

**Return of Organization Exempt From Income Tax**

**2003**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2003 calendar year, or tax year beginning and ending

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

**C** Name of organization: **ADOPTIONS TOGETHER, INC.**

Number and street (or P O box if mail is not delivered to street address): **10230 NEW HAMPSHIRE AVENUE**

Room/suite: **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

**G** Website: **WWW.ADOPTIONSTOGETHER.ORG**

**J** Organization type:  501(c)(3),  4947(a)(1),  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.

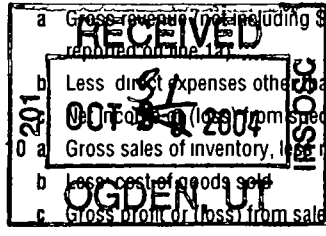
**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **2,994,914.**

**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**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	593,703.		
	b	Indirect public support	1b	22,335.		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 616,038. noncash \$ )	1d	616,038.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,236,616.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	948.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
6b	Less rental expenses	6b				
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe )	7				
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8b	Less cost or other basis and sales expenses	8a			
	8c	Gain or (loss) (attach schedule)	8b			
	8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
Revenue	a	Gross revenue (not including \$ 0. of contributions reported on the 17)	9a	141,312.		
	b	Less direct expenses other than fundraising expenses	9b	84,364.		
	c	Net revenue (subtract line 9b from line 9a)	9c	56,948.		
	10a	Gross sales of inventory, less returns and allowances	10a			
	10b	Less cost of goods sold	10b			
10c	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	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,910,550.			
Expenses	13	Program services (from line 44, column (B))	13	2,414,830.		
	14	Management and general (from line 44, column (C))	14	382,283.		
	15	Fundraising (from line 44, column (D))	15	95,760.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	2,892,873.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	17,677.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	195,100.		
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	1,348.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	214,125.		

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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 Page 2

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	164,865.	74,000.	71,503.
26	Other salaries and wages	26	1,144,089.	1,032,159.	68,182.
27	Pension plan contributions	27	5,521.	4,070.	1,451.
28	Other employee benefits	28	59,489.	42,343.	14,737.
29	Payroll taxes	29	101,415.	70,917.	26,823.
30	Professional fundraising fees	30			
31	Accounting fees	31	21,959.		21,959.
32	Legal fees	32	74,349.	74,349.	
33	Supplies	33	55,189.	44,260.	8,574.
34	Telephone	34	39,711.	29,787.	8,319.
35	Postage and shipping	35	52,119.	44,451.	6,128.
36	Occupancy	36	219,174.	174,848.	37,187.
37	Equipment rental and maintenance	37	46,602.	41,006.	3,634.
38	Printing and publications	38			
39	Travel	39	23,439.	21,529.	1,464.
40	Conferences, conventions, and meetings	40	39,327.	39,327.	
41	Interest	41	2,514.		2,514.
42	Depreciation, depletion, etc (attach schedule)	42	30,855.		30,855.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 3	43e	812,256.	721,784.	78,953.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,892,873.	2,414,830.	382,283.
					95,760.

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	<b>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.</b>	(Grants and allocations \$ _____)	461,660.
b	<b>INTERNATIONAL PLACEMENT PROGRAM-- THE AGENCY ARRANGES THE ADOPTION OF CHILDREN RESIDING IN ORPHANAGES IN EASTERN EUROPE LATIN AMERICA AND ASIA WITH FAMILIES RESIDING IN THE UNITED STATES.</b>	(Grants and allocations \$ _____)	539,300.
c	<b>CENTER FOR ADOPTIVE FAMILIES-- POST LEGAL ADOPTION ASSISTANCE IS OFFERED TO ADOPTIVE FAMILIES, ADOPTED CHILDREN, AND BIRTH PARENTS THROUGH THE PROGRAM.</b>	(Grants and allocations \$ _____)	207,747.
d	<b>THE ADOPTION WORKS PROGRAM PROVIDES ADOPTION SERVICES FOR CHILDREN WHO ARE GROWING UP IN PUBLIC FOSTER CARE.</b>	(Grants and allocations \$ _____)	133,717.
e	Other program services (attach schedule) <b>STATEMENT 4</b>	(Grants and allocations \$ _____)	1,072,406.
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		<b>2,414,830.</b>

**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	
<b>Assets</b>	45 Cash - non-interest-bearing	208,732.	45	429,809.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	319,264.			
	b Less allowance for doubtful accounts	25,000.	312,146.	47c	294,264.
	48 a Pledges receivable				
	b Less allowance for doubtful accounts		11,927.	48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges	44,139.	53	45,048.	
	54 Investments - securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,194.	54	5,542.	
	55 a Investments - land, buildings, and equipment basis				
b Less accumulated depreciation			55c		
56 Investments - other	0.	56	0.		
57 a Land, buildings, and equipment basis	229,718.				
b Less accumulated depreciation STMT 6	140,382.	93,095.	57c	89,336.	
58 Other assets (describe ► <u>DEPOSITS</u> )		7,713.	58	9,130.	
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>		681,946.	59	873,129.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	234,106.	60	302,550.	
	61 Grants payable		61		
	62 Deferred revenue	204,257.	62	312,785.	
	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 ► <u>OTHER LIABILITIES</u> )		48,483.	65	43,669.
<b>66 Total liabilities (add lines 60 through 65)</b>		486,846.	66	659,004.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	92,728.	67	61,509.	
	68 Temporarily restricted	102,372.	68	152,616.	
	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		
<b>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)</b>		195,100.	73	214,125.	
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		681,946.	74	873,129.	

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.

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 page 33 of the instructions )

	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>93</b> Program service revenue					
<b>a</b> ADOPTION SERVICES					1,228,924.
<b>b</b> CTR FOR ADOPTIVE FAMILY					771,752.
<b>c</b> ADOPTION WORKS					127,988.
<b>d</b> PERMANENCY MEDIATION					107,661.
<b>e</b> MISCELLANEOUS					291.
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	948.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			01	56,948.	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		57,896.	2,236,616.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					2,294,512.

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 34 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 10

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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 34 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, the preparer, certify that I have prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and I am not aware of any information of which preparer has any knowledge.

Date: 10/29/04  
Type or print name and title: DAWN OXLEY MUSGRAVE ASSTOC. DIR.

Preparer's SSN or PTIN: [Redacted]

**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

**2003**

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
LOUISE FLEISCHMAN ----- 10230 NEW HAMPSHIRE AVE., MD 20903	CENTER DIR. 35	41,926.	8,614.	
SANDY RAPPEPORT ----- 10230 NEW HAMPSHIRE AVE., MD 20903	INT'L PRO. DIR. 40	57,106.	4,089.	
SUSAN SAIDMAN ----- 10230 NEW HAMPSHIRE AVE., MD 20903	DOMESTIC DIR. 40	54,422.	13,597.	
----- ----- -----				
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
JOHN MAHLMANN ----- 1302 ALDER CARDOSO, SILVER SPRING, MD 20906	HOME STUDY SERVICES	83,253.
ANN POLASKO ----- 2000 BAY POINTE DRIVE, HIXSON, TN 27243	COORDINATION SERVICES	57,604.
----- ----- -----		
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
<b>1</b> 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.		X
<b>2</b> 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 11</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
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	3a	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	352,871.	476,799.	608,456.	312,827.	1,750,953.
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	2,101,467.	1,635,648.	1,327,503.	1,130,633.	6,195,251.
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	6,175.	20,931.	18,599.	9,986.	55,691.
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	2,460,513.	2,133,378.	1,954,558.	1,453,446.	8,001,895.
24 Line 23 minus line 17	359,046.	497,730.	627,055.	322,813.	1,806,644.
25 Enter 1% of line 23	24,605.	21,334.	19,546.	14,534.	
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 1999 through 2002 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	(2002) 0.	(2001) 0.	(2000) 0.	(1999) 0.	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	(2002) 0.	(2001) 0.	(2000) 0.	(1999) 0.	0.
c Add Amounts from column (e) for lines 15 1,750,953. 16 _____ 17 6,195,251. 20 _____ 21 _____					27c 7,946,204.
d Add Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 7,946,204.
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f 8,001,895.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.3040%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .6960%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

**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/>			
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/>			
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	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	
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	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

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) 2003	(b) 2002	(c) 2001	(d) 2000	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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.)

Yes	No	Amount
		0.

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



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**FORM 990.** **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT** **1**

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<u>DESCRIPTION OF EVENT</u>	<u>GROSS RECEIPTS</u>	<u>CONTRIBUT. INCLUDED</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GALA	141,312.		141,312.	84,364.	56,948.
TO FM 990, PART I, LINE 9	141,312.		141,312.	84,364.	56,948.

FORM 990.	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION			AMOUNT
NET UNREALIZED GAIN ON INVESTMENTS			1,348.
TOTAL TO FORM 990, PART I, LINE 20			1,348.

FORM 990.

OTHER EXPENSES

STATEMENT

3

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CASUAL LABOR/SOCIAL WORKERS	398,240.	387,343.	10,897.	
FOSTER CARE/ADOPTION SERVICE	50,084.	50,084.		
ORPHANAGE RELIEF EXPENSE	48,522.	48,522.		
MISCELLANEOUS EXPENSE	13,644.	<6,073.>	19,299.	418.
PROFESSIONAL FEES	95,095.	79,351.	11,670.	4,074.
DUES & SUBSCRIPTIONS	7,276.	1,752.	5,344.	180.
MARKETING & PROMOTION	134,746.	110,918.	21,015.	2,813.
LICENSES & PERMITS	25,876.	100.	25,776.	
STAFF DEVELOPMENT	16,344.	13,604.	2,740.	
BAD DEBT EXPENSE	<57,375.>	<446.>	<56,929.>	
BANK CHARGES	34,275.	26,310.	7,652.	313.
EMPLOYEE RECRUITMENT	17,497.	10,319.	6,017.	1,161.
INSURANCE	19,200.		19,200.	
UTILITIES	5,055.		5,055.	
FALL FAMILY DAY	1,217.		1,217.	
ANNUAL FUND	2,560.			2,560.
<b>TOTAL TO FM 990, LN 43</b>	<b>812,256.</b>	<b>721,784.</b>	<b>78,953.</b>	<b>11,519.</b>

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.		47,029.
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.		116,239.
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.		595,766.
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.		1,434.
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 AND TEST ITS EFFECTIVENESS.		311,938.
TOTAL TO FORM 990, PART III, LINE E		1,072,406.



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 FORM 990.            DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT            STATEMENT    6
 

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	128,297.	108,108.	20,189.
LEASEHOLD IMPROVEMENT	18,525.	13,286.	5,239.
CLOSETS AND CABINETS	4,006.	735.	3,271.
COUCH	1,215.	213.	1,002.
COMPUTER EQUIPMENT	9,222.	2,679.	6,543.
CAPITAL LEASE	41,357.	11,739.	29,618.
FURNITURE & EQUIPMENT	18,214.	2,268.	15,946.
COMPUTER EQUIPMENT	2,109.	149.	1,960.
LEASEHOLD IMPROVEMENT	6,773.	1,205.	5,568.
TOTAL TO FORM 990, PART IV, LN 57	<u>229,718.</u>	<u>140,382.</u>	<u>89,336.</u>

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FORM 990.	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	7
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED LOSSES	1,348.
TOTAL TO FORM 990, PART IV-A	1,348.

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FORM 990.	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
IN KIND DONATIONS	<u>2,235.</u>
TOTAL TO FORM 990, PART IV-B	<u><u>2,235.</u></u>

FORM 990.

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

STATEMENT 9

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 2-4	0.	0.	0.
MELVIN PETTY 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	VICE CHAIR 2-4	0.	0.	0.
JUDY POLK 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	SECRETARY 2-4	0.	0.	0.
JACK ABEL 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 1-2	0.	0.	0.
GARY BLITZ, ESQ 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	IMMED. PAST PRESIDENT 1-2	0.	0.	0.
MARC BLUMENSTEIN 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 1-2	0.	0.	0.
ANTHONY BROWN 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 1-2	0.	0.	0.
PAM COLE FINLAY 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 1-2	0.	0.	0.
LAUREN GLOVER 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 1-2	0.	0.	0.
EUGENIA HULL 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 1-2	0.	0.	0.
AARON LICHTMAN 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 1-2	0.	0.	0.

ADOPTIONS TOGETHER, INC.

52-1703994

JANE PHILIPS 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 1-2	0.	0.	0.
MARISSA RAUCH 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 1-2	0.	0.	0.
DEBBIE SCHICK 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 1-2	0.	0.	0.
JOE SCHREIBER 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 1-2	0.	0.	0.
GREGORY WIMS 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 1-2	0.	0.	0.
JANICE GOLDWATER 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	EXECUTIVE DIRECTOR 40	84,798.	5,359.	0.
DAWN MUSGRAVE 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	ASSOCIATE DIRECTOR 40	80,067.	4,913.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>164,865.</u>	<u>10,272.</u>	<u>0.</u>

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FORM 990. PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 10  
ACCOMPLISHMENT OF EXEMPT PURPOSES

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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.
93E	OTHER REVENUE RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.

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SCHEDULE A

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

STATEMENT 11

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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.

- 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).

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.	Name of Exempt Organization <b>ADOPTIONS TOGETHER, INC.</b>	Employer identification number <b>52-1703994</b>
File by the extended due date for filing the 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>	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):

- 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 15, 2004.

5 For calendar year 2003, 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 8/06/04

**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 <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>

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

▶ 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
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. 10230 NEW HAMPSHIRE AVENUE, NO. 200	
	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 16, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2003 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 ▶ [Signature] Title ▶ C.P.A. Date ▶ 5/11/04

LHA For Paperwork Reduction Act Notice, see instruction