

**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)

**2001**

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

**A** For the 2001 calendar year, or tax year period beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ADOPTIONS TOGETHER, INC.</b>	<b>D</b> Employer identification number <b>52-1703994</b>	
	Number and street (or P O box if mail is not delivered to street address) <b>10230 NEW HAMPSHIRE AVENUE</b>	Room/suite <b>200</b>	<b>E</b> Telephone number <b>(301) 439-2900</b>
	City or town, state or country, and ZIP + 4 <b>SILVER SPRING, MD 20903</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Enter 4-digit GEN

M Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**G** Web site **WWW.ADOPTIONSTOGETHER.ORG**

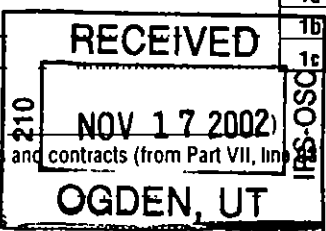
**J** Organization type (check only one)  501(c) ( 3 ) (Insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 **2,246,755.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	430,961.		
	b	Indirect public support	1b	45,838.		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ <u>476,799.</u> noncash \$ <u>0.00</u> )	1d	476,799.		
	2	Program service revenue including government fees and contracts (from Part VII, line 10)	2	1,635,648.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	20,931.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe )	7				
8a	Gross amount from sale of assets other than inventory	(A) Securities	8a	500.		
		112,877.	8a	3,785.		
		109,347.	8b	<3,285.		
		3,530.	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	245.			
9	Special events and activities (attach schedule)					
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
b	Less direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
		10b				
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11				
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,133,623.			
Expenses	13	Program services (from line 44, column (B))	13	1,687,255.		
	14	Management and general (from line 44, column (C))	14	295,620.		
	15	Fundraising (from line 44, column (D))	15	115,278.		
	16	Payments to affiliates (attach schedule)	16			
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17	2,098,153.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	35,470.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	540,976.		
	20	Other changes in net assets or fund balances (attach explanation)	20	<1,068.>		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	575,378.		



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**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

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 \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 146,466.	80,244.	36,304.	29,918.
26 Other salaries and wages	26 839,497.	702,386.	104,491.	32,620.
27 Pension plan contributions	27 8,250.		8,250.	
28 Other employee benefits	28 32,673.	26,004.	4,981.	1,688.
29 Payroll taxes	29 76,083.	59,623.	12,674.	3,786.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 8,310.	8,310.		
33 Supplies	33 49,084.	39,264.	7,479.	2,341.
34 Telephone	34 38,841.	30,492.	6,629.	1,720.
35 Postage and shipping	35 50,758.	45,707.	2,558.	2,493.
36 Occupancy	36 156,921.	130,848.	19,069.	7,004.
37 Equipment rental and maintenance	37 39,389.	34,992.	2,322.	2,075.
38 Printing and publications	38			
39 Travel	39 17,216.	15,313.	937.	966.
40 Conferences, conventions, and meetings	40 15,830.	15,830.		
41 Interest	41 12.		12.	
42 Depreciation, depletion, etc (attach schedule)	42 16,171.		16,171.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 4	43e 602,652.	498,242.	73,743.	30,667.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 2,098,153.	1,687,255.	295,620.	115,278.

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  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
<b>ADOPTION ASSISTANCE AND POST-LEGAL ADOPTION SERVICES.</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a DOMESTIC PLACEMENT PROGRAMS- THE AGENCY ARRANGES THE ADOPTION OF CHILDREN, PREPARATION, AND SUPPORT TO PROSPECTIVE ADOPTIVE PARENTS RESIDING IN MARYLAND AND NORTHERN VIRGINIA. (Grants and allocations \$ _____)	477,391.
b INTERNATIONAL PLACEMENT PROGRAM- THE AGENCY ARRANGES THE ADOPTION OF CHILDREN RESIDING IN ORPHANAGES IN EASTERN EUROPE AND ASIA WITH FAMILIES RESIDING IN THE UNITED STATES. (Grants and allocations \$ _____)	510,231.
c FAMILY RESOURCE CENTER- POST LEGAL ADOPTION ASSISTANCE IS OFFERED TO ADOPTIVE FAMILIES, ADOPTED CHILDREN, AND BIRTH PARENTS THROUGH THE PROGRAM. (Grants and allocations \$ _____)	395,465.
d THE ADOPTION WORKS PROGRAM PROVIDES ADOPTION SERVICES FOR CHILDREN WHO ARE GROWING UP IN PUBLIC FOSTER CARE. (Grants and allocations \$ _____)	195,966.
e Other program services (attach schedule) STATEMENT 5 (Grants and allocations \$ _____)	108,202.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,687,255.

**Part IV Balance Sheets**

Note		(A)		(B)		
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year		
Assets	45	Cash - non-interest-bearing	512,900.	45	562,470.	
	46	Savings and temporary cash investments		46		
	47 a	Accounts receivable	210,140.			
	47 b	Less allowance for doubtful accounts	25,000.	145,720.	47c	185,140.
	48 a	Pledges receivable	25,445.			
	48 b	Less allowance for doubtful accounts		16,299.	48c	25,445.
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees			50	
	51 a	Other notes and loans receivable				
	51 b	Less allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	4,993.	53	19,959.	
	54	Investments - securities <b>STMT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	115,141.	54	5,768.	
	55 a	Investments - land, buildings, and equipment basis				
	55 b	Less accumulated depreciation			55c	
56	Investments - other			56		
57 a	Land, buildings, and equipment basis	146,822.				
57 b	Less accumulated depreciation <b>STMT 7</b>	88,853.	48,864.	57c	57,969.	
58	Other assets (describe <b>▶ DEPOSITS</b> )		9,213.	58	7,713.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		853,130.	59	864,464.	
Liabilities	60	Accounts payable and accrued expenses	159,930.	60	124,485.	
	61	Grants payable		61		
	62	Deferred revenue	152,224.	62	164,601.	
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
	64 b	Mortgages and other notes payable		64b		
	65	Other liabilities (describe <b>▶</b> )			65	
66	<b>Total liabilities</b> (add lines 60 through 65)		312,154.	66	289,086.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	540,976.	67	534,328.	
	68	Temporarily restricted		68	41,050.	
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income or other funds		72		
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		540,976.	73	575,378.
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		853,130.	74	864,464.	

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.



Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 91 regarding organizational activities, financials, and governance.

91 The books are in care of THE ORGANIZATION Telephone no 301-439-2900
Located at 10230 NEW HAMPSHIRE AVE, SILVER SPRING, MD ZIP +4 20903

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>ADOPTION SERVICES</b>					1,054,663.
b <b>CENTER FOR ADOPTIVE FAM</b>					337,092.
c <b>ADOPTION WORKS</b>					186,584.
d <b>PERMANENCY MEDIATION</b>					57,309.
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	20,931.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	245.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		21,176.	1,635,648.
105 Total (add line 104, columns (B), (D), and (E))					1,656,824.

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

- (a) Did the organization, during the year receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

\_\_\_\_\_  
 accompanying schedules and statements and to the best of my knowledge and belief it is true, information of which preparer has any knowledge.  
 1/3/02 **DAWN OXLEY MUSGRAVE, Associate Director**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2001**

Name of the organization

**ADOPTIONS TOGETHER, INC.**

Employer identification number

**52 1703994**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each 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
NONE				
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-----				
-----				
-----				
-----				
-----				

Total number of other employees paid over \$50,000 ▶

**0**

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CONSTANZA CARDOSO ----- 14612 DOWLING DRIVE, BURTONSVILLE, MD 20866	FOREIGN COORDINATOR	95,818.
-----		
-----		
-----		
-----		
-----		

Total number of others receiving over \$50,000 for professional services ▶

**0**

**Part III** Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) <b>SEE STATEMENT 10</b>		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE 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 name, city, and state ► \_\_\_\_\_
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
  - 11a  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)
  - 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 (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, 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)
  - 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations 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)(2) (See 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 number from above

- 14  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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	608,456.	312,827.	240,384.	241,344.	1,403,011.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,327,503.	1,130,633.	1,830,306.	1,472,468.	5,760,910.
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	18,599.	9,986.	6,778.	7,748.	43,111.
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	1,954,558.	1,453,446.	2,077,468.	1,721,560.	7,207,032.
24 Line 23 minus line 17	627,055.	322,813.	247,162.	249,092.	1,446,122.
25 Enter 1% of line 23	19,546.	14,534.	20,775.	17,216.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a N/A
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				26b N/A
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c N/A
	d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____				26d N/A
	e Public support (line 26c minus line 26d total)				26e N/A
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f N/A %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:				
	(2000) 0.	(1999) 0.	(1998) 0.	(1997) 0.	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:				
	(2000) 0.	(1999) 0.	(1998) 0.	(1997) 0.	
	c Add: Amounts from column (e) for lines 15 1,403,011. 16 _____ 17 5,760,910. 20 _____ 21 _____				27c 7,163,921.
	d Add: Line 27a total 0. and line 27b total 0.				27d 0.
	e Public support (line 27c total minus line 27d total)				27e 7,163,921.
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f 7,207,032.
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g 99.4018%
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h .5982%
28 Unusual Grants	For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, 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.				
	NONE				

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?		
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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>			
32	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 nondiscriminatory basis?	32b	
c	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? If you answered "No" to any of the above, please explain (If you need more space attach a separate statement )	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/> <hr/> <hr/>			
34 a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement	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 nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a if the organization belongs to an affiliated group Check  b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -	41	
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(a))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(a))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
  - b Paid staff or management (Include compensation in expenses reported on lines c through h )
  - c Media advertisements
  - d Mailings to members, legislators, or the public
  - e Publications, or published or broadcast statements
  - f Grants to other organizations for lobbying purposes
  - g Direct contact with legislators, their staffs, government officials, or a legislative body
  - h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
  - i Total lobbying expenditures (Add lines c through h )
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

ADOPTIONS TOGETHER, INC.

Employer identification number

52-1703994

Organization type (check one)

Filers of

Section

Form 990 or 990 EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990 PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions )

**General Rule-**

For organizations filing Form 990, 990 EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

ADOPTIONS TOGETHER, INC.

52-1703994

**Part I Contributors** (See Specific Instructions)

(a) No	(b)	(c) Aggregate contributions	(d) Type of contribution
1		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 34,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

**ADOPTIONS TOGETHER, INC.**

**52-1703994**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
12		\$ 5,095.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

**ADOPTIONS TOGETHER, INC.**

**52-1703994**

**Part I Contributors** (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
GOVERNMENT GUARANTEED BOND	VARIOUS	VARIOUS	PURCHASED	112,877.	109,347.	0.	3,530.
NAME OF BUYER				112,877.	109,347.	0.	3,530.
TOTAL TO FM 990, PART I, LN 8				112,877.	109,347.	0.	3,530.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	500.	3,785.	0.	0.	<3,285.>
TO FM 990, PART I, LN 8	500.	3,785.	0.	0.	<3,285.>

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTIONAMOUNT

UNREALIZED INVESTMENT LOSSES

<1,068.>

TOTAL TO FORM 990, PART I, LINE 20

<1,068.>

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FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CASUAL LABOR/SOCIAL WORKERS	257,552.	256,988.	564.	
FOSTER CARE/ADOPTION SERVICE	74,494.	74,494.		
ORPHANAGE RELIEF EXPENSE	51,994.	51,994.		
MISCELLANEOUS EXPENSE	4,018.	904.	3,114.	
PROFESSIONAL FEES	53,489.	22,703.	7,577.	23,209.
DUES & SUBSCRIPTIONS	7,291.	6,746.	<123.>	668.
MARKETING & PROMOTION	85,273.	69,471.	10,740.	5,062.
LICENSES & PERMITS	794.	121.	673.	
STAFF DEVELOPMENT	15,442.	14,821.	601.	20.
EMPLOYEE RECRUITMENT	5,186.		5,186.	
BANK CHARGES	11,408.		11,408.	
INSURANCE	17,369.		17,369.	
UTILITIES	2,722.		2,722.	
FALL FAMILY DAY	3,858.		3,858.	
BAD DEBT EXPENSE	10,054.		10,054.	
ANNUAL FUND	1,708.			1,708.
TOTAL TO FM 990, LN 43	602,652.	498,242.	73,743.	30,667.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	5
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
THE INTERNATIONAL ORPHANAGE RELIEF PROGRAM SUPPORTS CHILDREN IN FOREIGN ORPHANAGES, PRIMARILY EASTERN EUROPE AND ASIA.		51,994.
THE PERMANENCY MEDIATION PROGRAM INVOLVES AN AGREEMENT WITH THE CIRCUIT COURT FOR BALTIMORE CITY TO DEVELOP AND IMPLEMENT A MEDIATION PROCESS THROUGH WHICH BIRTH PARENTS MAKE FUTURE PERMANENCY DECISIONS FOR THEIR CHILD, FOCUSING ON THE CHILD'S BEST INTEREST.		56,208.
TOTAL TO FORM 990, PART III, LINE E		108,202.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 6

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENT-SECURITIE	5,768.				5,768.
TO 990, LN 54 COL B	5,768.				5,768.

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**FORM 990**      **DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT**      **STATEMENT**      **7**

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<u>DESCRIPTION</u>	<u>COST OR OTHER BASIS</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>BOOK VALUE</u>
FURNITURE & EQUIPMENT	128,297.	80,605.	47,692.
LEASEHOLD IMPROVEMENT	18,525.	8,248.	10,277.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>146,822.</b>	<b>88,853.</b>	<b>57,969.</b>



ADOPTIONS TOGETHER, INC.

52-1703994

MELVIN PETTY 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
JANE PHILIPS 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
DEBBIE SCHICK 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
JOE SCHREIBER 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
LYNNE TAG 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
STEVE TAPPAN 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
PETER TEELEY 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
JEFF TRAVERS 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
GREGORY WIMS 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>146,466.</u>	<u>9,550.</u>	<u>0.</u>



SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH  
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,  
CREATORS, KEY EMPLOYEES, ETC.,  
PART III, LINE 2

STATEMENT 10

OFFICE SPACE IN WASHINGTON, DC IS LEASED FROM AN AFFILIATE OF THE SPOUSE OF THE ORGANIZATION'S EXECUTIVE DIRECTOR. THE RENT PAID IS BASED ON COMPARABLE RENT FOR SIMILAR SPACE IN THE AREA.

THE FOLLOWING INDIVIDUAL RECEIVED REIMBURSEMENTS IN EXCESS OF \$1,000 FOR DOCUMENTED BUSINESS EXPENSES DURING THE YEAR: DAWN MUSGRAVE - \$2,041.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print.  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>ADOPTIONS TOGETHER, INC.</b>	Employer identification number <b>52-1703994</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>10230 NEW HAMPSHIRE AVENUE, NO. 200</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SILVER SPRING, MD 20903</b>	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041 A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP- Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2002

5 For calendar year 2001, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION FROM EXTERNAL THIRD PARTIES TO ALLOW FOR A COMPLETE AND ACCURATE FILING.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720 or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title C.P.A. Date 8/8/02

**Notice to Applicant - To Be Completed by the IRS**

We have approved this application Please attach this form to the organization's return

We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return

We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period

We cannot consider this application because it was filed after the due date of the return for which an extension was requested

Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>RUBINO &amp; MCGEEHIN, CHARTERED</b>
	Number and street (include suite room, or apt no) Or a P O box number <b>6905 ROCKLEDGE DRIVE, SUITE 700</b>
	City or town, province or state, and country (including postal or ZIP code) <b>BETHESDA, MD 20817</b>

EXTENSION APPROVED  
 SEP 09 2002  
 LINDA WEISKOPE, FIELD DIRECTOR  
 SUBMISSION PROCESSING CENTER

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)**

**Note:** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b>	Name of Exempt Organization <b>ADOPTIONS TOGETHER, INC.</b>	Employer identification number <b>52-1703994</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. if a P.O. box, see instructions <b>10230 NEW HAMPSHIRE AVENUE, NO. 200</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SILVER SPRING, MD 20903</b>	

Check type of return to be filed (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **AUGUST 15, 2002** to file the exempt organization return for the organization named above. The extension is for the organization's return for  
▶  calendar year **2001** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period


3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶  Title ▶ C.P.A. Date ▶ 5/6/02  
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)