

2005

Open to Public Inspection

Short Form

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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning July 1, 2005, and ending June 30, 2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Reaching Arms International - Oregon, Inc. D Employer identification number: 20-4182867. E Telephone number: (503) 635-3910. F Group Exemption Number.

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

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website: www.reachingarms.org

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 43,600. Expenses total: 32,675. Net Assets total: 10,925. Includes a 'RECEIVED' stamp from OGDEN, UT dated NOV 16 2006.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 10,925. Total liabilities: 0. Net assets: 10,925.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form 990-EZ (2005)

SCANNED DEC 06 2006

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Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)		Expenses	
What is the organization's primary exempt purpose? To unite orphaned children with families thru adoption		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	The period ended June 30, 2006 was the initial year for the Organization. Initial setup and licensing of adoption agency completed. Talked with various families about adoption of orphaned children from countries partnering with agency. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	32,675
29 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	32,675

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Trudy Anderson 1465 Morning Sky Court, Lake Oswego, OR 97034	Exec. Director/ 40	10,500	5,576	0
Roy Anderson 1465 Morning Sky Court, Lake Oswego, OR 97034	Dir. Family Svs./ 40	6000	0	0
Christina Yarco 1837 Manchester Court, West Linn, OR 97038	Secretary	0	0	0
Linda Royer, 14432 S. Livesay, Oregon City, OR W.A. Jerry North, 1218 Cherry Ln, Lake Oswego, OR	Board Members	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	0		
b	Did the organization file Form 1120-POL for this year?	37b		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	501(c)(3) and (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 an explanation.	40b		<input checked="" type="checkbox"/>
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter amount of tax on line 40c reimbursed by the organization			0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

41 List the states with which a copy of this return is filed. **▶ Oregon**

42a The books are in care of **▶ Trudy Anderson** Telephone no. **▶ (503) 635-3910**
Located at **▶ 1465 Morning Sky Court, Lake Oswego, OR** ZIP + 4 **▶ 97034**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: **▶** _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: **▶** _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. **▶**
and enter the amount of tax-exempt interest received or accrued during the year: _____

	Yes	No
42b		✓
42c		✓

Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete Declaration of preparer

Please Sign Here

▶ *Trudy Anderson*

Signature of office

▶ **Trudy Anderson, Executive Director**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature **▶**

Firm's name (or yours if self-employed), address, and ZIP + 4 **▶** _____



1465 Morning Sky Court
Lake Oswego, OR 97034
503-635-3910

BOARD MEMBERS

Linda Royer
14432 S. Livesay Road
Oregon City, OR 97045
503-650-1663
Position: Director

W.A. Jerry North
1218 Cherry Lane
Lake Oswego, OR 97034
503-636-3718
Position: Director
