/16/99	Ν	MACRS	5	400 00	0 00	0 00	306 40	44 05	350 4
3	I TV & VCR	03/18/99	N	MACRS	5	407 00	0 00	0 00	311 76	44 82	356 5∤
4	1 DESK TABLE & 3 CAB	03/25/99	N	MACRS	7	150 00	0 00	0 00	92 60	16 40	109 00
5	1 GOLDEN LEAF FURNI	04/21/99	N	MACRS	7	213 22	0 00	0 00	123 86	25 53	149 31
6	I GOLDEN LEAF FURNI	05/01/99	N	MACRS	7	250 00	0 00	0 00	145 22	29 94	175 10
7	1 PART OF JENN'S DESK	05/08/99	N	MACRS	7	174 90	0 00	0 00	101 60	20 94	122 54
8	I OFFICE FURNITURE	05/10/99	N	MACRS	7	307 38	0 00	0 00	178 56	36 81	215 3
9	1 LIVING ROOM FURNI	05/13/99	N	MACRS	7	500 00	0 00	0 00	290 46	59 87	350 3
10	1 NEW CHAIR FOR JEN	08/10/99	Ν	MACRS	7	121 55	0 00	0 00	66 18	15 82	82 00
14	1 GATEWAY COMPUTE	11/01/99	Ν	MACRS	7	1,799 88	0 00	0 00	914 37	253 00	1,167 3
12	1 OFFICE FURNITURE	11/29/99	Ν	MACRS	7	479 99	0 00	0 00	243 84	67 47	311.3
14	1 COPIER	04/17/00	Ν	MACRS	5	2,260 00	0 00	0 00	1,175 20	433 92	1,609 1
15	1 GATEWAY COMPUTE	10/25/00	Ν	MACRS	5	2,256 74	0 00	0 00	1,173 51	433 29	1,606 80
16	1 FIRE PROOF FILING C	04/05/00	N	MACRS	5	636 00	0 00	0 00	330 72	122 11	452 8
17	1 OFFICE FURNITURE	04/07/00	N	MACRS	7	250 00	0 00	0 00	96 94	43 73	140 6
18	1 FIRE PROOF FILING C	09/20/00	N	MACRS	5	636 00	0 00	0 00	330 72	122 11	452 8
19	1 GATEWAY COMPUTE	04/13/01	N	MACRS	5	2,057 46	0 00	0 00	411 49	658 39	1,069 81
20	1 DESK CHAIR	06/15/01	N	MACRS	5	76 00	0 00	0 00	15 20	24 32	39 5
21	1 GATEWAY COMPUTE	06/20/01	Ν	MACRS	5	2,017 00	0 00	0 00	403 40	645 44	1,048 84
22	1 COMPUTER DESK	08/17/01	N	MACRS	5	483 25	0 00	0 00	96 65	154 64	251 29
			G ₁	roup#1To	tal _	17,570 37	0 00	000	8,540 84	3,493 83	12,034 6
Group # 2				•							
2	1 ORGANIZATION COST	02/01/98	М	SL	5	1,052 00	0 00	0 00	824 07	210 40	1,034 4
			Gı	oup # 2 To	tal _	1,052 00	0 00	0 00	824 07	210 40	1,034 4
				Grand To	tal .	18,622.37	0.00	0.00	9,364.91	3,704.23	13,069.1

ember 2000) ertment of the Treasury nal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

al Keveriue Se	IVICE	File a sep	arate application for each return	\	_ 	
you are fili	ng for an AUTOMATIC 3	-MONTH EXTENSION	I, COMPLETE ONLY PART	I and check this box		X
you are filing	g for an ADDITIONAL (NOT	AUTOMATIC) 3-MONTI	HEXTENSION, COMPLETE OF	NLY PART II (on page 2 of t	his form)	
LE DO NO.	T COMPLETE PART II U	NLESS YOU HAVE A	LREADY BEEN GRANTED A	AN AUTOMATIC 3-MON	TH EXTENSION	
A PREVIO	JSLY FILED FORM 8868	3				
₹T,If AL	JTOMATIC 3-MONTH	EXTENSION OF TI	ME - Only submit original	(no copies needed)		
TE FORM	990-T CORPORATIONS	requesting an automa	atic 6-month extension - che	ck this box and complete	Part I only	
other corpoi	rations (including Form 9)	90-C filers) must use f	Form 7004 to request an ext	ension of time to file inco	me tax	
rns Partne	rships, REMICs and trust	ts must use Form 873	6 to request an extension of			
PE OR	Name of Exempt Organi	ızatıon		EMPLOYER ID	ENTIFICATION NUM	UBER
INT	HEART TO HEART ADO			<u>25-1805611</u>		
by the	Number, street, and roo	m or suite no If a P O	box, see instructions			
date for	FOXLURE BUILDING, 5					
your return instructions	City, town or post office,	, state, and ZIP code	For a foreign address, see ii	nstructions		
III 30 UÇILOTI 3	BELLEFONTE, PA 1682	23				
ECK TYPE	OF RETURN TO BE FILE	ED (file a separate ap	plication for each return)			
Form 990		Form 990-T (corp	oration)	Form 4720		
Form 990-E	BL .	Form 990-T (sec	401(a) or 408(a) trust)	Form 5227		
Form 990-E	Z	Form 990-T (trus	t other than above)	Form 6069		
Form 990-F	PF	Form 1041-A	·	Form 8870		
If the organ	ization does NOT have a	office or place of bu	siness in the United States,	check this boy		
			our digit Group Exemption N		If this	اللل
	E group, check this box		t of the group, check this box			3 13
	As of all members the ext		tor the group, check this bo.	xand attach a list	WIGH THE	
			ORPORATION) extension of	time until 8/15	/2003	
	•		on named above. The extension of			
[alendar year 2002		on hamed above. The extent	sion is for the organization	113 (Cta) (110)	
===	•		and andina			
الــاء	x year beginning		, and ending			
If this ta	x year is for less than 12	months, check reason	n Initial return F	Final return Chang	e in accounting pe	riod
a If this ar	oplication is for Form 990)-BL, 990-PF, 990-T, 4	720, or 6069, enter the tenta	ative tax, less any		
	ndable credits. See instru		,,	,	\$	0
	· · · · · · · · · · · · · · · · · · ·		ny refundable credits and es	timated tax	-I	
	its made Include any prid				\$	0
			your payment with this form	or if required		
			S (Electronic Federal Tax P			
· ·	tructions	rquired, by being at 11	o (electronic) edelar rax r	aymont oyotom,	g.	0
	i dollorio	SIGNATU	RE AND VERIFICATION		<u> </u>	
ter cenalty	es of periury I declare the		s form, including accompany	ung schedules and state	ments and	
			i complete, and that I am au			
.0 003(0)	A-7	, 11,0 440, 0011001, and	2 complete, and maci alli au	moneca to prepare and r	O1111	
nature	VIII 1. 6	The CA	Title CPA	Date	5/14/2003	
	Reduction Act Notice, see	e Instruction	(HTA)		Form 8868 (12	2-2000)



Form 8868 (12-20	0)	Page 2					
* If you are filing	of for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY	PART II and check this box					
	LETE PART II IF YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A						
	<u>ng for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I (or</u> DITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION OF TIME - MUST FILE						
	Name of Exempt Organization	EMPLOYER IDENTIFICATION NUMBER					
	HEART TO HEART ADOPTION SERVICES	25-1805611					
ĺ	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only					
riie by the - i	FOXLURE BUILDING, 504 BENNER PIKE, PO BOX 56	//////\dagger					
for filing the return See instructions	City, town or post office, state and ZIP code. For a foreign address, see instructions						
	BELLEFONTE, PA 16823						
CHECK TYPE (X Form 990	OF RETURN TO BE FILED (File a separate application for each return) Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form	1041-A Form 5227 Form 8870					
Form 990-B							
STOP DO NOT CO	APLETE PART II IF YOU WERE NOT ALREADY GRANTED AN AUTOMATIC 3 MONTH EXTENSION ON	A PREVIOUSLY FILED FORM 8868					
If the organi	zation does NOT have an office or place of business in the United States, chec	k this box					
	a GROUP RETURN, ente <u>r the</u> organization's four digit Group Exemption Numb						
	group, check this box If it is for PART of the group, check this box	and attach a list with the					
	Is of all members the extension is for						
•	an additional 3-month extension of time until 11/15/2003 adar year 2002 , or other tax year beginning	and ending					
		return Change in accounting period					
	detail why you need the extension TAXPAYER RESPECTFULLY REQUES						
	ATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN						
8 a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative	tax, less any					
	nonrefundable credits See instructions <u>\$</u> 0						
•	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credit						
	estimated tax payments made. Include any prior year overpayment allowed as a credit and any						
	paid previously with Form 8868 E DUE Subtract line 8b from line 8a Include your payment with this form, or, i	\$ 0					
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payme						
See inst		<u> </u>					
	SIGNATURE AND VERIFICATION						
	of perjury, I declare that I have examined this form including accompanying schedules a	nd statements and by the best of my					
knowledge and t	pelief, it is true, correct, and complete, and that I am authorized to prepare this form						
7							
Signature Color Title CPA Date 8/13/2003							
NOTICE TO APPLICANT-TO BE COMPLETED BY THE IRS 8/13/2003							
We HAVE approved this application. Please attach this form to the organization's return							
We HAVE NOT approved this application. However, we have granted a 10 day grace period from the later of the date shown below or the due							
date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections							
otherwise required to be made on a timely return. Please attach this form to the organization's return							
We HAVE NOT approved this application. After considering the reasons stated in item 7, we cannot grant your request for							
an extension of time to file. We are not granting a 10-day grace period.							
_	NOT CONSIDER this application because it was filed after the due date of the return for v	which an extension was requested					
Other		4, 1, 1,					
	Ву	•					
Director		Date					
	MAILING ADDRESS - Enter the address if you want the copy of this application	for an additional 3-month extension					
returned to an	address different than the one entered above						
	NAME						
TVDC OD	U.S. ACCOUNTING & FINANCIAL SERVICES, INC. NUMBER AND STREET (INCLUDE SUITE, ROOM, OR APT. NO.) OR A P.O.	BOX NUMBER					
TYPE OR PRINT		DON NOMBER					
LLINI	1333 S ALLEN STREET, SUITE #1 CITY OR TOWN, PROVINCE OR STATE, AND COUNTRY (INCLUDING PO	STAL OR ZIP CODE)					
	STATE COLLEGE PA 16801						

Form 8868 (12-2000)