

Return of Organization Exempt From Income Tax

2004

Open to Public Inspection

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)

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

A For the 2004 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
 Other (specify) **▶**

G Website: **▶ 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.

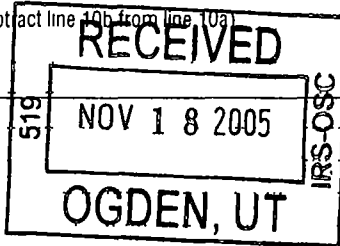
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **3,498,624.**

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 Group Exemption Number: **▶**
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

SCANNED DEC 15 2005

Net Assets	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	646,095.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	888,680.		
	d	Total (add lines 1a through 1c) (cash \$ 1,534,775. noncash \$)			1d	1,534,775.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	1,962,485.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	1,364.
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe)			7	
	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d				8d	
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	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				
b	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)			11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	3,498,624.	
Expenses	13	Program services (from line 44, column (B))			13	2,954,766.
	14	Management and general (from line 44, column (C))			14	512,451.
	15	Fundraising (from line 44, column (D))			15	157,378.
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 16 and 44, column (A))			17	3,624,595.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	<125,971.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	214,125.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1			20	273.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	88,427.



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2

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	205,907.	146,276.	49,377.	10,254.
26	Other salaries and wages	1,286,836.	914,169.	308,583.	64,084.
27	Pension plan contributions	6,179.		6,179.	
28	Other employee benefits	95,487.	73,132.	17,376.	4,979.
29	Payroll taxes	120,520.	88,254.	26,136.	6,130.
30	Professional fundraising fees				
31	Accounting fees	59,849.		59,849.	
32	Legal fees	88,625.	88,625.		
33	Supplies	63,333.	26,608.	36,258.	467.
34	Telephone	40,571.	16,299.	24,141.	131.
35	Postage and shipping	44,540.	24,572.	19,350.	618.
36	Occupancy	191,903.	3,188.	188,715.	
37	Equipment rental and maintenance	45,589.	799.	44,072.	718.
38	Printing and publications				
39	Travel	28,141.	21,164.	6,900.	77.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	35,837.		35,837.	
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 2	1,311,278.	1,551,680.	<310,322.>	69,920.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	3,624,595.	2,954,766.	512,451.	157,378.

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	SEE STATEMENT 3				
		(Grants and allocations \$ _____)			630,983.
b	THE INTERNATIONAL ADOPTION PROGRAM PROVIDES ADOPTION PLACEMENT SERVICES FOR ORPHANED CHILDREN RESIDING IN EASTERN EUROPE, ASIA, AND LATIN AMERICA.				
		(Grants and allocations \$ _____)			587,060.
c	TEH CENTER FOR ADOPTIVE FAMILIES PROVIDES COUNSELING FOR ADOPTED CHILDREN AND THEIR FAMILIES, CLINICAL TRAINING FOR CHILD WELFARE PROFESSIONALS AND COMMUNITY EDUCATION.				
		(Grants and allocations \$ _____)			280,220.
d	THE ADOPTION WORKS PROGRAM PROVIDES PREPARATION FOR ADOPTION TRAINING FOR PROSPECTIVE ADOPTIVE PARENTS AND ADOPTION PLACEMENT SERVICES FOR OLDER CHILDREN WHO ARE LIVING IN PUBLIC FOSTER CARE.				
		(Grants and allocations \$ _____)			65,994.
e	Other program services (attach schedule) STATEMENT 4	(Grants and allocations \$ _____)	544,021.		1,390,509.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				2,954,766.

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	429,809.	45	152,248.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable	47a 415,894.		
	b	Less allowance for doubtful accounts	47b 25,000.	47c	390,894.
	48 a	Pledges receivable	48a 221,415.		
	b	Less allowance for doubtful accounts	48b	48c	221,415.
	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	45,048.	53	38,024.
	54	Investments - securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,542.	54	5,816.
	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 268,462.			
b	Less accumulated depreciation STMT 6	57b 176,219.	57c	92,243.	
58	Other assets (describe ▶ DEPOSITS)	9,130.	58	10,153.	
59	Total assets (add lines 45 through 58) (must equal line 74)	873,129.	59	910,793.	
Liabilities	60	Accounts payable and accrued expenses	302,550.	60	273,245.
	61	Grants payable		61	
	62	Deferred revenue	312,785.	62	513,051.
	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)	43,669.	65	36,070.
66	Total liabilities (add lines 60 through 65)	659,004.	66	822,366.	
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	61,509.	67	<133,267.>
	68	Temporarily restricted	152,616.	68	221,694.
	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)	214,125.	73	88,427.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	873,129.	74	910,793.	

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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		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	
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?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
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?	85g	N/A
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?	85h	N/A
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 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
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 <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	39
91	The books are in care of <u>DAWN MUSGRAVE</u> Telephone no <u>301-439-2900</u>		
Located at <u>10230 NEW HAMPSHIRE AVE, SILVER SPRING, MD</u> ZIP + 4 <u>20903</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> 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 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	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a ADOPTION SERVICES					1,282,580.
b CENTER FOR ADOPTIVE					
c FAMILIES					167,716.
d ADOPTION WORKS					506,131.
e MISCELLANEOUS					6,058.
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	1,364.	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,364.	1,962,485.
105 Total (add line 104, columns (B), (D), and (E))					1,963,849.

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 9

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).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and I am aware of all the information of which preparer has any knowledge.

Date: 11/15/05
 Type or print name and title: DAWN MUSGRAVE, ASSOCIATE DIRECTOR

Preparer's SSN or PTIN: [Redacted]

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

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
SCOTT PERKINS 10230 NEW HAMPSHIRE AVENUE, SILVER SPRING, MD 20903	FUNDRAISING DIR. 40	54,579.	0.	
SANDY RAPPEPORT 10230 NEW HAMPSHIRE AVENUE, SILVER SPRING, MD 20903	INT'L PRO. DIR. 40	59,246.	3,549.	
SUSAN SAIDMAN 10230 NEW HAMPSHIRE AVENUE, SILVER SPRING, MD 20903	DOMESTIC DIR. 40	60,355.	4,032.	
SABRENA MCALLISTER 10230 NEW HAMPSHIRE AVENUE, SILVER SPRING, MD 20903	PROJECT DIR. 40	49,628.	3,216.	
IRENE JORDAN 10230 NEW HAMPSHIRE AVENUE, SILVER SPRING, MD 20903	ASSOC. INT'L DIR. 40	52,664.	1,340.	
Total number of other employees paid over \$50,000 ▶	2			

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 ALDERTON LANE, SILVER SPRING, MD 20906	HOME STUDY SERVICES	59,650.
ANN POLASKO 2000 BAY POINTE DRIVE, HIXSON, TN 27243	COORDINATION SERVICES	63,625.
HODES, ULMAN, PESSIN & KATZ 901 DULANEY VALLEY ROAD, TOWSON, MD 21204	ATTORNEY'S FEES	57,360.
Total number of others receiving over \$50,000 for professional services ▶	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		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 10		
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 a 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)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	616,038.	352,871.	476,799.	608,456.	2,054,164.
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	2,236,616.	2,101,467.	1,635,648.	1,327,503.	7,301,234.
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	948.	6,175.	20,931.	18,599.	46,653.
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	2,853,602.	2,460,513.	2,133,378.	1,954,558.	9,402,051.
24 Line 23 minus line 17	616,986.	359,046.	497,730.	627,055.	2,100,817.
25 Enter 1% of line 23	28,536.	24,605.	21,334.	19,546.	
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 2000 through 2003 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: (2003) 10,800. (2002) 0. (2001) 0. (2000) 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: (2003) 0. (2002) 0. (2001) 0. (2000) 0.					
c Add Amounts from column (e) for lines: 15 2,054,164. 16 _____ 17 7,301,234. 20 _____ 21 _____					27c 9,355,398.
d Add Line 27a total 10,800. and line 27b total 0.					27d 10,800.
e Public support (line 27c total minus line 27d total)					27e 9,344,598.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f 9,402,051.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.3889%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .4962%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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)		

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

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed for ALL
electing organizations

N/A

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

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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) 2004	(b) 2003	(c) 2002	(d) 2001	
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

- 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.

2004 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	190,476.			190,476.	111,324.		20,153.
2	LEASEHOLD IMPROVEMENT VARIES			.000	16	25,298.			25,298.	14,491.		3,874.
5	COMPUTER EQUIPMENT VARIES			.000	16	11,331.			11,331.	2,828.		3,539.
6	CAPITAL LEASE	070102		.000	16	41,357.			41,357.	11,739.		8,271.
	* 990 PAGE 2 TOTAL											
	MANAGEMENT AND GENERAL											
	* GRAND TOTAL 990 PAGE											
2	DEPR					268,462.		0.	268,462.	140,382.	0.	35,837.
						268,462.		0.	268,462.	140,382.	0.	35,837.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
NET UNREALIZED GAIN ON INVESTMENTS		273.	
TOTAL TO FORM 990, PART I, LINE 20		273.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CASUAL LABOR	43,511.	3,373.	39,898.	240.	
EVALUATION	19,200.	19,200.			
PROFESSIONAL FEES	96,027.	8,283.	87,744.		
DUES AND SUBSCRIPTIONS	9,755.	2,984.	6,026.	745.	
LICENSES AND PERMITS	6,127.	225.	5,502.	400.	
SOCIAL WORK EXPENSES	491,484.	491,484.			
MEDIA CAMPAIGN	47,406.	47,406.			
TRAINING	20,101.	20,101.			
FOSTER CARE	27,857.	27,857.			
MEDIATOR	94,567.	94,567.			
INTERNATIONAL ADOPTION	34,593.	34,557.	36.		
ORPHANAGES	65,994.	65,994.			
BAD DEBT EXPENSES	7,761.	7,761.			
DATA MANAGEMENT	3,967.		2,215.	1,752.	
INSURANCE	17,938.		17,938.		
UTILITIES	6,478.		6,478.		
MISCELLANEOUS	8,298.	1,267.	5,831.	1,200.	
PROMOTION	198,861.	118,761.	79,795.	305.	
RECRUITMENT	63,390.	58,968.	4,422.		
BANK SERVICES	41,432.	32,965.	8,467.		
FALL FAMILY DAY	3,540.		3,540.		
ALLOCATION	0.	515,927.	<578,214.>	62,287.	
ANNUAL FUND	2,991.			2,991.	
TOTAL TO FM 990, LN 43	1,311,278.	1,551,680.	<310,322.>	69,920.	

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	3
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DESCRIPTION OF PROGRAM SERVICE ONE

THE DOMESTIC INFANT ADOPTION PROGRAM PROVIDES ADOPTION COUNSELING TO INDIVIDUALS FACING UNPLANNED PREGNANCY, AND PROSPECTIVE ADOPTIVE PARENTS. FOSTER CARE AND ADOPTION PLACEMENT SERVICES ARE PROVIDED FOR INFANTS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		630,983.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	4
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
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.	135,565.	142,484.
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.	408,456.	860,612.
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.		387,413.
TOTAL TO FORM 990, PART III, LINE E	544,021.	1,390,509.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	5
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
SECURITIES	FMV	5,816.			5,816.
TO FORM 990, LINE 54, COL B		5,816.			5,816.

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	190,476.	131,477.	58,999.
LEASEHOLD IMPROVEMENT	25,298.	18,365.	6,933.
COMPUTER EQUIPMENT	11,331.	6,367.	4,964.
CAPITAL LEASE	41,357.	20,010.	21,347.
TOTAL TO FORM 990, PART IV, LN 57		268,462.	92,243.

FORM 990	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	AMOUNT
DEFERRED RENT	12,499.
CAPITAL LEASE OBLIGATION	23,571.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	
	36,070.

FORM 990

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

STATEMENT 8

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 3	0.	0.	0.
MELVIN PETTY 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	TREASURER 3	0.	0.	0.
JUDY POLK 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	SECRETARY 3	0.	0.	0.
JACK ABEL 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.
GARY BLITZ, ESQ 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	IMMED. PAST CHAIR 2	0.	0.	0.
MARC BLUMENSTEIN 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.
ANTHONY BROWN 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.
JANE PHILIPS 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.
MARISSA RAUCH 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.
DEBBIE SCHICK 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.
JOE SCHREIBER 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.

GREGORY WIMS 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.
JANICE GOLDWATER 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	EXECUTIVE DIRECTOR 40	106,546.	4,516.	0.
DAWN MUSGRAVE 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	ASSOCIATE DIRECTOR 40	99,361.	4,359.	0.
EUGENIA HULL 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.
AARON LICHTMAN 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.
JOANNE CRONRATH BAMBERGER 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.
PAM COLE FINLAY 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.
LAUREN DUGAS GLOVER 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	VICE CHAIR 2	0.	0.	0.
GINNY WALTER 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.
FRANCES REAVES, ESQ. 10230 NEW HAMPSHIRE AVENUE, #200 SILVER SPRING, MD 20903	BOARD MEMBER 2	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>205,907.</u>	<u>8,875.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9
 ACCOMPLISHMENT OF EXEMPT PURPOSES

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

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).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization ADOPTIONS TOGETHER, INC.	Employer identification number 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 |

- The books are in the care of ▶ THE ORGANIZATION
 Telephone No. ▶ 301-439-2900 FAX No. ▶ _____
- 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-months for a **Form 990-T corporation**) extension of time until AUGUST 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2004 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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

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

Type or print. File by the extended due date for filing the return See instructions	Name of Exempt Organization 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.

- The books are in the care of **THE ORGANIZATION**
Telephone No. **301-439-2900** FAX No. _____
- 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, 2005**

5 For calendar year **2004**, 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.

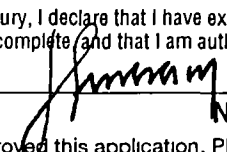
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

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  Title **C.P.A.** Date **8/09/05**

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 a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

EXTENSION APPROVED
AUG 20 2005
FIE: D DIRECTOR
SUBMISSION PROCESS DATE

Director _____ By _____

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

Type or print	Name 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