

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

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning , 2007, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization ADOPTIONS TOGETHER INC Number and street (or P O box if mail is not delivered to street address) Room/suite 10230 NEW HAMPSHIRE AVENUE 200 City or town, state or country, and ZIP + 4 SILVER SPRING, MD 20903	D Employer identification number 52-1703994 E Telephone number (301) 439-2900 F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

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

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

H(c) Are all affiliates included? (If "No," attach a list See instructions) Yes No

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)

G Website. ▶ WWW.ADOPTIONSTOGETHER.ORG

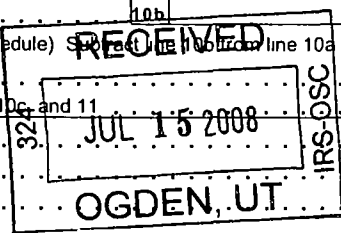
J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,967,759.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		
		a Contributions to donor advised funds	1a	
		b Direct public support (not included on line 1a)	1b	590,729.
		c Indirect public support (not included on line 1a)	1c	31,602.
		d Government contributions (grants) (not included on line 1a)	1d	
		e Total (add lines 1a through 1d) (cash \$ 622,331. noncash \$)	1e	622,331.
		2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	3,314,834.
		3 Membership dues and assessments	3	
		4 Interest on savings and temporary cash investments \$TMT 1	4	24.
		5 Dividends and interest from securities	5	
Expenses		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	8a	
		b Less cost or other basis and sales expenses	8b	
		c Gain or (loss) (attach schedule)	8c	
		d Net gain or (loss) Combine line 8c, columns (A) and (B)	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 1b)	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		
Net Assets		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	30,570.
		12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	3,967,759.
	13 Program services (from line 44, column (B))	13	3,147,690.	
	14 Management and general (from line 44, column (C))	14	597,296.	
	15 Fundraising (from line 44, column (D))	15	201,236.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses Add lines 16 and 44, column (A)	17	3,946,222.	
	18 Excess or (deficit) for the year Subtract line 17 from line 12	18	21,537.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	207,074.	
	20 Other changes in net assets or fund balances (attach explanation) \$TMT 2	20	-3,370.	
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	225,241.	



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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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other 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)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	237,409.	110,652.	53,652.	73,105.
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	1,374,696.	1,092,148.	206,739.	75,809.
27	Pension plan contributions not included on lines 25a, b, and c	10,000.	NONE	10,000.	NONE
28	Employee benefits not included on lines 25a - 27	126,045.	103,687.	13,394.	8,964.
29	Payroll taxes	130,217.	106,161.	16,539.	7,517.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	51,121.	42,006.	6,624.	2,491.
34	Telephone	64,432.	49,852.	11,224.	3,356.
35	Postage and shipping	52,831.	47,306.	3,774.	1,751.
36	Occupancy	269,478.	211,056.	44,043.	14,379.
37	Equipment rental and maintenance	7,555.	6,333.	921.	301.
38	Printing and publications				
39	Travel	20,125.	15,040.	4,998.	87.
40	Conferences, conventions, and meetings				
41	Interest	8,321.	NONE	8,321.	NONE
42	Depreciation, depletion, etc (attach schedule)	33,199.	25,028.	6,160.	2,011.
43	Other expenses not covered above (itemize)				
43a	a STMT 3	1,560,793.	1,338,421.	210,907.	11,465.
43b	b				
43c	c				
43d	d				
43e	e				
43f	f				
43g	g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	3,946,222.	3,147,690.	597,296.	201,236.

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? SEE STATEMENT 4 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>SEE STATEMENT 5</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	730,266.
b <u>THE INTERNATIONAL ADOPTION PROGRAM PLACED 95 CHILDREN FOR ADOPTION WITH AMERICAN CITIZENS FROM ORPHANAGES IN CHINA, RUSSIA, AND GUATEMALA.</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	625,244.
c <u>SEE STATEMENT 5</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	860,402.
d <u>THE ASSESSMENT SERVICES PROGRAM COMPLETED 543 ADOPTION HOME STUDIES, 44 NEW FOSTER HOME STUDIES, AND 12 RE-LICENSED FOSTER HOME STUDIES.</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	864,636.
e Other program services (attach schedule) <u>SEE STATEMENT 6</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	67,142.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	3,147,690. Form 990 (2007)

Part IV Balance Sheets (See the instructions)

				(A)		(B)	
				Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only							
Assets	45	Cash - non-interest-bearing		575,071.	45	634,633.	
	46	Savings and temporary cash investments			46		
	47a	Accounts receivable	47a 275,969.				
	b	Less: allowance for doubtful accounts	47b 10,000.	289,524.	47c	265,969.	
	48a	Pledges receivable	48a 100,000.				
	b	Less: allowance for doubtful accounts	48b	173,177.	48c	100,000.	
	49	Grants receivable		145,785.	49	56,000.	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b		
	51a	Other notes and loans receivable (attach schedule)					
	b	Less: allowance for doubtful accounts			51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		44,891.	53	51,097.	
	54a	Investments - publicly-traded securities	STMT 8	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	13,732.	54a	10,362.
	b	Investments - other securities (attach schedule)			<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	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 375,343.			
b	Less: accumulated depreciation (attach schedule)		57b 251,921.	155,174.	57c	123,422.	
58	Other assets, including program-related investments (describe <input type="checkbox"/> STMT 9)		19,803.	58	14,191.		
59	Total assets (must equal line 74). Add lines 45 through 58		1,417,157.	59	1,255,674.		
Liabilities	60	Accounts payable and accrued expenses		352,666.	60	334,894.	
	61	Grants payable			61		
	62	Deferred revenue		750,645.	62	611,893.	
	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 11)		106,772.	65	83,646.	
66	Total liabilities. Add lines 60 through 65		1,210,083.	66	1,030,433.		
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		30,441.	67	140,114.	
	68	Temporarily restricted		176,633.	68	85,127.	
	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 and column (B) must equal line 21)		207,074.	73	225,241.		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		1,417,157.	74	1,255,674.		

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	3,964,389.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		-3,370.
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) -----	b4		
	Add lines b1 through b4		b	-3,370.
c	Subtract line b from line a		c	3,967,759.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) -----	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d.		e	3,967,759.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	3,946,222.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) -----	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	3,946,222.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) -----	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d.		e	3,946,222.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 12		237,409.	9,806.	NONE

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

Table with 3 columns: Question, Yes, No. Rows include 75a (14), 75b, 75c, and 75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

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

Part VI Other Information (See the instructions)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 80b, 81a, and 81b.

Part VI Other Information (continued)

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?
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)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
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?
86a 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87a 501(c)(12) orgs Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88a 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
88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
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
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)
91a The books are in care of
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)?

Part VI Other Information (continued)

c. At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶ RUSSIA
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** | N/A

Part VII Analysis of Income-Producing Activities (See 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					905,606.
b INTERNTL ADOPTIONS					524,648.
c CNT ADOPTIVE FAMIL					915,499.
d ASSESSMENT PROGRAM					969,081.
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	24.	
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 MISC. EXEMPT INC.					30,570.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				24.	3,345,404.
105 Total (add line 104, columns (B), (D), and (E)) ▶					3,345,428.

Note: Line 105 plus line 1e, 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 15

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? 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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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: Janice Goldwater Date: 6-30-08
 Type or print name and title: JANICE GOLDWATER, EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 6/27/08 Check if self-employed:
 Preparer's SSN or PTIN (See Gen Inst X): P00252478
 Firm's name (or yours if self-employed), address, and ZIP + 4: REZNICK GROUP, P. C. EIN: 52-1088612
500 EAST PRATT STREET, SUITE 200 Phone no: 410-783-4900
BALTIMORE, MD 21202-3100

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

OMB No 1545-0047

2007

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

Employer identification number

ADOPTIONS TOGETHER INC

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
SEE STATEMENT 16				
Total number of other employees paid over \$50,000 . . ▶		3		

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 17		
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
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		NONE

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

Table with columns for question number, description, and Yes/No responses. Includes questions 1 through 4c regarding lobbying, grants, and donor advised funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit 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; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NQT. APPLICABLE; 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 2003 through 2006 exceeded the amount shown in line 26a; c Total support for section 509(a)(1) test; d Add Amounts from column (e) for lines 18, 19, 22; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

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

(2006) (2005) (2004) (2003) 10,800.

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 11b, 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

(2006) (2005) (2004) (2003)

c Add Amounts from column (e) for lines 15 3,401,466. 16 17 9,793,972. 20 21 27c 13,195,438.

d Add Line 27a total, 10,800. and line 27b total 27d 10,800.

e Public support (line 27c total minus line 27d total) 27e 13,184,638.

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27f 13,208,745.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 99.8175 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 0.0277 %

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions)

NOT APPLICABLE

(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?		
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?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
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?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
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? If you answered "Yes" to either 34a or b, please explain using an attached statement		
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 11 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 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
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 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 13 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		8,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			8,500.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities **STMT 21**

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 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?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of		
(i) Cash	51a(i)	X
(ii) Other assets	a(ii)	X
b Other transactions		
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
(iii) Rental of facilities, equipment, or other assets	b(iii)	X
(iv) Reimbursement arrangements	b(iv)	X
(v) Loans or loan guarantees	b(v)	X
(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

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.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
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 No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

DESCRIPTION	AMOUNT
INTEREST	24.
TOTAL	24.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS	-3,370.
TOTAL	----- -3,370. =====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
EQUIPMENT PURCHASES	33,574.	9,542.	24,032.	NONE
DATA MANAGEMENT	8,785.	NONE	8,785.	NONE
DATA BASE DEVELOPMENT	13,010.	8,270.	4,740.	NONE
CASUAL LABOR	7,208.	1,093.	6,115.	NONE
PROFESSIONAL/CONSULTING FEES	115,876.	29,459.	85,233.	1,184.
INSURANCE EXPENSE	32,239.	24,919.	5,518.	1,802.
DUES AND SUBSCRIPTION	3,855.	692.	2,786.	377.
UTILITIES	9,729.	7,334.	1,806.	589.
LICENSES AND PERMITS	2,898.	1,823.	675.	400.
TAXES	6,463.	433.	6,030.	NONE
REPAIRS AND MAINTENANCE	33,247.	26,003.	5,461.	1,783.
SOCIAL WORKERS	660,750.	660,935.	-185.	NONE
RAPID RESPONSE TEAM	508.	NONE	508.	NONE
HEART GALLERY	36,561.	NONE	36,561.	NONE
DOMESTIC ADOPTIONS	214,519.	214,534.	-15.	NONE
INTERNATIONAL ADOPTIONS	164,592.	164,760.	-168.	NONE
CENTER FOR ADOPTIVE FAMILIES	21,279.	21,279.	NONE	NONE
ORPHANAGES	66,922.	66,922.	NONE	NONE
MISCELLANEOUS EXPENSES	15,496.	10,828.	4,668.	NONE
ADMINISTRATIVE	37,043.	29,500.	7,055.	488.
MARKETING AND PROMOTION	75,656.	60,095.	11,277.	4,284.
FUNDRAISING	583.	NONE	25.	558.
TOTALS	1,560,793.	1,338,421.	210,907.	11,465.

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

=====

TO PROVIDE PRE-ADOPTIVE COUNSELING, HOME STUDIES, POST PLACEMENT SERVICES AND OTHER SUPPORT THROUGH THE ADOPTION PROCESS. SUPPORT FOR BIRTH MOTHERS, INFANTS, CHILDREN AND THEIR FAMILIES THROUGH THE ADOPTION PROCESS AND AFTERWARDS.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

DOMESTIC INFANT ADOPTION SERVED 242 BIRTH PARENTS, PLACED 53 INFANTS, PROVIDED 1,247 DAYS OF CARE FOR APPROXIMATELY 70 INFANTS, SERVED AN AVERAGE OF 55 ADOPTIVE PARENTS, PRESENTED INFORMATION TO APPROXIMATELY 300 PROSPECTIVE DOMESTIC PARENTS, AND PRESENTED 7 IN-SERVICE PRESENTATIONS. ADOPTIONWORKS (DOMESTIC OLDER CHILD ADOPTION) PLACED 11 CHILDREN FOR ADOPTION FROM PUBLIC FOSTER CARE SYSTEMS, TRAINED 42 FAMILIES, PREPARED 24 HOME STUDIES, AND RECEIVED 72 APPLICATIONS FOR ADOPTION.

PROGRAM SERVICE ACCOMPLISHMENT C

THE CENTER FOR ADOPTIVE FAMILIES PROVIDED THERAPEUTIC COUNSELING TO 57 NEW FAMILIES, APPROXIMATELY 175 INDIVIDUAL/FAMILIES WERE SERVED, CONDUCTED ADOPTION PREPARATION CLASSES FOR APPROXIMATELY 375 PARENTS, AND PROVIDED CLINICAL TRAINING PROGRAMS FOR 40 MEDICAID MENTAL HEALTH PROFESSIONALS IN THE WASHINGTON/BALTIMORE AREA, PARENTS AND CHILDREN, WHICH INCLUDED A 40 HOUR SERIES ON ATTACHMENT DISORDER THEORY AND TREATMENT. CENTER FOR ADOPTIVE FAMILIES PROVIDED TRAINING TO OVER 400 PROFESSIONALS IN MD, DC, VA AND OTHER STATES, PROVIDED 4 EIGHT-WEEK SUPPORT GROUP SESSIONS TO 15 CHILDREN AND THEIR PARENTS, HELD AN ANNUAL KIDS CONFERENCE FOR 250 ATTENDEES, CONDUCTED 10 PRESENTATIONS TO COMMUNITY ORGANIZATIONS, PROVIDED SUMMER CAMP TO 10 ADOPTED CHILDREN, CONDUCTED 8 EDUCATIONAL WORKSHOPS ON ADOPTION ISSUES TO 150 ADOPTIVE PARENTS, AND HELD 3 MONTHLY SUPPORT GROUPS TO 3 MD COUNTIES.

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

DESCRIPTION

GRANTS AND
ALLOCATIONS

EXPENSES

INTERNATIONAL ORPHANAGE RELIEF

67,142.

TOTALS

67,142.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSE	44,891.	51,097.
TOTALS	----- 44,891. =====	----- 51,097. =====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
MONEY MARKET	8.	8.
COMMON STOCK	13,724.	10,354.
TOTALS	13,732.	10,362.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
DEPOSIT	19,803.	14,191.
-----	-----	-----
TOTALS	19,803.	14,191.
	=====	=====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
DEFERRED RISK REVENUE	223,286.	192,123.
DEFERRED OTHER REVENUE	527,359.	419,770.
TOTALS	----- 750,645. =====	----- 611,893. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
CAPITAL LEASE PAYABLE	101,686.	82,768.
OTHER LIABILITIES	5,086.	878.
TOTALS	----- 106,772.	----- 83,646.
	=====	=====

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK 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 0.50	NONE	NONE	NONE
JUDY POLK 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	SECRETARY 2.00	NONE	NONE	NONE
FRANCES REAVES, ESO. 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	TREASURER 0.50	NONE	NONE	NONE
DEBBIE SCHICK 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR 0.50	NONE	NONE	NONE
JOE SCHREIBER 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR 0.50	NONE	NONE	NONE
SUSAN STALICK 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR 1.00	NONE	NONE	NONE
JOSEPH SUMMERILL, IV 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	CHAIR 4.00	NONE	NONE	NONE
JEFF TRAVERS 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	IMMEDIATE PAST CHAIR 2.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARC BLUMENSTEIN 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR 0.30	NONE	NONE	NONE
JANICE GOLDWATER 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	EXECUTIVE DIRECTOR 40.00	123,409.	4,900.	NONE
DAWN MUSGRAVE 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	ASSOCIATE DIRECTOR 40.00	114,000.	4,906.	NONE
DEBORAH JENNINGS 10230 NEW HAMPSHIRE AVENUE SILVER, MD 20903	DIRECTOR 0.50	NONE	NONE	NONE
DAVID PARK 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	VICE CHAIR 0.50	NONE	NONE	NONE
JANE PHILIPS 10203 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR 0.30	NONE	NONE	NONE
GARY BLITZ 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR 0.30	NONE	NONE	NONE
THOMAS R. BURTON 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR 0.30	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LISA Y SETTLES, ESQ. 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DIRECTOR 0.30	NONE	NONE	NONE
GRAND TOTALS		237,409.	9,806.	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 ARRANGE 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.
103B	OTHER MISCELLANEOUS INCOME FROM PROVIDING ADOPTIVE SERVICES.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
SUSAN OGDEN 10230 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903	DOMESTIC DIRECTOR 40.00	70,213.	5,411.	NONE
ERICA MOLTZ 10230 NEW HAMPSHIRE AVENUE SILVER SPRINGS, MD 20903	ASSESSMENT DIRECTOR 40.00	62,054.	1,441.	NONE
STEPHANIE CHUPEIN 10230 NEW HAMPSHIRE AVENUE SILVER SPRINGS, MD 20903	CAF DIRECTOR 40.00	68,576.	NONE	NONE
SCOTT PERKINS 10230 NEW HAMPSHIRE AVENUE SILVER SPRINGS, MD 20903	DEVELOPMENT DIRECTOR 40.00	56,731.	4,652.	NONE
SANDRA RAPPEPORT 10230 NEW HAMPSHIRE AVENUE SILVER SPRINGS, MD 20903	INTL DIRECTOR 40.00	62,054.	4,482.	NONE
TOTAL COMPENSATION		319,628.	15,986.	NONE

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 GUATEMALA PROGRAM SOCIAL WORKER/LIASON	SOCIAL WORK	66,250.
JOHN MAHLMANN 414 HUNGERFORD DR. STE 240 ROCKVILLE, MD 20850 CONTRACT SOCIAL WORKER	SOCIAL WORKE	56,100.
TOTAL COMPENSATION		----- 122,350. =====

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 IV-A - OTHER INCOME

DESCRIPTION	2006	2005	2004	2003	TOTAL
OTHER INCOME	9,643.	NONE	NONE	NONE	9,643.
TOTALS	9,643.	NONE	NONE	NONE	9,643.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

=====

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

FEDERAL FOOTNOTES

=====

PART IV LINE 57 LAND, BUILDINGS & EQUIPMENT

FURNITURE & FIXTURES	231,304
CAPITAL LEASE	113,838
LEASEHOLD IMPROVEMENTS	30,201

	375,343
ACCUMULATED DEPRECIATION	251,921

	123,422

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 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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your 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	
	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 ▶ _____

Telephone No. ▶ _____ 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 section 501(c) corporation required to file Form 990-T) extension of time until _____, _____ to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2007 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.	3a	\$
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.	3b	\$
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.	3c	\$

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.

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