

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 2005, 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 [X], Other (specify) []

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

G Website: WWW.ADOPTIONSTOGETHER.ORG
J Organization type: 501(c) (3) [X], 4947(a)(1) or 527 []

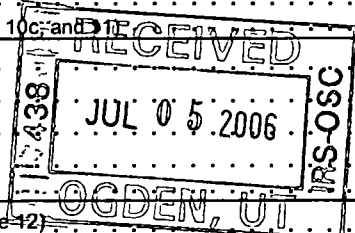
K Check here [] if the organization's gross receipts are normally not more than \$25,000

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes [], No [X]
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes [], No []
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [], No [X]
I Group Exemption Number
M Check [] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 3,558,774.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Description, Sub-column (a, b, c), Total, and Final Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).



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

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 (See the instructions.)

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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	207,928.	207,928.	NONE	NONE
26	Other salaries and wages	505,526.	301,658.	142,455.	61,413.
27	Pension plan contributions	6,632.	6,632.	NONE	NONE
28	Other employee benefits	143,222.	79,731.	58,791.	4,700.
29	Payroll taxes	111,447.	81,981.	22,894.	6,572.
30	Professional fundraising fees	66,329.	NONE	186.	66,143.
31	Accounting fees				
32	Legal fees				
33	Supplies	34,863.	25,536.	6,590.	2,737.
34	Telephone	24,095.	15,534.	7,310.	1,251.
35	Postage and shipping	35,697.	29,399.	3,298.	3,000.
36	Occupancy	80,274.	35,174.	35,953.	9,147.
37	Equipment rental and maintenance	5,862.	1,601.	3,397.	864.
38	Printing and publications	4,616.	NONE	NONE	4,616.
39	Travel	19,133.	14,371.	4,724.	38.
40	Conferences, conventions, and meetings	693.	NONE	693.	NONE
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	8,913.	501.	6,706.	1,706.
43	Other expenses not covered above (itemize):				
a	STMT 2	2,156,660.	1,992,448.	158,575.	5,637.
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	3,411,890.	2,792,494.	451,572.	167,824.

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 (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 3</u> 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 <u>THE DOMESTIC INFANT ADOPTION PROGRAM PROVIDED ADOPTION COUNSELING TO INDIVIDUALS FACING UNPLANNED PREGNANCY, AND PROSPECTIVE ADOPTIVE PARENTS. FOSTER CARE AND ADOPTION PLACEMENT SERVICES ARE PROVIDED FOR INFANTS. PLACED 53 INFANTS.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	623,547.
b <u>THE INTERNATIONAL ADOPTION PROGRAM PROVIDED ADOPTION PLACEMENT SERVICES FOR ORPHANED CHILDREN RESIDING IN EASTERN EUROPE, ASIA AND LATIN AMERICA. PLACED 98 CHILDREN.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	511,307.
c <u>THE CENTER FOR ADOPTIVE FAMILIES PROVIDED COUNSELING FOR ADOPTED CHILDREN AND THEIR FAMILIES, CLINICAL TRAINING FOR CHILD WELFARE PROFESSIONALS AND COMMUNITY EDUCATION. THE CENTER COMPLETED 640 ADOPTION HOME STUDIES AND 38 FOSTER CARE STUDIES.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	318,107.
d <u>THE ADOPTION WORKS PROGRAM PROVIDED PREPARATION FOR ADOPTION TRAINING FOR PROSPECTIVE ADOPTIVE PARENTS AND ADOPTION PLACEMENT SERVICES FOR OLDER CHILDREN WHO ARE LIVING IN PUBLIC FOSTER CARE. PLACED 16 CHILDREN.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,022,955.
e Other program services (attach schedule) <u>SEE STATEMENT 4</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	316,578.
f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►	2,792,494.

Part IV Balance Sheets (See the instructions.)

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	152,248.	45	409,797.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 381,709.		
	b Less: allowance for doubtful accounts	47b 45,000.	390,894.	47c 336,709.
	48a Pledges receivable	48a 225,318.		
	b Less: allowance for doubtful accounts	48b	221,415.	48c 225,318.
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	STMT. 5	38,024.	53 42,284.
	54 Investments - securities (attach schedule) STMT. 6. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		5,816.	54 12,158.
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments - other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 287,218.			
b Less: accumulated depreciation (attach schedule)	57b 212,424.	92,243.	57c 74,794.	
58 Other assets (describe <input type="checkbox"/> STMT 7)		10,153.	58 10,373.	
59 Total assets (must equal line 74). Add lines 45 through 58.		910,793.	59 1,111,433.	
Liabilities	60 Accounts payable and accrued expenses	273,245.	60	275,474.
	61 Grants payable		61	
	62 Deferred revenue	STMT. 8	513,051.	62 574,203.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)			64b
	65 Other liabilities (describe <input type="checkbox"/> STMT 9)		36,070.	65 25,615.
66 Total liabilities. Add lines 60 through 65		822,366.	66 875,292.	
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		-133,267.	67 24,566.
	68 Temporarily restricted		221,694.	68 211,575.
	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)		88,427.	73 236,141.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		910,793.	74 1,111,433.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 14
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.
d Does the organization have a written conflict of interest policy?

Table with 2 columns: Yes, No. Rows 75b, 75c, 75d with 'X' marks in the No column.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains dashes.

Part VI Other Information (See the instructions.)

- 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.
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.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.
80a 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?
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt.
81a Enter direct and indirect political expenditures. (See line 81 instructions.)
b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 81a, 81b with 'X' marks in the No column.

Part VI Other Information (continued)

		Yes	No
82a	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?		X
82b	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)	NONE	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	N/A	
85b	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.	N/A	
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	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		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911	N/A	
	section 4912	N/A	
	section 4955	N/A	
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
	Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
90a	List the states with which a copy of this return is filed	DC, MD, VA	
90b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	40	
91a	The books are in care of	KATHRYN CLIFF	
	Telephone no	301-439-2900	
	Located at	10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD	
	ZIP + 4	20903	
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
91c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	X	
92	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		
	and enter the amount of tax-exempt interest received or accrued during the tax year	RUSSIA	
		92	
		N/A	

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a DOMESTIC ADOPTIONS					805,659.
b INTERNTL ADOPTIONS					606,519.
c CNT ADOPTIVE FAMIL					214,444.
d ASSESSMENT PROGRAM					1,116,470.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	949.	
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))				949.	2,743,092.
105 Total (add line 104, columns (B), (D), and (E))					2,744,041.

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 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).
▼	STMT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? N/A Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? N/A 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, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

Signature of officer: *[Signature]* Date: 6/30/02

Type or print name and title: DAWN O'LEARY MUSGRAVE 6/30/02

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 6-29-06 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): P00359975

Firm's name (or yours if self-employed), address, and ZIP + 4: REZNICK GROUP, P.C. 500 EAST PRATT STREET, SUITE 200 BALTIMORE, MD 21202-3100 EIN: 52-1088612 Phone no: 410-783-4900

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Name of the organization

ADOPTIONS TOGETHER, INC.

Employer identification number

52-1703994

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 . . . ▶		NONE		

Part II-A 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
SEE STATEMENT 14		
Total number of others receiving over \$50,000 for professional services . . . ▶		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 15		
Total number of other contractors receiving over \$50,000 for other services . . . ▶		NONE

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 ▶ \$ <u>19,000.</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)	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.)		
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? STMT. 16	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT. 17	X	
e Transfer of any part of its income or assets?		X
3a 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
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a 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) Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,313,360.	616,038.	352,871.	476,799.	2,759,068.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,865,855.	2,236,616.	2,101,467.	1,635,648.	7,839,586.
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	1,364.	948.	6,175.	20,931.	29,418.
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	3,180,579.	2,853,602.	2,460,513.	2,133,378.	10,628,072.
24 Line 23 minus line 17.	1,314,724.	616,986.	359,046.	497,730.	2,788,486.
25 Enter 1% of line 23.	31,806.	28,536.	24,605.	21,334.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE					26a
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____					26d
22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
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					
(2004) _____ (2003) _____ 10,800. (2002) _____ (2001) _____					
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					
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 2,759,068. 16 _____					27c
17 _____ 7,839,586. 20 _____ 21 _____					
d Add: Line 27a total _____ 10,800. and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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?
32 Does the organization maintain the following:
a Records indicating the racial composition of the student body, faculty, and administrative staff?
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
d Copies of all material used by the organization or on its behalf to solicit contributions?
33 Does the organization discriminate by race in any way with respect to:
a Students' rights or privileges?
b Admissions policies?
c Employment of faculty or administrative staff?
d Scholarships or other financial assistance?
e Educational policies?
f Use of facilities?
g Athletic programs?
h Other extracurricular activities?
34 a Does the organization receive any financial aid or assistance from a governmental agency?
b Has the organization's right to such aid ever been revoked or suspended?
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

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

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40	} 41	
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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.)

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

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		19,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			19,000.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **STMT 18**

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Other transactions, b(ii) Sales or exchanges of assets, b(iii) Purchases of assets, b(iv) Rental of facilities, b(v) Reimbursement arrangements, b(vi) Loans or loan guarantees, and c Sharing of facilities.

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAIN

830.

TOTAL

830.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
EQUIPMENT PURCHASES	1,571.	1,111.	460.	NONE
DATA MANAGEMENT	9,840.	NONE	9,840.	NONE
DATA BASE DEVELOPMENT	2,917.	NONE	2,917.	NONE
EVALUATIONS	89,300.	89,300.	NONE	NONE
CASUAL LABOR	15,568.	5,661.	7,909.	1,998.
VIRGINIA OFFICE EXPENSE	483.	483.	NONE	NONE
PROFESSIONAL/CONSULTING FEES	125,960.	39,125.	86,835.	NONE
INSURANCE EXPENSE	5,806.	354.	4,346.	1,106.
DUES AND SUBSCRIPTION	5,549.	450.	5,099.	NONE
UTILITIES	3,045.	1,558.	1,185.	302.
LICENSES AND PERMITS	1,596.	640.	956.	NONE
TAXES	2,306.	25.	2,281.	NONE
REPAIRS AND MAINTENANCE	10,270.	3,090.	4,949.	2,231.
SOCIAL WORKERS	565,552.	565,552.	NONE	NONE
RAPID RESPONSE TEAM	699.	699.	NONE	NONE
HEART GALLERY	74,884.	74,884.	NONE	NONE
INU PROGRAM	65,624.	65,624.	NONE	NONE
DOMESTIC ADOPTIONS	49,644.	49,644.	NONE	NONE
INTERNATIONAL ADOPTIONS	32,251.	32,251.	NONE	NONE
CENTER FOR ADOPTIVE FAMILIES	23,157.	23,157.	NONE	NONE
ORPHANAGES	850,288.	850,288.	NONE	NONE
ADMINISTRATIVE	75,998.	44,200.	31,798.	NONE
MISCELLANEOUS EXPENSES	144,352.	144,352.	NONE	NONE
TOTALS	2,156,660.	1,992,448.	158,575.	5,637.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

TO PROVIDE A HOME TO INFERTILE COUPLES, SINGLES, AND BIRTH PARENTS WHO ARE UNABLE TO CARE FOR THIER CHILDREN. THE AGENCY PROVIDES MEDICAL SERVICES, LEGAL SERVICES, MATERNITY CLOTHING, TRANSPORTATION, HOUSING AND LIVING EXPENSES TO THOSE FAMILIES IN NEED OF CARE FOR THEIR CHILDREN. THE AGENCY ALSO PROVIDES PRE-ADOPTIVE COUNSELING, PROVIDE SUPPORT GROUPS, PARENTING CLASSES, EDUCATIONAL FORUMS, HOME STUDIES, POST PLACEMENT SERVICES, SUPPORTICE COUNSELING THROUGHOUT THE ADOPTIVE PROCESS, AND ASSISTANCE IN GUIDING THE COUPLE THROUGH THE SEARCH FOR A CHILD.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
IF NOT US		287,568.
INTERNATIONAL ORPHANAGE RELIEF		29,010.
TOTALS		316,578.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSE	38,024.	42,284.
TOTALS	38,024.	42,284.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
MONEY MARKET COMMON STOCK	8. 5,808.	18. 12,140.
TOTALS	5,816.	12,158.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
DEPOSIT	10,153.	10,373.
	-----	-----
TOTALS	10,153.	10,373.
	=====	=====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED RENT REVENUE	NONE	10,718.
DEFERRED RISK REVENUE	NONE	199,986.
DEFERRED OTHER REVENUE	513,051.	363,499.
	-----	-----
TOTALS	513,051.	574,203.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
CAPITAL LEASE PAYABLE	36,070.	25,615.
TOTALS	36,070.	25,615.
	=====	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MELVIN PETTY 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR .5	NONE	NONE	NONE
JANE PHILLIPS 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	VICE CHAIR .3	NONE	NONE	NONE
JUDY POLK 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	SECRETARY 2.	NONE	NONE	NONE
FRANCES REAVES, ESO. 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	TREASURER .5	NONE	NONE	NONE
DEBBIE SCHICK 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR .5	NONE	NONE	NONE
JOE SCHREIBER 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR .5	NONE	NONE	NONE
SUSAN STALICK 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR 1	NONE	NONE	NONE
JOSEPH SUMMERILL, IV 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR .04	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JEFF TRAVERS 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	CHAIR 2	NONE	NONE	NONE
MARC BLUMENSTEIN 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR .3	NONE	NONE	NONE
ANTHONY BROWN 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR .01	NONE	NONE	NONE
JANICE GOLDWATER 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	EXECUTIVE DIRECTOR 40	108,014.	3,000.	NONE
EUGENIA HULL 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR	NONE	NONE	NONE
DAWN MUSGRAVE 10230 NEW HAMPSHIRE AVENUE SIVLER SPRING, MD 20903	ASSOCIATE DIRECTOR 40	99,914.	3,632.	NONE
JOANNE CRONRATH BAMBERGER 10230 NEW HAMPSHIRE AVENUE SILVER, MD 20903	DIRECTOR .4	NONE	NONE	NONE
LAUREN DUGAS GLOVER 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR .06	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
AARON LICHTMAN 10203 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR .1	NONE	NONE	NONE
GINNY WALTER 10203 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR 2	NONE	NONE	NONE
GRAND TOTALS		207,928.	6,632.	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
-------------	--

93A	FEES FROM PROVIDING ADOPTION SERVICES WHICH SUPPORT AND PREPARE PROSPECTIVE ADOPTIVE PARENTS AND BIRTH PARENTS.
93B	THE ADOPTION SERVICES ARRANGES FOR FAMILIES LIVING IN THE UNITED STATES TO ADOPT CHILDREN FROM ORPHANAGES IN EASTERN EUROPE, LATIN AMERICA AND ASIA. THE INTERNATIONAL ORPHANAGE RELIEF PROGRAM SUPPORTS CHILDREN IN FOREIGN ORPHANAGES, PRIMARILY EASTERN EUROPE AND ASIA.
93C	THE CENTER FOR ADOPTIVE FAMILIES PROVIDES COMPREHENSIVE PRE- AND POST ADOPTION EDUCATION AND COUNSELING.
93D	THE ASSESSMENT PROGRAM PROVIDES HOME STUDIES AND POST-PLACEMENT SUPERVISION FOR FOSTER PARENTS, PRE-ADOPTIVE PARENTS AND FAMILIES WHO HAVE RECEIVED PLACEMENT OF A CHILD AND ARE AWAITING COMPLETION OF THE ADOPTION.

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
ANNE POLASKO 121 JEFFERSON STREET WEBSTER GROVE, MO 63119	SOCIAL WORK	99,153.
GUATEMALA PROGRAM SOCIAL WORKER/LIASON		
TOTAL COMPENSATION		99,153.

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
JOHN MAHLMANN 12293 GREENLEAF AVENUE POTOMAC, MD 20854	FOSTER CARE	53,875.
FOSTER CARE HOME LICENSING AND MONTORING		

TOTAL COMPENSATION

53,875.
=====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

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.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990 PART V

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

=====

LOBBYING TO PROVIDE RESOURCES FROM GOVERNMENTAL AGENCIES FOR ADOPTION AND FOSTER CARE NEEDS.

Adoptions Together Inc.
 For Year Ending 12/31/2005
 Fixed Asset Schedule

<u>Description</u>	<u>Basis at 12/31/2005</u>	<u>Beginning NBV</u>	<u>Ending NBV</u>
Furniture & Equipment	208,734.71	70,890.22	48,064.79
Capital Lease	45,115.84	25,105.36	16,332.79
Leasehold Improvement	25,298.34	6,934.73	3,061.66
Totals:	<u>279,148.89</u>	<u>102,930.31</u>	<u>67,459.24</u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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 **X**
- 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
	Number, street, and room or suite no. If a P.O. box, see instructions 10230 NEW HAMPSHIRE AVENUE 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 ▶ KATHRYN CLIFF

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 08/15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2005 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 \$ _____

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.