Form **9.90**

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)

Open to Public

OMB No 1545-0047

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Inspec<u>tion</u> Internal Revenue Service For the 2007 calendar year, or tax year beginning and ending D Employer Identification number C Name of organization Check if applicable 52-6416241) 52 use IRS Address change INTERNATIONAL FAMILIES, INC. label 6 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change print or type Initial return 5 THOMAS CIRCLE See Specific City or town State or country 25P + 4 F Accounting method: X Cash Termination Accrual Instructions. Other (specify) Amended return 20005 <u> WASHINGTON</u> Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable H and I are not applicable to section 527 organizations trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Yes X No H(b) If 'Yes," enter number of affiliates ▶ Mepaite. H(c) Are all affiliates included? Yes ► X 501(c) (3) < (insert no) Organization type (check only one) 4947(a)(1) or (If "No," attach a list, See instructions.) if the organization is not a 509(a)(3) supporting organization and its gross H(d) Is this a separate return filed by an organization. receipts are normally not more than \$25,000. A return is not required, but if the organization chooses covered by a group ruling? to file a return, be sure to file a complete return Group Exemption Number Check > if the organization is not required Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 to attach Sch. B (Form 990, 990-EZ, or 990-PF). 581,327 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: Contributions to donor advised funds . . . 0 Direct public support (not included on line 1a) 1b 10 Ó Indirect public support (not included on line 1a). d Government contributions (grants) (not included on Jine n Td e Total (add lines 1a through 1d) (cash \$ 0) 1e 327 Program service revenue including government (from Part VII, line 93) 2 2 581 3 Membership dues and assessments 3 0 Interest on savings and temporary cash investigation 4 0 5 Dividends and interest from securities 5 0 *6 a Gross rents 6a b Less rental expenses 1 c Net rental income or (loss) Subtract line 6b from line 6a 6c 0 7 Other investment income (describe 0 B a Gross amount from sales of assets other (B) Other (A) Securities 111 0 8a ol: than inventory <u>o</u>j ... b Less: cost or other basis and sales expenses 0 86 0 c Gain or (loss) (attach schedule) . . . 0 8c d Net gain or (loss) Combine line 8c, columns (A) and (B) **8**d 0 Special events and activities (attach schedule). If any amount is from gaming, check here O F a Gross revenue (not including \$ 9a b Less: direct expenses other than fundraising expenses 9b 0 195 9c c Net income or (loss) from special events. Subtract line 9b from line 9a 0 ٥F 10 a Gross sales of inventory, less returns and allowances 10a 10b 0 **b** Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 0 10c 11 Other revenue (from Part VII, line 103) 11 0 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 581,327 13 Program services (from line 44, column (B)) . . 13 496,636 Management and general (from line 44, column (C)) 14 80,027 15 Fundraising (from line 44, column (D)) 15 0 16 Payments to affiliates (attach schedule) 16 0 Total expenses. Add lines 16 and 44, column (A) 17 17 576,663 Excess or (deficit) for the year Subtract line 17 from line 12 . 18 18 4,664 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 19 7,184 20 Other changes in net assets or fund balances (attach explanation) 20 ž Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 11,848

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

Form 990 (2007)

(HTA)

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If "Yes," enter (i) the aggregate amount of these joint costs \$

(iii) the amount allocated to Management and general

(ii) the amount allocated to Program services \$

and (iv) the amount allocated to Fundraising \$

52-1646241 Form 990 (2007) Page 2 52-6416241 INTERNATIONAL FAMILIES, INC. Part II Statement of 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 the instructions.) Functional Expenses Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. and general 22 a Grants paid from donor advised funds (attach schedule) (cash _____0 noncash \$ ____ 0) If this amount includes foreign grants, check here 22a 22 b Other grants and allocations (attach schedule) \$_____0 noncash \$ If this amount includes foreign grants, check here 22b Specific assistance to individuals (attach 23 Benefits paid to or for members (attach schedule). . . 25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a 45,000 45,000 b Compensation of former officers, directors, key employees, etc listed in Part V-B . . . 25b 0 0 c. Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c Salaries and wages of employees not included 26 0 on lines 25a, b, and c 27 Pension plan contributions not included on 28 Employee benefits not included on lines 25a – 27 28 Payroll taxes 29 29 0 30 Professional fundraising fees . 30 Ol 31 Accounting fees . . . 0 0 32 Legal fees . 33 Supplies 15,617 12,494 3,123 34 Telephone . . . 34 7,174 5,739 1,435 35 Postage and shipping 220 1,100 880 3.720 36 Occupancy 36 4.650 37 Equipment rental and maintenance . . 37 Ol 38 Printing and publications 38 1.441 1,153 288 39 39 177,818 142,254 35,564 40 40 Conferences, conventions, and meetings 41 Interest 41 42 Depreciation, depletion, etc. (attach schedule) . 3,080 3,080 Other expenses not covered above (itemize): a See attached statement 43a 320.783 285.396 35.387 0 ol 0 0 o 43c 0 0 O 0 0 0 43e ol 0 0 0 43f 0 0 ol 0 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 80.027 13-15) . 576,663 496.636 Joint Costs. Check ▶ If you are following SOP 98-2 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes No

Form	990	(2007)
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Statement of Program Service Accomplishments (See the instructions.)

52-164 624)
Page

Form 990 (2007)	INTERNATIONAL	FAMILIES, INC.

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.

What is the organization's primary exempt pur	pose? ▶	Program Service Expenses
All organizations must describe their exempt purpos of clients served, publications issued, etc. Discuss a	e achievements in a clear and concise manner. State the number inchievements that are not measurable. (Section 501(c)(3) and (4) trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a FIND AND PLACE FOR ADOPTION A NUM CONSIDERATION OF RACE OR NATIONA	MBER OF HOMELESS CHILDREN WITHOUT ALITY.	
L	①)If this amount includes foreign grants, check here ▶	496,636
(Grants and allocations \$	() If this propylindevides foreign grants, check here	0
•	0) If this amount includes foreign grants, check here	0
(Grants and allocations \$	(a) If this amount includes foreign grants, check here)]
e Other program services (attach schedule)		<u>.</u>
(Grants and allocations \$	0) If this amount includes foreign grants, check here]

Form **990** (2007)

Form 990 (2007) INTERNATIONAL FAMILIES, INC.

Par	t IV	Balance Sheets (See the instructions.)				
	Note:	Where required, attached schedules and amounts within the column should be for end-of-year amounts only.	e description	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing		-397		3,064
	46	Savings and temporary cash investments .			46	
	47 a	Accounts receivable				
	b	—	7b 0	0	47c	0
	İ					
			8a 0			
	b	Less allowance for doubtful accounts 4	8b 0	0		0
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, direct	1	•		
				0	50a	0
97	В	Receivables from other disqualified persons (as defined un 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
Assets	51 a	Other notes and loans receivable (attach	(allaci scriedule) .	· _ 	300	
As	" "		1a 0			
	Ь		1b 0	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54 a		. ▶ Cost FMV	0	54a	0
	Ь	Investments-other securities (attach schedule).	► Cost FMV	0	54b	
		Investments—land, buildings, and				
			5a0			
	Ь	Less: accumulated depreciation (attach			羅萨克	
		schedule)	5 b 0		55c	0
	56	Investments—other (attach schedule)	. ,	0		0
			7a 0		1	
	b	Less: accumulated depreciation (attach				_
			7b 0	0	57c	0
	5 8	Other assets, including program-related investments (describe See attached statement	,	7,581	58	8,784
	59	Total assets (must equal line 74). Add lines 45 thro	ugh 58	7,184		11,848
	60	Accounts payable and accrued expenses		7,104	60	11,040
	61	Grants payable	ſ	· · · · · · · · · · · · · · · · · · ·	61	-
	62	Deferred revenue			62	
69	63	Loans from officers, directors, trustees, and key em	ployees (attach		777	
biiltles		schedule)		0		0
	64 a	Tax-exempt bond liabilities (attach schedule)		0		0
ڌ	b	Morigages and other notes payable (attach schedule			64b	0
	65	Other liabilities (describe		0	65	0
	ec	Total liabilities Add lange 60 through 65		0		^
	66	Total liabilities. Add lines 60 through 65			66	0
	Orga	nizations that follow SFAS 117, check here ► X	and complete lines		Port.	
8		67 through 69 and lines 73 and 74.			, ' B	44.040
5	67	Unrestricted		7,184	68	11,848
3at	68 69	Temporarily restricted		·	69	
ď		nizations that do not follow SFAS 117, check her	and		12.334	
5	Orga	complete lines 70 through 74.	and			
7	70	Capital stock, trust principal, or current funds			70	
Vet Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equi	r-		71	
2	72	Retained earnings, endowment, accumulated incom			72	
Ϋ́	73	Total net assets or fund balances. Add lines 67 th				
ž		70 through 72 (Column (A) must equal line 19 and			;	
	ļ	equal line 21)		7,184		11,848
	74	Total liabilities and net assets/fund balances. Ad	d lines 66 and 73 .	7,184	74	11,848

52-16462 Y1

Form 880 ((2007) '				INTERNATIONAL	FAMILIES, INC		52-6416	241	Page 5
Part IV	_	Reconcilia nstructions		levenue per A	udited Financial St	atements Wi	th R	evenue per Retu	ırn (S	See the
a	Total re	evenue, gair	ns, and ot	ner support per	audited financial states	nents			а	581,327
b /	Amoun	ts included	on line a l	out not on Part I	, line 12:		_		100	
1 1	Net uni	realized gas	ns on inve	stments			<u>b1</u>		<u> </u>	
							b2			
3 F	Recove	enes of prio	r year grai	nts			b3		S	
4 (Other (specify):			• • • • • • • • • • • • • • • • • • • •					
_					• • • • • • • • • • • • • • • • • • • •		<u>b4</u>	<u> </u>	機器	
									b	
									C	581,327
				line 12, but not						
1 1	nvestn	nent expens	ses not inc	luded on Part I,	line 6b		<u>d1</u>			
2 (Other (specify).			• · · • • • • • • • • • • • • • • • • •					
-					 		d2	·		
									đ	
	Total r	evenue (Pa	rt I, line 1	Add lines c a	and d		•	<u>.</u> ▶	е	581,327
Part IV					Audited Financial S	Statements W	/ith I	Expenses per Re	eturn	
		•			icial statements .				a	576,663
				but not on Part I				1		
		ed services					<u>b1</u>	 		
					ie 20		b2			•
			n Part I, lir	ne 20		·	<u>b3</u>		e i	
4 (Other ((specify).								
_							<u>b4</u>	<u> </u>) 神经	
/	Add Iin	es b1 throu	gh b4 .			<u> </u>			Ь	
c s	Subtra	ct line b fro	n line a .						C	576,663
d /	Amoun	its included	on Part I,	line 17, but not	on line { { \(\(\) \)	アソ	1	1		
1 1	nvestr	nent expens	ses not inc	luded on Part I,	line 6b	u . .	<u>d1</u>			
. 5	Other ((specify):					l			
-							<u>d2</u>		12.00	
-		es d1 and d	-						d	
					and d				e	576,663
Part V-					tees, and Key Emp					
	t	rustee, or k	ey employ	ree at any time o	during the year even if	T	T			ctions)
		(A) Name a	and address		(B) Title and average hours per	(C) Compensate (If not paid,	DN	(D) Contributions to emp benefit plans & defer		(E) Expense account
		(A) Name a	ino aconess		week devoted to position	enter -0 .)	1	compensation plans		and other allowances
Name E	EPURI	RAMAN RA	Str 613 H	AWKESBURY	Title PRESIDENT					
		RSPRING		zif 20904	Hr/WK 10		0		٥	C
				AWKESBURY	Title EXEC DIRECT		1			
		RSPRING		zif 20904	H/WK 40	1	ool		0	(
		Y DOUGLA			Title	7	-	· · · · · · · · · · · · · · · · · · ·		`
	TK PA		ST MD	ZIP	H:/WK	1	o		0	
				CASTLE BLV			<u> </u>			
		R SPRING					0		0	_
				ZIP	Hr/WK		-			
				ASPEN AVE.	Title	1			0	,
	TK PA			ZIP	Hr/WK	 	0			
		YNDELL		BLUEHILL RD		1				
		R SPRING		ZIP	Hr/WK	·	0		0	<u>_</u>
		VKS MIST			Title				_	
	HERN			ZIP	Hr/WK	 	0		0	
Name		•	• • • • • • • •	RENUE WAY	Title					
	HERN	DON	ST VA	ZIP	Hr/WK	 	0		0	
Name i	<u>WA</u>		Str		Title	1	-			
City			ST	ZIP	HrMK	<u> </u>				
Name I	V/A		Str		Title					
City			ST	ZIP	Hr/WK					
										Form 990 (2007

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	•		52-164	6241
Form 990 (2007) 'INTERNATIONAL FAMILIES, INC			52-6416241)	Page 6
Part V-A Current Officers, Directors, Tru	stees, and Key Em	ployees (continu	ed)	Yes No
75 a Enter the total number of officers, directors, an meetings.	d trustees permitted to	vote on organizat	ion business at board	
b Are any officers, directors, trustees, or key ememployees listed in Schedule A, Part I, or high	est compensated profe	essional and other	independent	
contractors listed in Schedule A, Part II-A or II-relationships? If "Yes," attach a statement that	Identifies the individua	als and explains the	e relationship(s)	75b
c Do any officers, directors, trustees, or key emp compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the definition of "related organization."	Part I, or highest com Part II-A or II-B, receiv that are related to the o	pensated profession of compensation from the compensation? See	onal and other om any other	75c X
If "Yes," attach a statement that includes the induces the organization have a written conflict o	finterest policy?	<u> </u>		75d
Part V-B Former Officers, Directors, Trustees,				
officer, director, trustee, or key employed				
person below and enter the amount of co	ompensation or other I	benefits in the appr	ropriate column. See the in:	structions.)
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A				
Name N/A St City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP		-		
Name N/A Str City ST ZiP				
Part VI Other Information (See the instruction	rons.)			Yes No
76 Did the organization make a change in its activ	rities or methods of cor	nducting activities?	If "Yes," attach a	
detailed statement of each change				76 X
77 Were any changes made in the organizing or g If "Yes." attach a conformed copy of the chang.		out not reported to	the IRS?	77 X
78 a Did the organization have unrelated business getthis return?	gross income of \$1,000	or more during th	e year covered by	78a X
b If 'Yes," has it filed a tax return on Form 990-T Was there a liquidation, dissolution, termination	•		, ,	78b X
a statement				79 X
30 a Is the organization related (other than by assoc common membership, governing bodies, truste		•		
organization?	· · · · · · · .	. , , , ,		B0a X
_	and check whether	it is exempt of	or nonexempt	
31 a Enter direct and indirect political expenditures	(See line 81 instruction		81a	
b Did the organization file Form 1120-POL for th	19 year ?	<i>.</i>	· · · · · · · · · · · · · · · · · · ·	81b

52-1846241 Form 990 (2007) Page **7** INTERNATIONAL FAMILIES, INC. Other Information (continued) Part VI No 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid prc quo contributions? . . . 83b 84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b 85 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. c Dues, assessments, and similar amounts from members . . . d Section 162(e) lobbying and political expenditures 85d e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e f Taxable amount of lobbying and political expenditures (line 85d less 85e) . 85f g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . h 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 year? 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a b Gross receipts, included on line 12, for public use of club facilities 86b 501(c)(12) orgs Enter: a Gross income from members or shareholders . 87a b Gross income from other sources (Do not net amounts due or paid to other 87Ь 88 a 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 . b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI...... 886 89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under > ; section 4912 > , section 4955 > 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 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . d Enter. Amount of tax on line 89c, above, reimbursed by the organization . e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.). 91 a The books are in care of ► Name EPURI RAMAN RAO Telephone no Located at ▶ 5 THOMAS CIRCLE, 5TH FL City WASHINGTON ST DC ZIP + 4 ► 20005 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 No 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, Report of Foreign Bank and Financial Accounts.

				5	2-164	6241
Form 99	00'(2007)' INTERNATIONAL FA	MILIES, INC			52-6416241)	Page 8
Part \						Yes No
92	At any time during the calendar year, did the of if "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt chantable trust	s filing Form 990 in	lieu of Forn	7 1041—Check he	ere	1c ▶ □
D4 1	and enter the amount of tax-exempt interest re				▶ 92 N/A	
Part					- 510 510 -: 514	(E)
Note: indica	Enter gross amounts unless otherwise	Unrelated busin		Excluded by section		Related or
93		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function
a a	Program service revenue					income 581,327
b						331,327
c						
d				 	ļ	
6	· 				 	
7	Medicare/Medicaid payments Fees and contracts from government agencies			 		
94	Membership dues and assessments			 		
95	Interest on savings and temporary cash investments .					
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate	Juan 1		A HARLANDER KANNER	A STATE OF THE PARTY OF THE PAR	British College But
	debt-financed property					
98	not debt-financed property Net rental income or (loss) from personal property				1	
99	Other investment income		<u> </u>	1	†	
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory .					
103	Other revenue a			+		
b				-		
d						
e					İ	
104	Subtotal (add columns (B), (D), and (E))			0	0	581,327
105	Total (add line 104, columns (B), (D), and (E))		<u>.</u>	-	. ▶	581,327
	Line 105 plus line 1e, Part I, should equal the a			D //O	14 . 4 . 4	
Part						
Line (No. Explain how each activity for which income is of the organization's exempt purposes (other				ly to the accompli	snment
 .						
				<u>-</u>		
					 	
Part (Disregarded	d Entities (See t	he instructions	
	(A) Name, address and EIN of corporation.	(B) Percentage	0.5	(C)	(0)	(E)
	partnership, or disregarded entity	ownership inte	(Nat	ure of activities	Total income	End-of-year assets
N/A			%		0	
			%		0	
			%		0	0
0	V Information Described Transfer	A	% 	lomefit O = - 1	0	0
Part 2						
	id the organization, during the year, receive any funds, dire oid the organization, during the year, pay premiu					Yes X No
	If "Yes" to (b), file Form 8870 and Form 4720					
						Form 990 (2007)

Preparer's

signature

Firm's name (or yours

address, and ZIP + 4

if self-employed),

Paid

Preparer's

Use Only

Check if

employed

Date

1900 L STREET NW, SUITE 609, WASHINGTON, DC 20036

8/19/2008

			5.5-164	6241	
Form-9	90 (2007) INTERNATIO	NAL FAMILIES, INC.	(52-8416241)		Page 9
Part		Transfers To and From C tion as defined in section 51.	ontrolled Entities. Complete on	ly if the organiz	zation
106	Did the reporting organization m the Code? If "Yes," complete the		d entity as defined in section 512(b)	(13) of Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tran	ısfer
a					
ь					
c					
	Totals				
107	Did the reporting organization re 512(b)(13) of the Code? If "Yes."		trolled entity as defined in section for each controlled entity	Yes	No
	(A) Name, address, of each controlled entity	(8) Employer Identification Number	(C) Description of transfer	(D) Amount of tran	sfer
а		-			
b		-			
С		-			
	Totals	Carry State State			
108	Did the organization have a bind rents, royalties, and annuities de		August 17, 2006, covering the interest	est, Yes	No
Pleas Sign	and belief it is true, correct, and complete	have examined this return, including access Declaration of preparer (other than office	ompanying schedules and statements, and to learn is based on all information of which prepare	he best of my knowle thas any knowledge	idge
Here	Signature of officer Type or pnnt name and title		Date		

Form 990 (2007)

Preparer's SSN or PTIN (See Gen. Inst. X)

<u>► 52-2157831</u>

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

(HTA)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(i), 501(k), 501(n), or 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

Name of the organiza	ation	· · · · · · · · · · · · · · · · · · ·			ntification number
	AL FAMILIES, INC			52-6416241)	
Part I C	ompensation of the Five Hig	hest Paid Employees	Other Than Offi	cers, Directors, a	ind Trustees
(S	See page 1 of the instructions 1	ist each one. If there a	re none, enter "N	lone ")	
(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
), 613 HAWKESBURY LANE G, MD 20904 USA	EXECUTIVE DIRECTOR		Solo i So	anonomees
	ther employees paid over \$50,000 🕨				
	ompensation of the Five Hig				
(S	see page 2 of the instructions 1	list each one (whether i	individua's or firm	ns) If there are no	ne, enter "None.")
(a) Name a	nd address of each independent contractor p	paid more than \$50,000	(b) Туре	of service	(c) Compensation
ESTHER HAINE ARKPORT, NY	S, 8003 KNOLL TOP COURT 14823 USA				
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Total number of ot professional service	thers receiving over \$50,000 for ces.	0			and the second
Part II-B C	ompensation of the Five High	nest Pald Independent	Contractors fo	r Other Services	
(L	ist each contractor who perforr	ned services other than	professional ser	vices, whether inc	no slaubivit
fir	ms. If there are none, enter "No	one." See page 2 of the	instructions)		
(a) Name a	nd address of each independent contractor p	paid more than \$50,000	(b) Type	of service	(c) Compensation
Total number of ot \$50,000 for other s	her contractors receiving over services .	0			
For Paperwork Re	eduction Act Notice, see the instruc	tions for Form 990 and For	m 990-EZ.	Schedule A #	orm 990 or 990 EZ) 2007

52-1646241

C52-6416241 INTERNATIONAL FAMILIES, INC. Page 2 Schedule A (Form 990 or 990-EZ) 2007 Statements About Activities (See page 2 of the instructions.) Part III Yes No 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 (Must equal amounts on line 38, or incurred in connection with the lobbying activities 🕨 🕏 🔛 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 atalement explaining the transactions) Sale, exchange, or leasing of property? . Lending of money or other extension of credit? 2b Furnishing of goods, services, or facilities? Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? х Transfer of any part of its income or assets? 20 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) 3a b Did the organization have a section 403(b) annuity plan for its employees? c. Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . 3c d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . 4h b Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Enter the total number of donor advised funds owned at the end of the tax year Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts g. Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year Schedule A (Form 990 or 990-EZ) 2007

Total

52-1646241 52 64 16 24 1 Schedule A (Form 890 or 990-EZ) 2007 INTERNATIONAL FAMILIES, INC. Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions) I certify that the organization is not a private foundation because it is (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, City ST Country An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv), 10 (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.) 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its chantable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the 13 requirements of section 509(a)(3). Check the box that describes the type of supporting organization. Type I _ Type II Type III-Functionally integrated Type III-Other Provide the following Information about the supported organizations. (See page 8 of the instructions.) (b) (c) (e) Name(s) of supported organization(s) **Employer** Type of Is the supported Amount of identification organization organization listed in support number (EIN) (described in lines the supporting 5 through 12 organization's above or IRC governing documents? section) Yes 0 0 0

An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

II

Schedule A (Form 990 or 990-EZ) 2007

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Support Schedule (Complete only if you checked a box on line 10, 11, o ¹¹ 2; 1985 6ash method of accounting.						52-16	11234
Note: You may use the worksheet in the Instructions for converting from the accrual to the cash method of accounting. Ealendary year (or fiscal year beginning in)							Page 4
Calendar year (or fiscal year beginning in)			•		•		_
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17 20 21 27c d Add: Line 27a total and line 27b total 27d e Public support (line 27c total minus line 27d total) 27e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 0.00 h Investment Income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 0.00 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006 prepare		(2006) (2005)		(2004)		(2003)	
17 20 21 27c d Add: Line 27a total and line 27b total 27d e Public support (line 27c total minus line 27d total) 27e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 0.00 h Investment Income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 0.00 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006 prepare		Add Assessed from andrews (a) for linear 45	4	c			
d Add: Line 27a total and line 27b total e Public support (line 27c total minus line 27d total) f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment Income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 0.00 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006 prepare	C	17 20	'	1	_	▶ 27c	0
Public support (line 27c total minus line 27d total) Total support for section 509(a)(2) test: Enter amount from line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) Note that is a provided by line 27f (denominator) and the percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) Public support percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	c						0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment Income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27f 27g 0.00 27h 0.00 27h 0.00 27h 0.00	6	Public support (line 27c total minus line 27d total) .			. ,		0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment Income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006 prepare	f	Total support for section 509(a)(2) test: Enter amount	from line 23, colu	ımn (e) l	▶ 27f		
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006 prepare			-				0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006 prepare	<u>t</u>						0.00%
a list for your records to show for each year the name of the contributor the date and amount of the count and a bank of	28	Unusual Grants: For an organization described in lin	ie 10, 11, or 12 th	et received any uni	usual grants durin	ig 2003 through 2	006 prepare
a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						, and a bherdesc	npaon or

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52-1646241

Schedule-A (Form 990 or 990-EZ) 2007

INTERNATIONAL FAMILIES, INC.

52-6416241/	

Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes No 29 other governing instrument, or in a resolution of its governing body? . . . 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions. proprams, and scholarships? . . . Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 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? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially condiscriminatory 32b c. Copies of all catalogues, prochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . 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.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 33a Admissions policies? . . Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? Other extracurricular activities? . If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or biplease explain using an attached statement, Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 35 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

				5	2-164	6241
Che	dyle-A (Form 990 or 990-EZ) 2007 INTERNATIONA	N FAMILIES IN	ıc	52-64	16241)	Page 6
_	rt VI-A Lobbying Expenditures by Electing					
	(To be completed ONLY by an eligible				,	
Chec	ck > a if the organization belongs to an affiliated gro				ited control" provi	sions apply
						(b)
	Limits on Lobbying E	xpenditures			(a) Affiliated group	To be completed
	(The term "expenditures" means at	mounts paid or inc	curred.)		totals	for all electing organizations
36	Total lobbying expenditures to influence public opinion (gr			. 36		
37	Total lobbying expenditures to influence a legislative body	(direct lobbying)	•	37		
38	Total lobbying expenditures (add lines 36 and 37)		• • •	38	0	0
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add lines 38 and 39)			40	0	0
41	Lobbying nontaxable amount. Enter the amount from the t	=		1		
		oying nontaxable				
		he amount on line				
	•	•	excess over \$500,0	[**************************************		排除地區 400 00分號
		•	excess over \$1.000	2 302030		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 Over \$17,000,000 \$1,000,000		xcess over \$1,500,	000		
42	Gressroots nontaxable amount (enter 25% of line 41)			. 42	N. Air Shristati, Mitt	U SALLEN SECTIONS
43	Subtract line 42 from line 36 Enter -0- if line 42 is more th			43	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more th			44	0	0
				100 T		"黄素"。
	Caution: If there is an amount on either line 43 or line 44,	you must file For	m 4720			
	4-Year Averaç	ing Period U	nder Section 5	01(h)		
	(Some organizations that made a section 5	01(h) election do	not have to comple	te all of the five c	olumns below.	
	See the instructions for in	nes 45 through 50	on page 13 of the	instructions)		
		Lobb	ying Expenditur	es During 4-Ye	ar Averaging F	eriod
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in)	2007	2006	2005	2004	Total
45	Lobbying nontaxable amount	POR SANDY COMMON TO STATE OF	Committee of the commit		W - 2 46 - 100 - 1	0
46	Lobbying ceiling amount (150% of line 45(e))					•
	Cobbying dening amount (13575 of line 45(e))	STATES TO VALUE AND	8 1 - 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	18 vat. 1 97 32 10	0
47	Total lobbying expenditures			Ti		0
48	Grassroots nontaxable amount	Description of the second	Sec. of the second		Brand Harrison De March	0
49	Grassroots ceiling amount (150% of line 48(e))		精神 计单位			0
	Grassious centry arribunt (1007) of this 40(e)	fix	St. Carlo	Minkey Printer	the state of the s	
50	Grassroots lobbying expenditures .					0
Pa	t VI-B Lobbying Activity by Nonelecting P					· · · · · · · · · · · · · · · · · · ·
	(For reporting only by organizations th	at did not com	plete Part VI-A	(See page 14	of the instruct	ions)
ourir	ig the year, did the organization attempt to influence national	al, state or local le	gislation, including	any		
	npt to influence public opinion on a legislative matter or refe		-		Yes No	Amount
a	Volunteers				X	
ь	Paid staff or management (Include compensation in exper	nses reported on t	ines c through h.)		X	PRINCIPAL SECTION
C	Media advertisements				Х	
ď	Mailings to members, legislators, or the public				X	
8	Publications, or published or broadcast statements				. X	
f	Grants to other organizations for lobbying purposes .				X	
g	Direct contact with legislators, their staffs, government offi		=		X	
h	Rallies, demonstrations, seminars, conventions, speeches	s, lectures, or any	other means	•	X	
1						-
	Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement object.		inting of the labbid	a activities		0
	Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement giving		ption of the lobbyin		Schedule A (Form 9	

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								52-1	ہ بر	62	4
Sched	Ivle /	A (Form	. 990 or 990-EZ) 200	07	INT	ERNATIONAL FA	MILIES,	INC. 52-6416241		P	age 7
Par	rt V			_				and Relationships With Nonchari	table		
			Exempt Organ	nizations (See p	age	14 of the instruc	ctions.)				
51				•				g with any other organization described in sec 7, relating to political organizations?	ction		
a	T	ranste	rs from the report	ting organization to a	a non	cnaritable exempt o	rganizatio	on of		Yes	No
			ash .						51a(l)		
		(11) 0	ther assets .						a(iı)		
t	9 0	Other to	ansactions:								
		• •	•	s of assets with a no			nization	· · · · · · · · · · · · · · · · · · ·	b(1)	-	 -
				ts from a noncharita			•	· · · · · · · · · · · · · · · · · · ·	b(ii)		
	,	• •	· ·	equipment, or other				· · · · · · · · · · · · · · · · · · ·	b(i:i) b(iv)		
		• •	eimbursement an pans or loan guar	rangements					b(v)	 	
		• •	•	rvices or membersh					b(vi)	 	
c		• •		pmant, mailing lists,	•				C		
c		•						lumn (b) should always show the fair market	value		
		_	•	_	-			e organization received less than fair market	value		
	_	n any t		iring arrangement, si	now I		ue of the	goods, other assets, or services received:			
11	(a) ine n	ا م	(b) Amount involved	Name of nor	nchari	(c) able exempt organizati		(d) Description of transfers, transactions, and share	no atrani	nement	ès.
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			·-···	-							
						·					
52 z								e tax-exempt organizations			
k			ed in section 501 complete the fol	(c) of the Code (othe llowing schedule	er tha	n section 501(c)(3))	or in sec	tion 527?	Yes	LX] No
		· <u> </u>	(a)			(b)		(c)			
			Name of organiza	ation 	↓	Type of organizatio	n	Description of relationship			
					 		 -				
			_		+						
					+					_	
					+-				_	_	
_											
							•				
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p.18

Depreciation and Amortization (Including Information on Listed Property)

OMR No. 1545-0172 Attachment

Form 4562 (2007)

Department of the Treasure Internat Revenue Service

► See separate instructions.

Attach to your tax return. Business or activity to which this form relates

Sequence No 67 ldentifying number

Name(s) shown on return INTERNATIONAL FAMILIES, INC. 990 5246416241 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses. 125,000 2 Total cost of section 179 property placed in service (see Instructions). . . 2 3 Threshold cost of section 179 property before reduction in limitation . . . 3 500,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions 125,000 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 . Total elected cost of section 179 property. Add amounts to Я 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part I Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) 14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions). 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2007 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (b) Month and (c) Basis for (d) Recovery (e) (**Q**) Method (a) Classification of property year placed period depreciation Convention Depreciation in service deduction bus ness/investment 1.00 3-year property 1395 J 5-year property 7-year property MQ 200DB 458 d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. SA h Residential rental 27.5 yrs. MM SA 27.5 yrs. MM S/L property i Nonresidential real MM 39 yrs. S/L MM Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/L b 12-year 12 yrs c 40-year MM S/L 40 yrs Part IV Summary (see instructions) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

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For Paperwork Reduction Act Notice, see separate instructions

(HTA)

INTERNATIONAL FAMILIES, INC

52-641624-

Part II, Line 43 (990) - Other Expenses	320,783	285,396	35,387	
December	(A)	(B) Program	(C) Management	(D)
Description Description	Total 695	services	and general 695	Fundraising
1 BANK CHARGE 2 INSURANCE	12,202		12,202	•
3 ORPHANAGE FEES	89,847	89,847	12,202	
4 ADOPTION FEES	36,243	36,243	- }	
5 LICENSE & FEES	30,243	30,249		-
6 PARKING EXPENSE	970	-		
7 DONATION	10,579	10,579		
3 AUTO EXPENSE	5,099		5,099	
9 ACCREDITATION FEE	1,805	1,805		
10 DUES & SUBSCRIPTIONS				
11 OFFICE EXPENSE	10,036		10,036	
12 PROFESSIONAL SERVICES	144,021	144,021		
13 AUTHENTICATION	2,901	2,901	·	-
14 ENTERTAINMENT	450		450	
15 MISCELLANEOUS	3,130		3,130	
16 OTHER EXPENSE	2,805		2,805	
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INTERNATIONAL FAMILIES, INC.

52-641824

Part IV, Line 58 (990) - Other Assets	7,581	8,784	
Description	Beginning	End	
1 EMPLOYEE ADVANCES	5,641	6,950	
7 FIXED ASSETS	1,940	1,834	
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