

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2002

Open to Public Inspection

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

A For the 2002 calendar year, or tax year period beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
ADOPTIONS TOGETHER, INC.
 Number and street (or P O box if mail is not delivered to street address) Room/suite
10230 NEW HAMPSHIRE AVENUE 200
 City or town state or country and ZIP + 4
SILVER SPRING, MD 20903

D Employer identification number
52-1703994

E Telephone number
(301) 439-2900

F Accounting method: Cash Accrual
 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)

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.

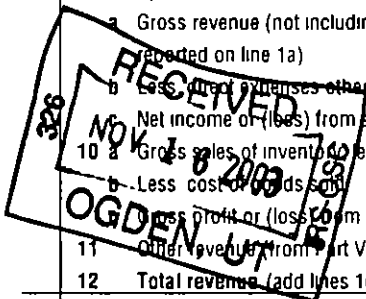
L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 ▶ **2,580,000.**

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)

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

		1a		1b		1c		1d	
Revenue	1	Contributions, gifts, grants, and similar amounts received							
	a	Direct public support		322,142.					
	b	Indirect public support		30,729.					
	c	Government contributions (grants)							
	d	Total (add lines 1a through 1c) (cash \$ 352,871. noncash \$)						352,871.	
	2	Program service revenue including government fees and contracts (from Part VII line 93)							
	3	Membership dues and assessments							
	4	Interest on savings and temporary cash investments							
	5	Dividends and interest from securities							
	6a	Gross rents							
	b	Less rental expenses							
	c	Net rental income or (loss) (subtract line 6b from line 6a)						6c	
	7	Other investment income (describe ▶)							
8a	Gross amount from sale of assets other than inventory		(A) Securities		(B) Other				
			119,487.		8a				
	Less cost or other basis and sales expenses		119,572.		8b				
	Gain or (loss) (attach schedule)		<85.>		8c				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))		STMT 1				8d <85.>		
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						
	Less cost of goods sold		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								
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								
Expenses	13	Program services (from line 44 column (B))							
	14	Management and general (from line 44, column (C))							
	15	Fundraising (from line 44 column (D))							
	16	Payments to affiliates (attach schedule)							
	17	Total expenses (add lines 16 and 44, column (A))							
18	Excess or (deficit) for the year (subtract line 17 from line 12)								
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))							
	20	Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 2				20 <1,024.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19 and 20)							

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JB

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 \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	137,520.	74,886.	33,630.	29,004.
26	Other salaries and wages	969,510.	825,559.	116,458.	27,493.
27	Pension plan contributions	5,360.		5,360.	
28	Other employee benefits	61,699.	47,992.	11,786.	1,921.
29	Payroll taxes	87,523.	66,938.	17,997.	2,588.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	55,404.	55,404.		
33	Supplies	36,791.	31,425.	2,762.	2,604.
34	Telephone	46,868.	35,900.	9,138.	1,830.
35	Postage and shipping	46,679.	41,979.	3,337.	1,363.
36	Occupancy	181,510.	146,275.	30,446.	4,789.
37	Equipment rental and maintenance	36,160.	31,948.	2,935.	1,277.
38	Printing and publications				
39	Travel	16,549.	13,888.	1,401.	1,260.
40	Conferences conventions and meetings	14,109.	14,109.		
41	Interest	878.		878.	
42	Depreciation depletion, etc (attach schedule)	20,674.		20,674.	
43	Other expenses not covered above (itemize)				
	a _____				
	b _____				
	c _____				
	d _____				
	e SEE STATEMENT 3				
43e		1,122,448.	813,929.	262,831.	45,688.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	2,839,682.	2,200,232.	519,633.	119,817.

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?

ADOPTION ASSISTANCE AND POST-LEGAL ADOPTION SERVICES.

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.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	DOMESTIC PLACEMENT PROGRAMS- THE AGENCY ARRANGES THE ADOPTION OF CHILDREN, PREPARATION, AND SUPPORT TO PROSPECTIVE ADOPTIVE PARENTS RESIDING IN MARYLAND, NORTHERN VIRGINIA, AND THE DISTRICT OF COLUMBIA. (Grants and allocations \$ _____)	475,942.
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 AND LATIN AMERICA. (Grants and allocations \$ _____)	520,475.
c	CENTER FOR ADOPTIVE FAMILIES- POST LEGAL ADOPTION ASSISTANCE IS OFFERED TO ADOPTIVE FAMILIES, ADOPTED CHILDREN, AND BIRTH PARENTS THROUGH THE PROGRAM. (Grants and allocations \$ _____)	247,076.
d	THE ADOPTION WORKS PROGRAM PROVIDES ADOPTION SERVICES FOR CHILDREN WHO ARE GROWING UP IN PUBLIC FOSTER CARE. (Grants and allocations \$ _____)	226,404.
e	Other program services (attach schedule) STATEMENT 4 (Grants and allocations \$ _____)	730,335.
f	Total of Program Service Expenses (should equal line 44 column (B), Program services)	2,200,232.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	562,470.	45	208,732.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable	47a 395,496.		
	b	Less allowance for doubtful accounts	47b 83,350.	47c	312,146.
	48 a	Pledges receivable	48a 11,927.		
	b	Less allowance for doubtful accounts	48b	48c	11,927.
	49	Grants receivable		49	
	50	Receivables from officers directors trustees and key employees		50	
	51 a	Other notes and loans receivable	51a		
	b	Less allowance for doubtful accounts	51b	51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	19,959.	53	44,139.
	54	Investments - securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,768.	54	4,194.
	55 a	Investments - land buildings and equipment basis	55a		
b	Less accumulated depreciation	55b	55c		
56	Investments - other	0.	56	0.	
57 a	Land buildings, and equipment basis	57a 202,622.			
b	Less accumulated depreciation STMT 6	57b 109,527.	57c	93,095.	
58	Other assets (describe ► DEPOSITS)	7,713.	58	7,713.	
59	Total assets (add lines 45 through 58) (must equal line 74)	864,464.	59	681,946.	
Liabilities	60	Accounts payable and accrued expenses	124,485.	60	234,106.
	61	Grants payable		61	
	62	Deferred revenue	164,601.	62	204,257.
	63	Loans from officers directors, trustees and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe ► SEE STATEMENT 7)		65	48,483.
66	Total liabilities (add lines 60 through 65)	289,086.	66	486,846.	
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	534,328.	67	92,728.
	68	Temporarily restricted	41,050.	68	102,372.
	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	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	575,378.	73	195,100.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	864,464.	74	681,946.

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		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	78a	X
b	If "Yes" has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions. 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
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?	82a	X
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.) 82b 7,836.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	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 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
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? N/A	85h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 31		
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 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note Enter gross amounts unless otherwise indicated

	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	
93 Program service revenue					
a <u>ADOPTION SERVICES</u>					1,115,324.
b <u>CENTER FOR ADOPTIVE FAM</u>					769,065.
c <u>ADOPTION WORKS</u>					144,880.
d <u>PERMANENCY MEDIATION</u>					71,681.
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	6,175.	
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	<85.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <u>MISCELLANEOUS</u>					517.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		6,090.	2,101,467.
105 Total (add line 104, columns (B), (D), and (E))					2,107,557.

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 page 32 of the instructions)

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 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(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 page 33 of the instructions)

- (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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

I am preparing this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct. I am not aware of any information of which preparer has any knowledge.

Date: 11/11/03
 Preparer: DAWN OXLEY MUSGRAVE
 Date: 11/11/03

Date _____ Check if _____ Preparer's SSN or PTIN _____

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

2002

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
SHER EMERICK ----- 10230 NEW HAMPSHIRE AVE., MD 20903	INT'L DIR. 40	53,027.	0.	0.
SANDY RAPPEPORT ----- 10230 NEW HAMPSHIRE AVE., MD 20903	ADOPTION DIR. 40	70,027.	0.	0.

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	435,490.
JOHN MAHLMANN ----- 1302 ALDERTON LANE, SILVER SPRING, MD 20906	DC CHILD & FAMILY SERVICES	109,150.
MINTZ, LEVIN, COHN, FERRIS, GLOVSK ----- 701 PENNSYLVANIA AVENUE, NW, WASHINGTON, DC 20004	LEGAL	68,687.

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 1 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		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) SEE STATEMENT 12		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods services, or facilities?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		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 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	476,799.	608,456.	312,827.	240,384.	1,638,466.
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	1,635,648.	1,327,503.	1,130,633.	1,830,306.	5,924,090.
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	20,931.	18,599.	9,986.	6,778.	56,294.
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	2,133,378.	1,954,558.	1,453,446.	2,077,468.	7,618,850.
24 Line 23 minus line 17	497,730.	627,055.	322,813.	247,162.	1,694,760.
25 Enter 1% of line 23	21,334.	19,546.	14,534.	20,775.	
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum 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:				
	(2001) 0.	(2000) 0.	(1999) 0.	(1998) 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:				
	(2001) 0.	(2000) 0.	(1999) 0.	(1998) 0.	
	c Add: Amounts from column (e) for lines 15 1,638,466. 16 _____ 17 5,924,090. 20 _____ 21 _____				27c 7,562,556.
	d Add: Line 27a total 0. and line 27b total 0.				27d 0.
	e Public support (line 27c total minus line 27d total)				27e 7,562,556.
	f Total support for section 509(a)(2) test. Enter amount on line 23 column (e)				27f 7,618,850.
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g 99.2611%
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h .7389%
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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)		

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	

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	

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)		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 -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500 000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500 000 but not over \$1 000 000</td> <td>\$100 000 plus 15% of the excess over \$500 000</td> </tr> <tr> <td>Over \$1 000 000 but not over \$1 500 000</td> <td>\$175 000 plus 10% of the excess over \$1 000 000</td> </tr> <tr> <td>Over \$1 500 000 but not over \$17 000 000</td> <td>\$225 000 plus 5% of the excess over \$1 500,000</td> </tr> <tr> <td>Over \$17 000 000</td> <td>\$1 000 000</td> </tr> </table>	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	Over \$17 000 000	\$1 000 000	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														
Over \$17 000 000	\$1 000 000														
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
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				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 11 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	Yes	No	Amount
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)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

2002 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	MANAGEMENT AND GENERAL											
1	FURNITURE & EQUIPMENT	VARIES		.000	16	128,297.			128,297.	80,605.		13,402.
2	LEASEHOLD IMPROVEMENT	VARIES		.000	16	18,525.			18,525.	8,248.		2,519.
3	CLOSETS AND CABINETS	022702		.000	16	4,006.			4,006.			334.
4	COUCH	032302		.000	16	1,215.			1,215.			91.
5	COMPUTER EQUIPMENT	070102		.000	16	9,222.			9,222.			860.
6	CAPITAL LEASE	070102		.000	16	41,357.			41,357.			3,468.
	* 990 PAGE 2 TOTAL											
	MANAGEMENT AND GENERAL					202,622.		0.	202,622.	88,853.	0.	20,674.
	* GRAND TOTAL 990 PAGE											
	2 DEPR					202,622.		0.	202,622.	88,853.	0.	20,674.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT 1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	119,487.	119,572.	0.	<85.>
TO FORM 990, PART I, LINE 8	119,487.	119,572.	0.	<85.>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION	AMOUNT		
UNREALIZED INVESTMENT LOSSES	<1,024.>		
TOTAL TO FORM 990, PART I, LINE 20	<1,024.>		

FORM 990

OTHER EXPENSES

STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CASUAL LABOR/SOCIAL WORKERS	406,714.	405,837.	877.	
FOSTER CARE/ADOPTION SERVICE	63,595.	63,595.		
ORPHANAGE RELIEF	52,515.	52,515.		
MISCELLANEOUS EXPENSE	31,319.	17,986.	13,241.	92.
PROFESSIONAL FEES	227,029.	79,146.	110,403.	37,480.
DUES & SUBSCRIPTIONS	5,906.	4,861.	514.	531.
MARKETING & PROMOTION	135,428.	113,730.	16,660.	5,038.
LICENSES & PERMITS	2,201.	227.	1,974.	
EMPLOYEE RECRUITMENT	13,783.	2,427.	9,995.	1,361.
INSURANCE	16,659.	13,993.	2,186.	480.
UTILITIES	3,277.		3,277.	
FALL FAMILY DAY	2,044.		2,044.	
STAFF DEVELOPMENT	24,998.	21,543.	3,291.	164.
ANNUAL FUND	542.			542.
BAD DEBT EXPENSE	68,250.	9,900.	58,350.	
BANK CHARGES	35,875.	28,169.	7,706.	
LOSS DUE TO FIRST PAY BANKRUPTCY	32,313.		32,313.	
TOTAL TO FM 990, LN 43	1,122,448.	813,929.	262,831.	45,688.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 4

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
THE INTERNATIONAL ORPHANAGE RELIEF PROGRAM SUPPORTS CHILDREN IN FOREIGN ORPHANAGES, PRIMARILY EASTERN EUROPE AND ASIA.		52,515.
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.		88,415.
THE ASSESSMENT SERVICES PROGRAM PROVIDES HOME STUDIES & POST PLACEMENT SUPERVISION FOR FOSTER PARENTS, PRE-ADOPTIVE PARENTS & FAMILIES WHO HAVE RECEIVED PLACEMENT OF A CHILD & ARE AWAITING COMPLETION OF THE ADOPTION.		586,037.
THE DUPONT SOCIAL CLUB PROGRAM WAS ESTABLISHED WITH FUNDING FROM THE DUPONT SOCIAL CLUB TO PROVIDE GUIDANCE AND SUPPORT FOR GAY AND LESBIAN INDIVIDUALS AND COUPLES WHO ARE WAITING TO ADOPT.		942.
THE PROJECT IF NOT US IS A DEMONSTRATION PROJECT FUNDED BY AN ADOPTION OPPORTUNITIES GRANT FROM THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES, OFFICE OF CHILDREN, YOUTH AND FAMILIES. THE PURPOSE OF THIS THREE-YEAR PROJECT IS TO STUDY BARRIERS TO THE ADOPTION OF CHILDREN WHO ARE AGE 10 AND OLDER IN THE AFRICAN AMERICAN COMMUNITIES WITHIN PRINCE GEORGE'S AND MONTGOMERY COUNTIES, MARYLAND AND THE DISTRICT OF COLUMBIA. WHEN RESEARCH IS CONCLUDED AND ANALYZED, THE PROJECT WILL DEVELOP A MEDIA CAMPAIGN TO OVERCOME TARGET BARRIERS AND TEST ITS EFFECTIVENESS.		2,426.
TOTAL TO FORM 990, PART III, LINE E		730,335.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 5

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENT-SECURITIE	4,194.				4,194.
TO 990, LN 54 COL B	4,194.				4,194.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	128,297.	94,007.	34,290.
LEASEHOLD IMPROVEMENT	18,525.	10,767.	7,758.
CLOSETS AND CABINETS	4,006.	334.	3,672.
COUCH	1,215.	91.	1,124.
COMPUTER EQUIPMENT	9,222.	860.	8,362.
CAPITAL LEASE	41,357.	3,468.	37,889.
TOTAL TO FORM 990, PART IV, LN 57	202,622.	109,527.	93,095.

FORM 990	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION			AMOUNT
CAPITAL LEASE OBLIGATIONS			38,418.
DEFERRED RENT			10,065.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B			48,483.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION	AMOUNT		
UNREALIZED LOSSES IN KIND DONATIONS	<1,024.> 7,836.		
TOTAL TO FORM 990, PART IV-A	6,812.		

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	9
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
IN KIND DONATIONS	7,836.
TOTAL TO FORM 990, PART IV-B	7,836.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JEFF TRAVERS 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	CHAIR ASRQ	0.	0.	0.
MELVIN PETTY 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	VICE CHAIR ASRQ	0.	0.	0.
JUDY POLK 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	SECRETARY/TREASURER ASRQ	0.	0.	0.
JACK ABEL 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
GARY BLITZ 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
MARC BLUMENSTEIN 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
ANTHONY BROWN 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
PAM COLE FINLAY 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
LAUREN GLOVER 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
EUGENIA HULL 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
AARON LICHTMAN 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.

ADOPTIONS TOGETHER, INC.

52-1703994

JANE PHILIPS 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
MARISSA RAUCH 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.
GREGORY WIMS 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER ASRQ	0.	0.	0.
JANICE GOLDWATER 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	EXECUTIVE DIRECTOR FULL	76,258.	650.	0.
DAWN MUSGRAVE 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	ASSOCIATE DIRECTOR FULL	61,262.	1,052.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>137,520.</u>	<u>1,702.</u>	<u>0.</u>

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 11

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE ADOPTION SERVICES PROVIDES SUPPORT AND PREPARATION TO PROSPECTIVE ADOPTIVE PARENTS AND BIRTH PARENTS.
93B	THE CENTER FOR ADOPTIVE FAMILIES PROVIDES COMPREHENSIVE PRE- AND POST-ADOPTION EDUCATION AND COUNSELING.
93C	THE ADOPTION WORKS PROGRAM PROVIDES ADOPTION SERVICES FOR CHILDREN WHO ARE GROWING UP IN PUBLIC FOSTER CARE.
93D	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.
103A	OTHER REVENUE RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.

SCHEDULE A

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

STATEMENT 12

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.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return ADOPTIONS TOGETHER, INC.	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 52-1703994
------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------

Part I Election To Expense Certain Tangible Property Under Section 179 Note If you have any listed property complete Part V before you complete Part I

1 Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
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	\$200 000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter 0	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0 If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c) lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	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 2003 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 II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	20,674.

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 2002	17	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5 year property						
c 7 year property						
d 10 year property						
e 15 year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40 year	/		40 yrs	MM	S/L	

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	22	20,674.
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)
Note For any vehicle for which you are using the standard mileage rate or deducting lease expense complete only 24a-24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L			
		%				S/L			
		%				S/L			
28 Add amounts in column (h) lines 25 through 27 Enter here and on line 21, page 1							28		
29 Add amounts in column (i) line 26 Enter here and on line 7, page 1								29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner" or related person
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year					
43 Amortization of costs that began before your 2002 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44

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

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

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, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2002 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 ▶ 4/29/03
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

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 ADOPTIONS TOGETHER, INC.	Employer identification number 52-1703994
	Number, street, and room or suite no. If a P O box, see instructions 10230 NEW HAMPSHIRE AVENUE, NO. 200	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions SILVER SPRING, MD 20903	

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

- Form 990
 Form 990 EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041 A
 Form 5227
 Form 8870
 Form 990 BL
 Form 990 PF
 Form 990 T (trust other than above)
 Form 4720
 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 17, 2003
 5 For calendar year 2002, 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 *[Handwritten Signature]* Title C.P.A. Date 8/7/03

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 _____ Date _____

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 RUBINO & MCGEEHIN, CHARTERED
	Number and street (include suite room, or apt no.) Or a P O box number 6905 ROCKLEDGE DRIVE, SUITE 700
	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MD 20817