

**Returns for** 

## Organizations Exempt From Income Tax

Under Section 501(c)(3) of the Internal Revenue Code (Other Than Private Foundations as Defined in Section 509(a)) or Section 4947(a)(1) Nonexempt Charitable Trusts

This package contains the following forms and related instructions:

Form 990-EZ Form 990-T Form 8868

Form 990 Form 990-W

Schedule A (Form 990 or 990-EZ) Schedule B (Form 990, 990-EZ, or 990-PF)

All forms are placed in the center of this package for easy removal. Also enclosed is a completed sample Form 990 and Schedule A (Form 990 or 990-EZ) with supplemental instructions.

Form 990-EZ is enclosed for use by organizations with gross receipts less than \$100,000 for the year **and** total assets less than \$250,000 at the end of the year. These smaller organizations will find this form easier to complete than Form 990.

The organization is not required to file Form 990, or Form 990-EZ, with the IRS if its gross receipts normally are not more than \$25,000. State filing requirements may differ; therefore, the organization may still be required to file Form 990, or Form 990-EZ, with one or more states even though it is not required to file with the IRS.

Organizations in this category should consult appropriate state officials to determine their specific filing requirements.

Organizations that are eligible to receive tax deductible contributions are listed in **Publication 78**, Cumulative List of Organizations described in Section 170(c) of the Internal Revenue Code of 1986. An organization may be removed from the listing if our records show that it is required to file Form 990, or Form 990-EZ, but it does not file a return or advise us that it is no longer required to file. However, contributions by the general public to such an organization may continue to be deductible until the IRS publishes a notice to the contrary in the Internal Revenue Bulletin.

The IRS will assess penalties for an incomplete or incorrect return. Organizations that do not file a complete return will receive a letter requesting the missing information. If missing or correct information is not furnished or reasonable cause is not established, the organization will be assessed the \$20 per day penalty under section 6652(c)(1). Accordingly, we caution you to make certain that the return is complete and correct and urge you to respond promptly to any letter requests for missing information.

An organization must:

- Make its Form 990, or Form 990-EZ, and its exemption application, available for public inspection, including all attachments and schedules, but note the public inspection requirements for Schedule B (Form 990, 990-EZ, or 990-PF), Schedule of Contributors.
- Provide a copy without charge, other than a reasonable fee for reproduction and actual postage costs, of all or any part of any application or return required to be made available for public inspection, to any individual who makes a request for such copy in person or in writing.
   See General Instruction M.
- Fulfill the requirements for a properly completed return. See General Instruction W.

Payments to Victims of Terrorism. If your organization made payments to victims of terrorism under the terms of section 104 of the Victims of Terrorism Tax Relief Act of 2001, you must specifically describe these payments in your narrative of Program Service Accomplishments on Part III of Form 990 or 990-EZ. If the IRS needs more information concerning these payments we will issue further guidance.

Internal Revenue Service WADC-9999 Rancho Cordova, CA 95743-9999

Official Business

Penalty for Private Use, \$300

Peel off the label and place it in the address area of the Form 990, or Form 990-EZ, you file. If someone else prepares the return, please give the preparer the preaddressed label and the envelope and ask the preparer to use them. Make necessary corrections on the label.

#### PRSRT STD

Postage and Fees Paid Internal Revenue Service

Permit No. G-48

## Supplemental Instructions and a Completed Sample of Form 990 and Schedule A (Form 990 or 990-EZ)

This part of the instructions provides a set of facts and a filled-in example to help you prepare a complete and accurate Form 990 and Schedule A (Form 990 or 990-EZ) for 2003.

To avoid having to respond to requests for missing information, complete all applicable line items; answer "Yes," "No," or "N/A" (not applicable) to each question on the return; make an entry (including a "-0-" when appropriate) on all **total** lines; and enter "None" or "N/A" if an entire part of Form 990 does not apply. If one or more applicable line items are not completed, we will consider the return incomplete and contact the organization for the missing information. The penalty of \$20 a day for not filing a return under section 6652(c) also applies if a return is submitted without required information.

The illustrated example of a completed Form 990 and Schedule A (Form 990 or 990-EZ) for 2003 was prepared using the following facts.

The Family Service Agency of Utopia, Inc., a not-for-profit organization, is exempt from income tax under section 501(c)(3) of the Internal Revenue Code. The agency is a member of the National Association of Family Service Agencies. Its principal programs include:

(1) adoption of infants and children; (2) foster home care; and (3) counseling individuals and families.

The agency was incorporated September 16, 1968. It received a letter from the IRS dated January 25, 1971, notifying it that it had been determined not to be a private foundation within the meaning of section 509(a).

The agency follows Statement of Financial Accounting Standards (SFAS) 117 and is on the accrual and calendar year basis. The books are in the custody of the bookkeeper, Ms. Nancy Ward at 1414 West Ash Drive, Utopia, OH 41111-1235.

All contributions are considered available for unrestricted use, unless specifically restricted by the donor. Pledges are recorded in the books of account whenever the agency is notified of the pledge, and allowances are provided for amounts estimated to be uncollectible. Bequests are recorded as income at the time the agency has established a right to the bequest and the proceeds are measurable.

A substantial number of volunteers have donated significant amounts of their time to the organization's adoption program. No amounts have been reflected in the financial statements, however, for donated services.

In accordance with the affiliation agreement with the national organization, a portion of the unrestricted support from the public is remitted to the national organization for its use as determined by its board of directors. Additional grants are made to individuals and organizations as determined by the agency's board of directors.

For its annual dinner/dance, the agency paid \$800 (fair rental value) to rent a hall, kitchen, tables, dishes, etc., from the Fraternal Society of Utopia, an unrelated section 501(c)(10) fraternal lodge. This was the agency's only transaction with exempt organizations not described in section 501(c)(3). The agency is not affiliated with or related to any such organization.

Depreciation of \$5,200 was computed for buildings and equipment on a straight line basis.

In 2003, the agency incurred joint costs of \$9,600 for informational materials and activities that included fundraising appeals. Of those costs, \$6,100 was allocated to fundraising expense, \$400 was allocated to adoption services expense, \$2,400 was allocated to counseling

services expense, and \$700 was allocated to management and general expense.

The expenses for the year are allocable as follows: Statement of Functional Expenses

	Program Services			Supporting Services			
	Adoption	Foster Home Care	Counseling	Mgmt. & General	Fund Raising	TOTAL	
Salaries	\$ 25,600	\$ 25,100	\$126,900	\$33,100	\$36,800	\$247,500	
Pension plan cont.	. 100		100	100		300	
Other emp. benefits	. 1,700	1,400	6,300	2,100	1,500	13,000	
Payroll taxes, etc	. 3,000	2,300	12,400	3,000	3,100	23,800	
Fees for public relations work.	. 63,000	300	61,200	2,600	800	127,900	
Supplies	. 3,900	21,300	1,300	1,800	1,700	30,000	
Telephone	. 9,500	1,000	1,100	1,500	2,300	15,400	
Postage & shipping	. 2,900	1,300	8,900	1,000	9,000	23,100	
Occupancy	. 2,550	21,100	11,250	1,500	1,350	37,750	
Interest			100	800		900	
Rental & maintenance							
of equipment .	. 3,550	1,100	,	1,500	1,350	8,750	
Prtg. & publications	. 5,400	400	6,400	300	1,600	14,100	
Travel & trans	. 12,500	2,000	2,200	2,300	3,000	22,000	
Conferences, etc	. 3,700	7,100	2,000	4,500	400	17,700	
Specific assistance to		04.000	F 000			45.000	
individuals	. 16,500	24,300	5,000			45,800	
Membership dues .	. 500					500	
Awards & grants— To national org.	. 10,000		3,000			13,000	
To hational org.  To indvs./other	. 10,000		3,000			13,000	
organizations	. 11,000	11,900				22,900	
Insurance	. 10,450	10,100	5,100	600	50	26,300	
Other expenses .	. 1,250	500	400	100	2,050	4,300	
Deprbldgs./equip.	700	600	2,900	600	400	5,200	
Total functional expenses:	\$187,800	\$131,800	\$257,800	\$57,400	\$65,400	\$700,200	
Payments to national	ora					12,400	
Total expenses .	o.g					\$712,600	
. Ottal expenses						Ψ1 12,000	

The financial statements for the Family Service Agency of Utopia are given on the following pages.

We made the following entries on Form 990 and Schedule A (Form 990 or 990-EZ) and have attached explanatory schedules.

#### **Form 990**

**Part I—Line 1a.** We have entered the \$471,700 of direct contributions received from the public and the \$9,600 received from legacies and bequests.

**Line 1b.** We have entered the amount of \$223,500 received through the United Way organization and the \$4,000 collected through the local auxiliary.

**Line 2.** We have entered the total of program service revenue from Part VII, lines 93(a) and (g). This included \$2,300 in consultation fees and \$300 in fees from government agencies.

Line 3. We have entered \$1,600 of membership dues and assessments. These dues are not equivalent to contributions because members received benefits and privileges (educational programs and counseling services) that have a monetary value in excess of their dues payment. See the discussion of this principle in the instructions for line 3 of Form 990.

**Lines 4 and 5.** We have entered the \$14,800 received in interest income and \$16,400 received in dividends for the year.

**Line 8.** We have entered \$24,200, the selling price of securities sold, and subtracted their cost basis and the sales expense. We entered the \$500 gain on line 8d.

## Family Service Agency of Utopia, Inc.

#### **Statement of Activities**

### For the Years Ended December 31, 2003 and 2002

Ur	nrestricted	Temporarily restricted	Permanently restricted	2003 TOTAL	2002 TOTAL
Revenues, gains, and other support:					
Public support—					
Received directly—					
Contributions (net of estimated uncollectible pledges of \$19,500 and \$15,000)	\$467,300	\$ 4,200	\$ 200	\$471,700	\$500,400
Special events (net of costs of direct benefit to participants of \$18,000 and \$16,300)	10,400			10,400	9,200
Legacies & bequests	9,200		400	9,600	12,000
Received indirectly—					
Collected through local auxiliary	4,000			4,000	7,900
Allocated by federated fundraising organizations (net of their related fundraising expenses estimated at \$12,300 and \$12,200)				223,500	222,000
Total public support	714,400	4,200	600	719,200	751,500
Other revenues, gains, and support:					
Membership dues—individuals	1,600			1,600	1,100
Revenues and grants from governmental agencies .	1,000	300		300	300
Other program service fees	2,300	300		2,300	800
Sales of materials and services (net of direct	_,000			_,000	
expenses of \$1,000 and \$700)	400			400	300
Endowment and other investment income	30,500	700		31,200	26,000
Miscellaneous revenues	2,800			2,800	3,600
Gains (losses) on investments	(2,000)		2,500	500	27,500
Net assets released from restrictions	10,800	(10,800)			
Total other revenues, gains, and support	46,400	(9,800)	2,500	39,100	59,600
Total revenues, gains, and other support	760,800	(5,600)	3,100	758,300	811,100
Expenses:					
Program services—					
Adoption	187,800			187,800	178,000
Foster home care	131,800			131,800	121,600
Counseling	257,800			257,800	273,600
Total program services				577,400	573,200
Supporting services—					
Management & general	57,400			57,400	63,800
Fundraising	65,400			65,400	54,600
Total supporting services	122,800			122,800	118,400
Payments to national organization				12,400	15,400
Total expenses	712,600			712,600	707,000
Change in net assets	48,200	(5,600)	3,100	45,700	104,100
Net assets, beginning of year	603,100	71,600	191,700	866,400	762,300
Net assets, end of year	\$651,300	\$66,000	<u>\$194,800</u>	\$912,100	\$866,400

# Family Service Agency of Utopia, Inc. Statement of Financial Position December 31, 2003 and 2002

ASSETS	Unrestricted	Temporarily restricted	Permanently restricted	2003 TOTAL	2002 TOTAL
Cash, including \$115,000 and \$123,000 in interest-bearing accounts	\$ 61,500	\$ 59,900		\$121,400	\$127,000
Short-term investments, at cost (approximates m	arket) 100,000	7,100		107,100	121,700
Receivables:	•				
Program service fees, less allowance of \$200 a \$100	and 600			600	800
Pledges, less allowance of \$11,200 and \$9,700	0 . 58,900			58,900	46,000
Grants	4,800	1,000		5,800	4,600
From affiliated organizations	1,000			1,000	1,000
Interfund receivable (payable)	2,000	(2,000)			
Inventory, at lower of cost or market	7,000			7,000	6,100
Prepaid expenses and deferred charges	13,800			13,800	9,600
Investments	279,600		\$194,800	474,400	430,700
Land, buildings, and equipment, at cost, less accumulated depreciation	174,800			174,800	168,500
Total assets	\$704,000	\$ 66,000	\$194,800	\$964,800	\$916,000
LIABILITIES AND NET ASSETS					
Accounts payable and accrued expenses	\$ 39,300			\$ 39,300	\$ 46,000
Mortgage payable, 6%, due 2005	3,200			3,200	3,600
Amounts payable under capital lease	10,200			10,200	
Total liabilities	<u>52,700</u>			52,700	49,600
Net Assets:					
Unrestricted:					
Designated by the governing board for-					
Long-term investment	279,600			279,600	239,000
Purchase of new equipment	10,400			10,400	
Net investment in fixed assets	166,200			166,200	156,800
Undesignated—available for general activities	195,100			195,100	207,300
Temporarily restricted for:					
Periods after December 31, 2003 and 2002.		\$59,600		59,600	61,600
Professional education		4,000		4,000	
Expansion of services		2,400		2,400	10,000
Permanently restricted for:					
Endowment			\$194,800	194,800	191,700
Total net assets	<u>651,300</u>	66,000	194,800	912,100	866,400
Total liabilities and net assets	<u>\$704,000</u>	<u>\$66,000</u>	<u>\$194,800</u>	\$964,800	\$916,000

Line 9. We have reported the revenue of \$28,400 less direct expenses of \$18,000 from special events and activities. We checked the box for gaming because one of the events was a raffle. As there were no contributions included in gross revenue from these events, we entered "-0-" within the parentheses on line 9a. All of the \$18,000 of expenses attributable to this function are reportable here and none in Part II.

**Line 10.** We have reported, on line 10a, \$2,000 in gross sales of educational publications, less \$600 of returns and allowances. On line 10b, we entered \$1,000, the cost of goods sold, and entered the \$400 gross profit on line 10c.

**Line 11.** We have entered the gross amount of other revenue received from the sale of an easement. This amount was also reported in Part VII on line 103(a).

Line 13. We have entered the program services expenses from line 44, column (B) of Part II.

Line 14. We have entered the management and general expenses from line 44, column (C) of Part II.

Line 15. We have entered the fundraising expenses from line 44, column (D) of Part II.

**Line 16.** We have entered the portion of the unrestricted support from the public that was remitted to the national organization.

Lines 17 and 18 are self-explanatory.

Line 19. We have entered the net asset balance at the beginning of the year from line 73, column (A) of Part IV.

**Line 21.** We have entered the total of lines 18, 19, and 20. This computed net asset figure agrees with the end of year net asset balance from line 73, column (B) of Part IV.

Part II. From the breakdown of the expenses provided, we have listed the organization's expenses attributable to program services; management and general; and fundraising functions. In column (A), we reported the total expenses for each line of columns (B), (C), and (D). The total for column (A) was included on line 17, Total expenses, of Part I. The expenses in Part II include only those that are not reported on lines 6b, 8b, 9b, or 10b of Part I. The expenses of the special events and activities are reported on line 9b of Part I and, therefore, are not also reported in Part II. In this example, the expenses listed in the program service column include those attributable to adoption services, foster home care, and family counseling. In the space below line 44, the joint costs incurred in combined fundraising and educational campaigns are reported in accordance with the facts given. The organization follows the AICPA's Statement of Position 98-2.

**Part III.** We have listed and described the organization's three program services and indicated the expenses attributable to each. Statistical information regarding the number of individuals, families, and organizations served is also provided. We have entered the amount attributable to donated services in the narrative section for "Adoption Services."

**Part IV.** We have completed beginning and end of year balance sheets for Form 990.

**Part IV-A and Part IV-B.** We entered the total revenue and expenses per the audited financial statements and the corresponding amounts reported on lines 12 and 17 of Part I. Because these amounts were identical, no reconciling entries were needed in Parts IV-A and IV-B.

**Part V.** We have entered in Part V the name, address, and other required information for each officer, director, and key employee during the year even though some of them serve without compensation. We entered "-0-" when there were no amounts to enter. No compensation was provided by a related organization.

**Note:** For the sake of brevity, specific names, addresses, titles, and hours worked were not given in the statement of facts.

**Part VI—Lines 76 through 81.** From the facts given, the appropriate answer to each of these questions was either "No," "N/A," or "-0-."

**Line 82b.** We have entered the amount of \$8,000 in donated services that was also reported in the narrative section of Part III.

**Line 89a.** We have entered "N/A" as no excise taxes were imposed during the year because of excess lobbying expenditures, disqualifying lobbying expenditures, or political expenditures.

**Lines 89b through 89d.** We have entered "No" or "N/A" as the organization did not engage in any excess benefit transactions and no section 4912, 4955, or 4958 excise taxes were imposed or reimbursed.

**Line 90b.** We have entered 6 paid employees that were employed as of the March 12, 2003, pay period.

**Line 92.** We have entered "N/A" because the organization is not a section 4947(a)(1) nonexempt charitable trust.

**Part VII.** We have listed both consultation fees and fees from government agencies as the organization's only source of program service revenue for the year. None of the organization's other receipts constitute program service revenue as defined in the instructions for line 2 of Part I.

In column (D), we have entered the amounts received from income-producing activities that do not further the charitable purposes of the agency (other than by providing funds for such purposes) and the income from which would be taxable as unrelated business income but for specific provisions in the Code that render such income nontaxable. We have also entered the appropriate exclusion codes (from the Specific Instructions for Form 990) to indicate the Code provision that excludes each amount from classification as unrelated business income.

In column (E), we have entered the amounts received from activities that contributed to the agency's related or exempt purposes.

**Part VIII.** We indicated the line number for the related or exempt function amounts we entered in column (E) and explained how each reported activity contributed importantly to the accomplishment of the agency's exempt purposes.

Part IX. We entered "N/A" because we answered "No" to question 88 of Part VI.

**Part X.** We answered "No" to questions (a) and (b) because there was no involvement with personal benefit contracts.

#### Schedule A (Form 990 or 990-EZ)

**Part I.** We have entered the compensation and contribution to employee benefit plans for each employee listed.

**Part IV.** We have checked the box on line 11a, based on our sample facts, and entered the appropriate information on lines 15 through 26 and on line 28. The amounts shown on these lines are from returns for previous years that are not part of this example.

**Parts VI-A and VI-B.** We have entered "N/A" in Part VI-A and checked "No" to each question in Part VI-B as the agency did not engage in any lobbying activity during the year and did not file Form 5768 to make a section 501(h) election.

Part VII. We have entered the required information regarding the agency's rental of facilities and equipment from a fraternal organization for the annual dinner/dance. Note that this does not constitute a "sharing of facilities or equipment" (line 51c) which connotes a continuing arrangement and joint or alternating use of the same assets (sharing of office space and equipment, for example). Because there was no such sharing and because the agency was not otherwise affiliated with or related to the fraternal organization, we answered "No" to question 52a.

## Form **99**0

## **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)

2003

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For th	or the 2003 calendar year, or tax year beginning			, 2003, aı	nd ending	_	, 20		
В	Check if a	applicable:	Please	C Name of organization				D Employer	identification number	
_		change	use IRS label or	Family Service Agen	cy of Utopia,	Inc.		12 34	56789	
_	Name c	•	print or	Number and street (or P.O. box if	mail is not delivered to	street addr	ess) Room/suite	E Telephon	e number	
_	Initial re	•	type. See	1414 West Ash Drive				(216)	456-7900	
$\equiv$	Final ret		Specific Instruc-	City or town, state or country, and	ZIP + 4			F Accounting n	nethod: Cash X Accrual	
$\equiv$		ed return	tions.	Utopia, OH 41111-1	.235			Other	(specify) ►	
_		on pending		ction 501(c)(3) organizations and o			'	ot applicable to group return fo	o section 527 organizations. or affiliates?  Yes X No	
G	Website	e: <b>▶</b>	uu	www.FSAU-41111.0	•	90-EZ).		enter number		
_			- /ohaalı a	only one) ► X 501(c) ( 3 ) <b>⊲</b> (ins		or <b>П</b> 507		ffiliates include	d? Yes No See instructions.)	
			1	organization's gross receipts are nor			H(d) Is this a	separate return f	iled by an	
	organiza	ation need	not file a	return with the IRS; but if the organiza	ation received a Form 9	90 Package	organizat		a group ruling? Yes X No	
	in the m	nail, it shou	ld file a re	eturn without financial data. Some stat	es require a complete	return.		xemption Num		
				es 6b, 8b, 9b, and 10b to line 12			to attac	h Sch. B (For	e organization is <b>not</b> required m 990, 990-EZ, or 990-PF).	
P	art I	Rever	nue, Ex	cpenses, and Changes in	Net Assets or F	und Bala	ances (See p	page 18 of	the instructions.)	
	1	Contrib	utions,	gifts, grants, and similar amo	unts received:		1111			
	а	Direct p	oublic s	upport		1a	\$481,300			
	b	Indirect	public	support		1b	227,500			
				ontributions (grants)		1c			+=00 000	
	d	-		1a through 1c) (cash \$			)	1d	\$708,800	
	2	•		e revenue including governmen		ts (from P	art VII, line 93)		2,600 1,600	
	3		•	ues and assessments				. 3	14,800	
	4	in the same services and services and services and services are services and services and services are services are services and services are servic						. 4	16,400	
	5							. 5	10,400	
	6a	Gross r				6b				
	b			penses		OD				
	1 _			me or (loss) (subtract line 6b	from line 6a) .			. 6c		
Revenue	7			ent income (describe	(A) Securities		(B) Other	<i>'</i>		
e Ve	8a			from sales of assets other	24,200	8a	•			
ď		than inv	•	ner basis and sales expenses	23,700	8b				
				attach schedule)	500	8c				
				s) (combine line 8c, columns (A				8d	500	
	9	_		nd activities (attach schedule). If a		 ı <b>amina</b> ch	eck here ► X	. //////		
		-		(not including \$ 0 -	of	juiiiiig, on	CORTION P			
	"			eported on line 1a)		9a	28,400			
	b			penses other than fundraising		9b	18,000			
	1			(loss) from special events (su		n line 9a)		9c	10,400	
	1			inventory, less returns and al		10a   ´	1,400			
	b			goods sold		10b	1,000			
	С	Gross p	rofit or (l	loss) from sales of inventory (atta	ch schedule) (subtra	act line 10k	o from line 10a)	. 10c	400	
	11								2,800	
	12	Total re	evenue	(add lines 1d, 2, 3, 4, 5, 6c, 7,	8d, 9c, 10c, and 1	1)		. 12	\$758,300	
	13	Progran	n servic	ces (from line 44, column (B))				. 13	\$577 <b>,</b> 400	
Expenses	14	Manage	ement a	and general (from line 44, colu				. 14	57,400	
ber	15	15 Fundraising (from line 44, column (D))							65,400	
ŭ	16	<b>16</b> Payments to affiliates (attach schedule)						12,400		
	17			s (add lines 16 and 44, colun					\$712,600	
ets	18		-	icit) for the year (subtract line				1 1	\$ 45,700	
Ass	19			fund balances at beginning of					866,400	
Net Assets	20			s in net assets or fund balanc					-0-	
~	21	Net ass	ets or fu	und balances at end of year (co	ombine lines 18, 19	, and 20)		. 21	\$912,100	

Part 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. (See page 22 of the instructions.)

	Functional Expenses and section 4947(a)	(1) none	xempi chantable trusts i	but optional for others. (	See page 22 of the instr	uctions.)	
	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 (attach schedule) (cash \$ _35,900 noncash \$)	22	\$ 35,900	\$ 35,900			
23	Specific assistance to individuals (attach schedule)	23	45,800	45,800			
24	Benefits paid to or for members (attach schedule).	24					
25	Compensation of officers, directors, etc	25	62,800	46,600	\$ 8,800	\$ 7,400	
26	Other salaries and wages	26	184,700	131,000	24,300	29,400	
27	Pension plan contributions	27	300	200	100		
28	Other employee benefits	28	13,000	9,400	2,100	1,500	
29	Payroll taxes	29	23,800	17,700	3,000	3,100	
30	Professional fundraising fees	30					
31	Accounting fees	31					
32	Legal fees	32					
33	Supplies	33	30,000	26,500	1,800	1,700	
34	Telephone	34	15,400	11,600	1,500	2,300	
35	Postage and shipping	35	23,100	13,100	1,000	9,000	
36	Occupancy	36	37,750	34,900	1,500	1,350	
37	Equipment rental and maintenance	37	8,750	5,900	1,500	1,350	
38	Printing and publications	38	14,100	12,200	300	1,600	
39	Travel	39	22,000	16,700	2,300	3,000	
40	Conferences, conventions, and meetings	40	17,700	12,800	4,500	400	
41	Interest	41	900	100	800	100	
42	Depreciation, depletion, etc. (attach schedule)	42	5,200	4,200	600	400	
43	Other expenses not covered above (itemize): a Dues	43a	500	500	0.600	000	
b	Fees for public relations work	43b	127,900	124,500	2,600	800	
С	Insurance	43c	26,300	25,650	600	50	
d	Miscellaneous	43d 43e	4,300	2,150	100	2,050	
e 44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15.	44	\$700,200	\$577,400	\$57,400	\$65,400	
Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) and (4) organizations issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations issued. etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations issued. etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) and (4) organizations organizations organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) and (4) organizations organization organizations organizations organizations organizations organi							
(iii) t Pal Wha All o of cl	he amount allocated to Management and general \$ rt III Statement of Program Service Acc at is the organization's primary exempt purpose? rganizations must describe their exempt purpose a	70  ompli   Final	shments (See pamily counsed ments in a clear and that are not ments that are not ments in a clear and the street of the street o	e amount allocated page 25 of the ir ling d concise manner. heasurable. (Sectio	to Fundraising \$ nstructions.)  State the number n 501(c)(3) and (4)	Program Service Expenses (Required for 501 (c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for	
(iii) t Par Wha All o of cl orga a	he amount allocated to Management and general \$  rt     Statement of Program Service Acc at is the organization's primary exempt purpose? rganizations must describe their exempt purpose a ients served, publications issued, etc. Discuss ach nizations and 4947(a)(1) nonexempt charitable trusts  Counseling - The organization prove individuals and families. A total individuals. The agency also made a research project.  Adoption Services - The agency place	70 ompli F chieven ieveme must a rided of 63 a gra arants ced 5	shments (See pamily counsements in a clear anents that are not malso enter the amounts, 954 hours of cases were not to its nat and allocations of children in	e amount allocated page 25 of the include and concise manner neasurable. (Section to f grants and allocated investigation of counseling assisted investigation of affiliation of adoptive far	to Fundraising \$ Instructions.)  State the number in 501(c)(3) and (4) ocations to others.)  If to colving 2,426 ate for a half in the column	8 \$ 2,800 6,100 Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1)	
(iii) t Par Wha All o of cl orga a	till Statement of Program Service Accut is the organization's primary exempt purpose? rganizations must describe their exempt purpose a ients served, publications issued, etc. Discuss achnizations and 4947(a)(1) nonexempt charitable trusts.  Counseling - The organization provindividuals and families. A total individuals. The agency also made research project.  Adoption Services - The agency plaincluded counseling for 189 birth from foreign countries. There were year. (This program was assisted (by \$8,000 of donated services duris	70 ompli F chieven ieveme must a rided of 63 a grants ced 5 paren 65 h Grants ng th	shments (See pamily counselments in a clear and also enter the amount to its nat and allocations of cand allocations and allocations is year.) Und	e amount allocated page 25 of the ir ling and concise manner neasurable. (Section to f grants and allocated involves assisted involves adoptive far ptions involves completed dur	to Fundraising \$ Instructions.)  State the number in 501(c)(3) and (4) instructions to others.)  If to poliving 2,426 instructions to attending the state of the	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)	
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(iii) t Pai Wha All o of cl orga a b	till Statement of Program Service Accute is the organization's primary exempt purpose? rganizations must describe their exempt purpose a ients served, publications issued, etc. Discuss achnizations and 4947(a)(1) nonexempt charitable trusts.  Counseling - The organization provindividuals and families. A total individuals. The agency also made research project.  Adoption Services - The agency plaincluded counseling for 189 birth from foreign countries. There were year. (This program was assisted (by \$8,000 of donated services during program, the agency made grants to	ompli  Fichievenievement a rided of 63 a gra Grants ced 5 paren e 65 h Grants ng th three	shments (See pamily counselments in a clear anents that are not malso enter the amounts, 954 hours of the cases were not to its nat and allocations of children in the five adoptions and allocations is year.) Under and allocations	e amount allocated page 25 of the include and concise manner neasurable. (Section of of grants and allocated include assisted involved assisted involved and adoptive far ptions involved and allocated dure the Adoptions for relations for relations.	to Fundraising \$ Instructions.)  State the number of 501(c)(3) and (4) ocations to others.)  If to colving 2,426 are for a colving 2,426 are for a colving this conservices of services.	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)	
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(iii) t Pai Wha All o of cl orga a b	statement of Program Service Accust is the organization's primary exempt purpose? rganizations must describe their exempt purpose a ients served, publications issued, etc. Discuss achnizations and 4947(a)(1) nonexempt charitable trusts.  Counseling - The organization provindividuals and families. A total individuals. The agency also made research project.  Adoption Services - The agency placincluded counseling for 189 birth from foreign countries. There were year. (This program was assisted (by \$8,000 of donated services durit program, the agency made grants to	ompli  Figure 1	shments (See pamily counselments in a clear anents that are not malso enter the amounts, 954 hours of the cases were not to its nat and allocations of the cases were and the	e amount allocated page 25 of the include ling and concise manner neasurable. (Section of grants and allocated incompleted incompleted during the Adoptions for relations as 1,000 and allocated incompleted during the Adoptions for relations for relations and allocated incompleted during the Adoptions for relations for relations for relations and allocated incompleted during the Adoptions for relations for relations for relations and allocated incompleted incompleted during the Adoptions for relations for relations.	to Fundraising \$ Instructions.)  State the number of 501(c)(3) and (4) ocations to others.)  If to colving 2,426 are for a colving 2,426 are for a colving this con Services are deservices.	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)  \$257,800	
(iii) t Pai Wha All o of cl orga a b	statement of Program Service Accust is the organization's primary exempt purpose? rganizations must describe their exempt purpose a ients served, publications issued, etc. Discuss achnizations and 4947(a)(1) nonexempt charitable trusts.  Counseling - The organization provindividuals and families. A total individuals and families. A total individuals. The agency also made research project.  Adoption Services - The agency planincluded counseling for 189 birth from foreign countries. There were year. (This program was assisted (by \$8,000 of donated services during program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth program for foreign counters for foreign for 189 birth program for foreign counters for foreign for 189 birth program for foreign for 189 birth program for foreign for foreign for 189 birth program for foreign foreign foreign for foreign f	ompli  Figure 1	shments (See pamily counselments in a clear and allocations of and allocations are provided the shades are allocations and allocations are all	e amount allocated page 25 of the include ling and concise manner neasurable. (Section of grants and allocated incompleted incompleted during the Adoptions for relations as 1,000 and allocated incompleted during the Adoptions for relations for relations and allocated incompleted during the Adoptions for relations for relations for relations and allocated incompleted during the Adoptions for relations for relations for relations and allocated incompleted incompleted during the Adoptions for relations for relations.	to Fundraising \$ Instructions.)  State the number of 501(c)(3) and (4) ocations to others.)  If to colving 2,426 are for a colving 2,426 are for a colving this con Services are deservices.	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)  \$257,800	
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(iii) the Para What All of cloorga a b c c c	Statement of Program Service Accust is the organization's primary exempt purpose? rganizations must describe their exempt purpose a ients served, publications issued, etc. Discuss achnizations and 4947(a)(1) nonexempt charitable trusts.  Counseling - The organization provindividuals and families. A total individuals and families. A total individuals. The agency also made research project.  Adoption Services - The agency planincluded counseling for 189 birth from foreign countries. There were year. (This program was assisted (Cby \$8,000 of donated services during program, the agency made grants to (Counseling for 189 birth program, the agency made grants to (Counseling for 189 birth) and the agency made grants (Counseling for 189 birth) and the agency made grants (Counseling for 189 birth) and the agency made grants (Counseling for 189 bi	ompli  fichieven ieveme must a rided of 63 a gra Grants ced 5 paren a 65 h Grants thre Grants Grants Grants	shments (See pamily counsements in a clear and allocations	e amount allocated bage 25 of the incling and concise manner neasurable. (Section of grants and allocated involves assisted involves adoptive far ptions involves and allocated during the sections for relations for relations for relations for sections and formula for the Adoptions for relations for relations for sections for formula	to Fundraising \$ Instructions.)  State the number in 501(c)(3) and (4) instructions to others.)  If to colving 2,426 instructions to others.)  Inilies. This red children ing this ing this in Services ed services.  In agency e care for instruction in the instru	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)  \$257,800	

Form 990 (2003) Page **3** 

#### Part IV Balance Sheets (See page 25 of the instructions.)

Note:						
		Where required, attached schedules and amounts column should be for end-of-year amounts only.	<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
		Column should be for end-or-year amounts only.			<u> </u>	
	45	Cash—non-interest-bearing		\$ 4,000	45	\$ 6,400
	46	Savings and temporary cash investments.		244,700	46	222,100
	47a	Accounts receivable	47a \$ 1,800			
	b	Less: allowance for doubtful accounts	47b 200	1,800	47c	1,600
	48a	Pledges receivable	48a 70,100			
		Less: allowance for doubtful accounts	48b 11,200	46,000	48c	58,900
	49	Grants receivable		4,600	49	5,800
	-			1,000		3,000
	50	Receivables from officers, directors, truste			50	
		(attach schedule)			//////	
'n	51a	Other notes and loans receivable (attach	51a			
ë	_	schedule)	51b		[]]]]]]	
Assets		Less: allowance for doubtful accounts		C 100	51c	7.000
•	52	Inventories for sale or use		6,100	52	7,000
	53	Prepaid expenses and deferred charges .		9,600	53	13,800
	54	Investments—securities (attach schedule).	▶ X Cost ☐ FMV	430,700	54	474,400
	55a	Investments—land, buildings, and				
		equipment: basis	55a			
	b	Less: accumulated depreciation (attach				
		schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis	57a 188,000			
	b	Less: accumulated depreciation (attach				
		schedule)	57b 13,200	168,500	57c	174,800
	58	Other assets (describe ►			58	
	59	Total assets (add lines 45 through 58) (mus	t equal line 74)	\$916,000	59	<b>\$964,800</b>
	60	Accounts payable and accrued expenses.		\$ 46,000	60	\$ 39,300
	61	Grants payable			61	
	62	Deferred revenue			62	
es	63	Loans from officers, directors, trustees, and	d key employees (attach			
≝		schedule)	, , ,		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule			64a	
⋍		Mortgages and other notes payable (attach		3,600	64b	3,200
	65	Other liabilities (describe ▶ Payable und	er capital lease )		65	10,200
	66	Total liabilities (add lines 60 through 65) .		\$ 49,600	66	\$ 52,700
	Orga	anizations that follow SFAS 117, check here I	► X and complete lines			
G	- 5	67 through 69 and lines 73 and 74.				
Ö	67	Unrestricted		603,100	67	651,300
<u>a</u>	68			71,600	68	66,000
Ва	69			191,700	69	194,800
Þ	Orga	anizations that do not follow SFAS 117, check	k here ▶ ☐ and			
Ξ	- 90	complete lines 70 through 74.				
ō	70	Capital stock, trust principal, or current fund				
ţ	71	Paid-in or capital surplus, or land, building,			71	
sse	72	Retained earnings, endowment, accumulate			72	
Net Assets or Fund Balances	73	Total net assets or fund balances (add line	·			
ě	-	70 through 72;				
_		column (A) must equal line 19; column (B) n	nust equal line 21)	\$866,400	73	\$912,100
	74	Total liabilities and net assets / fund balance	ces (add lines 66 and 73)	\$916,000	74	\$964,800

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.

Par	t IV-A	Financia	liation of Revenu I Statements witl See page 27 of th	n Revenue	per	Part	F	econciliation of inancial Stater eturn		
а		nue, gains,	and other support		//////////////////////////////////////	а		enses and lo		#712 COO
b	•	included or	statements > n line <b>a</b> but not on	a \$7!	36,300	b	Amounts i	iancial statemer ncluded on line Form 990:		a \$712,600
(1)	Net unrea	lized gains	\$			(1)	Donated and use of	services		
(2)	Donated	services of facilities	_			(2)	Prior year ad reported on	ljustments		
(3)	Recoverie	es of prior				(0)	Form 990 .	<u>\$</u>		
(4)	Other (sp	ts ecify):	<u> </u>				Losses rep	rm 990 <u>\$</u>		
	Λ dd		\$ (4) there exists (4) \$	<b>b</b>		(4)	Other (spe	············ <b>¢</b>		
			s (1) through (4) ►					nts on lines <b>(1)</b> th		<u>b</u>
c d	Amounts	nus line <b>b</b> . included o ) but not or	n line 12,	C		c d		ius line <b>b</b> ncluded on line but not on line :		C
(1)	Investment not includ	t expenses led on line				(1)	Investment not include	expenses d on line	<b>.</b>	
(2)	6b, Form 9 Other (sp	990 ecify):	<u>\$</u>			(2)	6b, Form 99 Other (spe			
			\$					<b>\$</b>		
е			es (1) and (2)  ne 12, Form 990	d		е		nts on lines <b>(1)</b> nses per line 17,		d
_	(line <b>c</b> plu	ıs line <b>d</b> ) .	<u> ▶</u>		58,300		(line <b>c</b> plus	s line <b>d</b> )	▶	e \$712,600
Pal		instruction		ustees, ar	ia Key E	mpio	yees (List e	each one even if	not compensa	ited; see page 27 o
		(A) Name	e and address				age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contributions t employee benefit plar deferred compensat	ns & account and other
		Brown, l enly Pla	Ph.D. ce, Utopia, O	H 41111		ive l	Director /wk.	\$62,800	\$1,81	0 -0-
		urlimanr dise Dri	n ve, Utopia, O	н 41111	_	resi hrs.		- 0 -	- 0 -	- 0 -
	Janet N	ewhouse			Vice	Pre	sident			
	Jim Jone		e, Utopia, OH	41111		hrs., easu		- 0 -	- 0 -	- 0 -
			topia, OH 4111	.1		hrs.		- 0 -	- 0 -	- 0 -
	Zenobia 23 Wonde		у, Utopia, ОН	41111		cret	_	- 0 -	- 0 -	-0-
75	organizatio	on and all rel	or, trustee, or key en lated organizations, o edule—see page 2	of which mor	e than \$10	0,000 w				

Pai	t VI Other Information (See page 28 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		Х		
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X		
	If "Yes," attach a conformed copy of the changes.					
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х		
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N,	/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		Х		
80a						
ooa	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		Х		
h	If "Yes," enter the name of the organization ▶					
~	and check whether it is exempt <b>or</b> nonexempt.					
21a	Enter direct and indirect political expenditures. See line 81 instructions 81a - 0 -					
	Did the organization file <b>Form 1120-POL</b> for this year?	81b	(///////	X		
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge					
02a	or at substantially less than fair rental value?	82a	Х			
<b>L</b>	b If "Yes," you may indicate the value of these items here. Do not include this amount					
b	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)					
832	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	(///////		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X			
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		х		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N.	/A		
05	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a		/A		
85 h	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		/A		
b	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization					
	received a waiver for proxy tax owed for the prior year.					
_	Dues, assessments, and similar amounts from members					
	Section 162(e) lobbying and political expenditures					
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices					
	Taxable amount of lobbying and political expenditures (line 85d less 85e)					
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N.	//////////////////////////////////////		
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its					
"	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax					
	vear?	85h	N	/A		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A					
	Gross receipts, included on line 12, for public use of club facilities					
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders					
	corrollar disconsistent and the state of the					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)					
00	courses against amount and or received new trismy		,,,,,,,	(///////		
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		х		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:					
oou	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A					
b	501(c)(3) and 501(c)(4) orgs. 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	89b		X		
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under					
_	sections 4912, 4955, and 4958			/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N,	/A		
	List the states with which a copy of this return is filed ▶ Ohio					
	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)			6		
91	The books are in care of ▶ Nancy Ward Telephone no. ▶ ( 216 )	456-	7899			
	Located at ▶ 1414 West Ash Drive, Utopia, OH ZIP + 4 ▶ 411	11-12	235	<u></u> .		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here			<u> </u>		
	and enter the amount of tax-exempt interest received or accrued during the tax year •   92		N,	/A		

Part V	Analysis of Income-Producing I	Activities (See pag	e 33 of the i	nstruction	ıs.)	
	Enter gross amounts unless otherwise	Unrelated busi			section 512, 513, or 514	(E) Related or
indicate	ed.	(A)	(B)	_ (C)	(D)	exempt function
<b>93</b> P	rogram service revenue:	Business code	Amount	Exclusion co	de Amount	income
a C	onsultation fees					\$2,300
b _						
<b>c</b> _						
d _						
e _						
f M	ledicare/Medicaid payments					
	ees and contracts from government agenci					300
_	lembership dues and assessments					1,600
	terest on savings and temporary cash investmen	nts		14	\$14,800	
	ividends and interest from securities			14	16,400	
	et rental income or (loss) from real estate:					
	ebt-financed property					
	ot debt-financed property					
	et rental income or (loss) from personal proper					
	ther investment income					
	ain or (loss) from sales of assets other than invento	I I		18	500	
<b>101</b> N	et income or (loss) from special events .			1	10,400	
	ross profit or (loss) from sales of inventory					400
<b>103</b> O	ther revenue: a Sale of easement			18	2,800	
b _						
<b>c</b> _						
d _						
е _						
<b>104</b> S	ubtotal (add columns (B), (D), and (E)) .	. <i>(////////////////////////////////////</i>	- 0 -		\$44,900	\$4,600
	otal (add line 104, columns (B), (D), and (E				<b>&gt;</b>	<b>\$49,</b> 500
	ne 105 plus line 1d, Part I, should equal th					
Part V	•					
Line No ▼	<ul> <li>Explain how each activity for which incon         of the organization's exempt purposes (or</li> </ul>				importantly to the	accomplishment
93a	Fees for marriage counsel	lingone of our	exempt pu	rposes.		
93g						
94	Members are social service				n on problem	cases.
102	Sale of educational mater	rials to members	and perso	ns rece	iving counsel	ing.
Part IX						
	(A) lame, address, and EIN of corporation,	(B)			(D)	(E)
יו	partnership, or disregarded entity	Percentage of ownership interest	(C) Nature of a	ctivities	Total income	End-of-year assets
N/A		%				
		%				
		%				
		%				
Part X	Information Regarding Transfers Ass	ociated with Persona	al Benefit Con	tracts (See	page 34 of the ins	structions.)
<b>(b)</b> D	d the organization, during the year, receive any funds, id the organization, during the year, pay pr If "Yes" to (b), file Form 8870 and Form	remiums, directly or in	ndirectly, on a			☐ Yes ☒ No ☐ Yes ☒ No
	Under penalties of perjury, I declare that I have exa	mined this return, including	accompanying so			
	and belief, it is true, correct, and complete. Declar	ation of preparer (other tha	n officer) is based	d on all inform	ation of which prepare	r has any knowledge.
Please	In (Inhm X	Brown	,		3/23/04	
Sign	Signature of officer	, , , , , , , , , , , , , , , , , , , ,			Date	
Here	John S. Brown, Execut	ive Director				
	Type or print name and title.					
n.:.			Date	Check if	Preparer's SSN o	r PTIN (See Gen. Inst. W
Paid Danie	Preparer's signature			self- employed ▶		,
Preparer's	Firm's name (or yours		1	EIN		
Use Only	if self-employed), address, and ZIP + 4				one no. ► (	

#### **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.)

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

Name of the organization			Employer identification	tion number	
Family Service Agency of Utopia,	Inc.	12 3456789			
Part I Compensation of the Five High (See page 1 of the instructions. L				nd Trustees	
(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 & deferred compensation	(e) Expense account and other allowances	
Roshan Contractor, M.S.W.	Dep. to the Direct	or			
41 Allegro Way, Utopia, OH 41111	45 hrs./wk.	\$56,000	\$1,634	- 0 -	
Mehroo Aziz					
50 Mountain View, Utopia, OH 41111	Ch. Counseling Ser	vices 52,000	1,490	- 0 -	
Total number of other employees paid over \$50,000 ▶  Part II Compensation of the Five High					
(See page 2 of the instructions. List  (a) Name and address of each independent contractor			of service	(c) Compensation	
None					
Total number of others receiving over \$50,000 for professional services	- 0 -				

Par	t III	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	atte or i	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid nourred in connection with the lobbying activities   **N/A**  (Must equal amounts on line 38, tVI-A, or line i of Part VI-B.)		x
	org	ganizations 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 lobbying activities.		
2	sub with own	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any estantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the esactions.)		
а	Sale	e, exchange, or leasing of property?		Х
b		ading of money or other extension of credit?		Х
С	Fur	nishing of goods, services, or facilities?		X
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Form 990   2d	X	
е	Tra	nsfer of any part of its income or assets?		X
3a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how		l
	-	determine that recipients qualify to receive payments.)		X
b		you have a section 403(b) annuity plan for your employees?		Х
4		you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?		х
Pai	't IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		
The	orga	nization is not a private foundation because it is: (Please check only <b>ONE</b> applicable box.)		
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).		
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)		
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).		
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).		
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's and state ▶	name	, city,
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 17 (Also complete the <b>Support Schedule</b> in Part IV-A.)	0(b)(1)	(A)(iv).
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the ge Section $170(b)(1)(A)(vi)$ . (Also complete the <b>Support Schedule</b> in Part IV-A.)	neral p	oublic.
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
12		An organization that normally receives: <b>(1) more than 33</b> 1/3% of its support from contributions, membership feed receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and <b>(2) no more th</b> its support from gross investment income and unrelated business taxable income (less section 511 tax) from business by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)	an 331	√₃% of
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports of 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).)		
		Provide the following information about the supported organizations. (See page 5 of the instructions.)		
		(a) Name(s) of supported organization(s)  (b) Line num from abo		
1/1		An organization organized and operated to test for public safety. Section 509(a)(4), (See page 6 of the instructions.)		

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.

Cale	ndar year (or fiscal year beginning in) . ▶	(a) 2002	<b>(b)</b> 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)	\$742,300	\$696,800	\$640,600	\$594,30	\$2,674,000
16	Membership fees received	1,100	1,500	1,500	1,40	5,500
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.	31,200	26,400	30,600	24,90	
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	26,000	27,700	22,100	20,40	96,200
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	\$800,600	\$752,400	\$694,800	\$641,000	\$2,888,800
24	Line 23 minus line 17	\$769,400	\$726,000	\$664,200	\$616,10	\$2,775,700
25	Enter 1% of line 23	\$ 8,006	\$ 7,524	\$ 6,948	\$ 6,41	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24	▶ 26	a \$ 55,514
b	Prepare a list for your records to show the nan governmental unit or publicly supported organiz amount shown in line 26a. <b>Do not file this list w</b>	ation) whose tota ith your return. E	l gifts for 1999 th nter the total of al	rough 2002 exce	eded the nounts > 26	
C	Total support for section 509(a)(1) test: Enter li				▶ 26	
d	Add: Amounts from column (e) for lines: 18	96,200			. 06	6d 96,200
_	22 Dublic compact (line OCc poince line OCd Add)	-0-	26b		• 26	0 650 500
e f	Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numera	tor) divided by li	 ino 26c (donomi		26	
27 b	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the (2002)	or amounts include the name of, and e sum of such an weet from each personal transfer or the such and the such personal transfer or the such personal transf	led in lines 15, 1 total amounts reconcurts for each y (2000)son (other than "d	6, and 17 that vertice in each year: N/A	vere received far from, each "c	rom a "disqualified disqualified person."
	(Include in the list organizations described in lines the difference between the amount received and amounts) for each year:  (2002) (2001)	5 through 11, as w the larger amount	vell as individuals.) described in (1)	Do not file this list or (2), enter the s	st with your ret um of these dif	turn. After computing ferences (the excess
			,		. (1000)	
С	Add: Amounts from column (e) for lines: 15				▶ 27	'c
d		and line 27b tota				
е	Public support (line 27c total minus line 27d to				• 27	'e
f	Total support for section 509(a)(2) test: Enter a					
g	Public support percentage (line 27e (numera		-			
h	Investment income percentage (line 18, colu	ımn (e) (numerat	or) aivided by lir	ne 2/T (denomin	ator)). ▶ 27	<u>'h</u> %
28	<b>Unusual Grants:</b> For an organization describe prepare a list for your records to show, for ea					

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Pa	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)		N/A			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No		
30	other governing instrument, or in a resolution of its governing body?					
	programs, and scholarships?	30	/////			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31				
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)					
32	Does the organization maintain the following:					
а	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				
С	Copies of all catalogues, brochures, announcements, and other written communications to the public 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				
	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:					
00	beet the organization discriminate by rase in any way with respect to.					
а	Students' rights or privileges?	33a				
b	Admissions policies?	33b				
С	Employment of faculty or administrative staff?	33c				
d	Scholarships or other financial assistance?	33d				
е	Educational policies?	33e				
f	Use of facilities?	33f				
g	Athletic programs?	33g				
h	Other extracurricular activities?	33h				
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)					
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a				
b	Has the organization's right to such aid ever been revoked or suspended?	34b				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? If "No." attach an explanation	35				

Par		Lobbying Expenditure (To be completed ONL						structions.)	N/A
Chec	ck <b>►a</b> □	if the organization belongs t	o an affilia	ited group. Che	eck ▶ b 🗌 if	you checked "a	" and '	'limited control"	provisions apply.
			-	ng Expenditur				(a) Affiliated group totals	(b) To be completed for ALL electing
		(The term "expenditu		<u> </u>	<u> </u>		_		organizations
36	-	ring expenditures to influer				⊢	36		
37		ring expenditures to influer	•	• ,	,		37 38		
38	-	ving expenditures (add lines					39		
39		npt purpose expenditures				–			
40									
41		unt on line 40 is—		bbying nontaxa	-	_			
		500,000				1///			
		00 but not over \$1,000,000.				I V//			
		,000 but not over \$1,500,000					ļ1		
		,000 but not over \$17,000,000		•		1 1//			
		0,000				I V//			
42		nontaxable amount (enter				4	12		
43	Subtract lin	ne 42 from line 36. Enter -0	0- if line 4	2 is more than lir	ne 36	4	13		
44	Subtract lin	ne 41 from line 38. Enter -0	0- if line 4	1 is more than lir	ne 38		14		
	<b>.</b>	.,,	l' 40		1.67 5 45	700			
	Caution: IT	there is an amount on eith							
	(Sor	me organizations that mad	e a sectio	or lines 45 through	do not have to	complete all of 1 of the instruc	ctions.)	)	
	Calendar y			(a)	(b)	(c)		(d)	(e)
	fiscal year	beginning in)		2003	2002	2001		2000	Total
45	Lobbying n	nontaxable amount							
46	Lobbying c	eiling amount (150% of lin	e 45(e)).						
47	Total lobby	ring expenditures							
48	Grassroots	nontaxable amount					,,,,,,,,,		
49	Grassroots	ceiling amount (150% of li	ne 48(e))						
50	Grassroots	lobbying expenditures .							
Pai	rt VI-B	Lobbying Activity by (For reporting only by	Nonelec			Part VI-A) (S	ee pa	ige 12 of the	e instructions.)
Durir	ng the year,	did the organization attem	pt to influ	ence national, st	tate or local legis	slation, includir	ng any	Yes No	Amount
		nce public opinion on a leg						103 110	Amount
а	Volunteers							. X	
b	Paid staff of	or management (Include co	mpensation	on in expenses r	eported on lines	<b>c</b> through <b>h.</b> )		. X	
С	Media adve	ertisements						. X	
d	_	members, legislators, or t						. X	
е		s, or published or broadca						. X	
f		other organizations for lobb						. X	
g		tact with legislators, their s	_		_	-		. <u>X</u>	
h :		monstrations, seminars, co		•				• /////////////////////////////////////	
	If "Yes" to	ring expenditures (Add line any of the above, also atta	s <b>c</b> inrougach a state	gri <b>n.</b> ) ement giving a d	etailed description	on of the lobby	ing ac	. <i>v.///////////////////////////////////</i>	1

Par	t VII			ransfers To and Transace e page 12 of the instruction	ctions and Relationships With Nonc ns.)	haritable	•
51			•		following with any other organization described on 527, relating to political organizations?	I in section	n
а	•	,		to a noncharitable exempt orga		Yes No	
_		•	• •		51a(i)	Х	
					a(ii)	Х	
b		er transactions:					
			es of assets with a	noncharitable exempt organizat	ion	Х	
				itable exempt organization		X	
				ner assets		Х	
						X	
						X	
				ship or fundraising solicitations		Х	_
С				sts, other assets, or paid employ		X	_
d	good	ls, other assets, o	r services given by	the reporting organization. If the	Column (b) should always show the fair market value organization received less than fair market value, other assets, or services received:	value of th alue in an	y
(a Line		<b>(b)</b> Amount involved	Name of nonc	(c) charitable exempt organization	(d)  Description of transfers, transactions, and sharing arra	ingements	
b(i	ii)	\$800	Fraternal S	ociety of Utopia	Rental of hall, kitchen, dining	 T	-
- (=	,	4000		and the state of t	room equipment and supplies for		-
					agency's annual dinner/dance.		-
					, , , , , , , , , , , , , , , , , , , ,		-
							-
							_
							_
	desc	ribed in section 50		other than section 501(c)(3)) or in	e or more tax-exempt organizations n section 527? ▶ ☐ Yes	X No	,
		(a)		(b)	(c)		
		Name of organiz	ation	Type of organization	Description of relationship		_
							_
Non	е						_
							-
							-
							-
							_
							_
							_
							_
							_
							_
							_
							_
							_
				1	1		

Dart T line to the court of C	ning (or losses) s	irom galo of accets a	thor than i	027
Part I, line 8a through 8d: G		TOM SALE OF ASSETS O	ther than invent	огу
Proceeds from sales of		+04 000		
Publicly traded se		00 000		
Cost and sales expense				
Gain		<u>\$ 500</u>		
Part I, line 9: Special event	s and activities			
Event	Dinner/	Celebrity		
	dance	auction	Raffle	
No. of occasions	1	1	1	Total
Gross revenue	\$14,500	\$9,200	\$4,700	\$28,400
Less: Direct expenses	11,200	3,700	3,100	_18,000
Net income	\$ 3,300	\$5,500	\$1,600	\$10,400
Part I, line 10a through 10c:	: Gross profit or (	(loss) from sales of	inventory	
			\$1,400	
Proceeds from sale of Cost of publications			\$1,400 \$1,000	
Gross profit			\$ 400	
GIOSS PIOLIC				
Part I, line 16:				
Payments to affiliate	s		\$12,400	
Two percent (2%) of were paid to the Nat Agencies for its gen affiliation agreeme	cional Association neral operations,	as required by our	1	
Part II, line 22: Grants and	allocations			
~				
Family Counseling:	5			
National Association				
Family Service Agen			\$ 3,000	
Milwaukee, WI 53226			Ψ <u>3,000</u>	
Adoption Services:				
National Association	on of			
Family Service Ager	ncies		\$10,000	
Utopia Adolescent C	Center			
Utopia, OH 41111 .			5,000	
Utopia Children's S			6 000	
Total			\$21,000	
Foster Home Care:				
Utopia Children's S	Services		\$ 5,000	
TTI	N +		6,900	
'Total			ΨΙΙ, 300	

#### Part II, line 23: Specific assistance to individuals

Adoption assistance to low-income families . . . . . . . . \$20,400

Reimbursement of out-of-pocket expenses

Part II, line 42: Depreciation AND Part IV, line 57 -- Land, buildings, equipment

Asset	Date acquired	Cost	Prior years' depreciation	Method	Useful <u>life</u>	Current depreciation
Land	2001	\$ 45,500				
Office equip.	1996	3,000	\$2,450	S.L.	8 years	\$ 350
Office equip.	2003	11,500		S.L.	8 years	1,150
Building	2001	128,000	5,550	S.L.	30 years	3,700
Total		\$188,000	\$8,000			\$5,200

Part IV, line 54: Investments - securities (end of year)

	Number of	Book value
Common stock	shares	(cost)
A Corporation	4,000	\$ 98,000
B Corporation	1,600	17,400
C Corporation	1,000	22,100
D Corporation	1,200	58,200
E Corporation	800	43,700
F Corporation	2,000	109,200
G Corporation	1,000	62,400
H Corporation	600	16,500
I Corporation	900	46,900
Total		\$474,400

Part IV, line 64b: Mortgages and other notes payable

Mortgage payable to State Bank of Utopia @6% per annum

\$3,200

Attachment for Schedule A (Form 990 or 990-EZ) (2003)

Part III, Line 3a:

Organizations receiving grants are required to furnish:

- 1. A copy of their section 501(c) (3) determination letter from the IRS.
- 2. Audited financial statements for the 2 preceding years.
- 3. Evidence of service quality and effectiveness in reaching poverty level population.
- 4. Quarterly report of services delivered.