

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2002

Open to Public Inspection

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

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

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

Please use IRS label or print or type See Specific Instructions.

C Name of organization

EUROPEAN ADOPTION CONSULTANTS, INC.

Number and street (or P O box if mail is not delivered to street address)

Room/suite

9800 BOSTON RD.

City or town state or country and ZIP + 4

NORTH ROYALTON OH 44133

D Employer ID number

34-1718583

E Telephone number

440-237-3554

F Accounting method Cash

Accrual Other (specify)

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

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 no of affiliates

H(c) Are all affiliates included? Yes No

(If "No" attach a list See instr)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site

J Organization type

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **5,570,811**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a			
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)			1d	0
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	5,518,550
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	21,333
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe _____)			7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		30,928	8a		
b	Less cost or other basis and sales expenses	48,385	8b		
c	Gain or (loss) (attach schedule)	-17,457	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	See Stmt 1		8d	-17,457
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	5,522,426
13	Program services (from line 4d, column (B))			13	3,492,903
14	Management and general (from line 4d, column (C))			14	1,998,421
15	Fundraising (from line 4d, column (D))			15	
16	Payments to affiliates (attach schedule)			16	
17	Total expenses (add lines 16 and 4d, column (A))			17	5,491,324
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	31,102
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	895,174
20	Other changes in net assets or fund balances (attach explanation)	See Stmt 2		20	1,363
21	Net assets or fund balances at end of year (combine lines 18, 19 and 20)			21	927,639

EXPENSES

ASSETS

9

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 page 21 of 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 \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers directors etc	25	194,000	194,000	
26 Other salaries and wages	26	601,285	601,285	
27 Pension plan contributions	27	145,000	145,000	
28 Other employee benefits	28	88,706	88,706	
29 Payroll taxes	29	57,302	48,842	8,460
30 Professional fundraising fees	30			
31 Accounting fees	31	37,275	37,275	
32 Legal fees	32	67,992	67,992	
33 Supplies	33	274,407	274,407	
34 Telephone	34	116,661	116,661	
35 Postage and shipping	35	85,006	85,006	
36 Occupancy	36	56,923	56,923	
37 Equipment rental and maintenance	37	27,667	27,667	
38 Printing and publications	38	132,580	132,580	
39 Travel	39	103,718	83,571	20,147
40 Conferences, conventions, and meetings	40	156,317	156,317	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	50,348	50,348	
43 Other expenses not covered above (itemize) a	43a			
b See Statement 3	43b	3,296,137	2,565,205	730,932
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	5,491,324	3,492,903	1,998,421 0

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 page 24 of the instructions)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs & 4947(a)(1) trusts but optional for others.)
CHARITABLE 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.)	
a See Statement 4	
(Grants and allocations \$ _____)	3,492,903
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	0
f Total of Program Service Expenses (should equal line 44 column (B) Program services)	3,492,903

Part IV Balance Sheets (See page 24 of 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
45	Cash - non-interest-bearing	1,046,447	45	998,182
46	Savings and temporary cash investments		46	
47a	Accounts receivable	376,549		
b	Less allowance for doubtful accounts		47c	376,549
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
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		53	35,708
54	Investments-securities See Stmt 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	21,987	54	0
55a	Investments-land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land buildings, and equipment basis	492,984		
b	Less accumulated depreciation (attach schedule)	242,414	57c	250,570
58	Other assets (describe)	42,780	58	42,780
59	Total assets (add lines 45 through 58) (must equal line 74)	1,579,990	59	1,703,789
60	Accounts payable and accrued expenses	383,568	60	445,459
61	Grants payable		61	
62	Deferred revenue	301,248	62	278,732
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)		65	34,502
66	Total liabilities (add lines 60 through 65)	684,816	66	758,693
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted		67	
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input checked="" 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	5,000	71	5,000
72	Retained earnings endowment, accumulated income, or other funds	890,174	72	940,096
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)	895,174	73	945,096
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,579,990	74	1,703,789

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)

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

a	Total revenue gains, & other support per audited financial statements	a	5,539,883
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$ 1,363		
	Add amounts on lines (1) through (4)	b	1,363
c	Line a minus line b	c	5,538,520
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	5,538,520

a	Total expenses and losses per audited financial statements	a	5,491,324
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	5,491,324
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17 Form 990 (line c plus line d)	e	5,491,324

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LISA NESPECA SHAKER HEIGHTS, OHIO	TRUSTEE 2	0	0	0
CARL P. KASUNIC KIRTLAND, OHIO	TRUSTEE 2	0	0	0
KALA KAMINSKY OAKLAND PARK, FL	TRUSTEE 2	0	0	0
MARGARET A. COLE NORTH ROYALTON, OHIO	PRESIDENT 60	194,000	70,000	0
VICTOR COLE FT. LAUDERDALE, FL	TRUSTEE 2	0	0	0
LUCILLE COLE WILLIAMSFIELD, OH	SEC./TREASUR 2	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule-see page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
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?	80a		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instr	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X
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?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0			
b	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	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0			
d	Enter Amount of tax on line 89c, above reimbursed by the organization <input type="checkbox"/> 0			
90a	List the states with which a copy of this return is filed <input type="checkbox"/> OH			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	21	
91	The books are in care of <input type="checkbox"/> COLAGIOVANNI & GREENE Telephone no <input type="checkbox"/> 440-729-8284 Located at <input type="checkbox"/> CHESTERLAND, OHIO ZIP + 4 <input type="checkbox"/> 44026			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92			

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

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by sec 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	Program Service Revenue					5,518,550
b						
c						
d						
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	21,333	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			18	-17,457	
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		3,876	5,518,550
105	Total (add line 104, columns (B), (D), and (E))					5,522,426

Note Line 105 plus line 1d, Part I, should equal the amount on line 12 Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	FEES GENERATED FROM ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.

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

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization during the year receive any funds, directly or indirectly to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Please Sign Here

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

Signature of officer: *Margaret A. Cole* Date: *9-12-03*

Type or print name and title: *Margaret A. Cole, Executive Director*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *9/09/03* Check if self-employed:

Firm's name (or yours if self-employed): *Colagiovanni & Greene, Inc.* EIN: *34-1708146*

address and ZIP + 4: *8228 Mayfield Rd Suite 1A Chesterland, OH 44026* Phone no: *440-729-8284*

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions)

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

EUROPEAN ADOPTION CONSULTANTS, INC.

34-1718583

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 ben plans & deferred compensation	(e) Expense account and other allowances
JEFFREY A BASKIN SAGAMORE HILLS, OHIO	MARKETING 40	55,004	0	0
Total number of other employees paid over \$50 000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instr 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
MCGUINNESS GROUP INC. CLEVELAND HEIGHTS, OHIO	CONSULTING	95,665
Total number of others receiving over \$50,000 for professional services ▶	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2002

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

		Yes	No
1	During the year, has the organization attempted to influence national state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amount on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
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?	See Stmt 6	
d	Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)?	See Stmt 7	
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4	Do you have a section 403(b) annuity plan for your employees?		X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts grants and contributions received (Do not include unusual grants See line 28)					
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	4,138,797	1,649,785			5,788,582
18 Gross inc from int dividends, amounts received from pymt on securities loans (section 512(a)(5)) rents royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	66,149	71,503			137,652
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of serv or fac furnished to the org by a governmental unit without charge Do not incl the value of serv or fac generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets					
23 Total of lines 15 through 22	4,204,946	1,721,288			5,926,234
24 Line 23 minus line 17	66,149	71,503			137,652
25 Enter 1% of line 23	42,049	17,213			

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶	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 1998 through 2001 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 _____ 22 _____ 26b _____		▶	26d	
e Public support (line 26c minus line 26d total)		▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26f	87.00 %

27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year			
(2001)	(2000)	(1999)	(1998)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2001)	(2000)	(1999)	(1998)
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 5,788,582 20 _____ 21 _____				
d Add Line 27a total _____ and line 27b total _____				
e Public support (line 27c total minus line 27d total)				
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)				▶ 27f 5,926,234
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				▶ 27g 97.6772 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				▶ 27h 2.3228 %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001 prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe, if "No," please explain (If you need more space attach a separate statement)			
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d		
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

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-		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is-		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					Ø
46 Lobbying ceiling amount (150% of line 45(e))					Ø
47 Total lobbying expenditures					Ø
48 Grassroots nontaxable amount					Ø
49 Grassroots ceiling amount (150% of line 48(e))					Ø
50 Grassroots lobbying expenditures					Ø

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 instr) **N/A**

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

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		Ø

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

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

- (i) Cash
- (ii) Other assets

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.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(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		

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/Loss
SALE OF 500 SH OF ASSOC ESTATES	Purchase		5/14/98	10/07/02	\$ 3,814	\$ 9,611		\$ -5,797
2666 SH AUSSIE PRIME	Purchase		6/03/98	10/16/02	11,133	17,827		-6,694
SALE OF 1000 SH OF USEC	Purchase		3/23/99	5/16/02	9,203	13,370		-4,167
SALE OF 1000 SH OF USEC	Purchase		6/03/02	11/04/02	6,778	7,577		-799
Total					\$ 30,928	\$ 48,385		\$ -17,457

Federal Statements**Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
2001 UNREALIZED LOSS	\$ 18,821
2002 REALIZED LOSS	-17,458
Total	<u>\$ 1,363</u>

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
INSURANCE	80,895		80,895	
SUBCONTRACT	585,201	585,201		
CONSULTING	110,156		110,156	
ADVERTISING & PROMOTION	391,599		391,599	
DUES & SUBSCRIPTIONS	11,946		11,946	
DOCUMENT LEGALIZATION EXPENSE	158,718	158,718		
ORPHAN RELIEF	22,086	22,086		
OVERSEAS EXPENSE	890	890		
BRANCH OFFICE EXPENSE	243,907	243,907		
TRANSLATION EXPENSE	4,647	4,647		
FOREIGN PROGRAM EXPENSES	1,419,602	1,419,602		
SOCIAL WORK AND HOMESTUDY EXP	89,392	89,392		
POST PLACEMENT EXPENSE	40,762	40,762		
AUTOMOBILE EXPENSE	13,344		13,344	
BANK SERVICE CHARGES	3,067		3,067	
CLEANING	6,921		6,921	
COMPUTER EXPENSE	6,942		6,942	
DELIVERY EXPENSE	79,438		79,438	
GRANT WRITING	14,937		14,937	
LEASING EXPENSE	4,201		4,201	
TAXES & LICENSES	1,001		1,001	
TRAINING	6,485		6,485	
Total	<u>\$ 3,296,137</u>	<u>\$ 2,565,205</u>	<u>\$ 730,932</u>	<u>\$ 0</u>

Statement 4 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

PROVIDES ADVICE AND CONSULTATION WITH REGARD TO THE INTERNATIONAL ADOPTION OF CHILDREN. ENGAGES IN INTERNATIONAL ADOPTION SERVICES AND PERFORMS HOME STUDIES, POSTPLACEMENT SERVICES AND OTHER RELATED ADOPTION SERVICES.

FIVE HUNDRED AND EIGHTY SIX ADOPTIONS(586) WERE COMPLETED IN 2002

Federal Statements

Statement 5 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock	21,987		
	21,987		

Federal Statements

Statement 6 - Schedule A, Part III, Line 2c - Furnishing Goods, Services, or Facilities

FAMILY MEMBERS OF CERTAIN OFFICERS AND TRUSTEES OPERATE COMPANIES
PERFORMING ADOPTION RELATED SERVICES.

**Statement 7 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp**

THE PRESIDENT OF THE BOARD RECEIVES COMPENSATION OF \$194,000.

DEPRECIATION SCHEDULE
EUROPEAN ADIPTION CONSULTANTS
FIXED ASSET SCHEDULE LAST UPDATE 12/31/2002

ASSET DESCRIPTION	LIFE	1997	1997	1998	1998	1999	1999	2000	2000	2001	2001	2002	2002
		AD	DEPREX	AD	DEPREX	AD	DEPREX	AD	DEPREX	AD	DEPREX	AD	DEPREX
OFFICE EQUIPMENT													
VIDEO PRINTER	MACRS 5YR	2,455.65	491.13	491.13	785.81	1,276.94	471.48	1,748.42	282.89	2,031.31	282.89	2,314.20	141.45
COMPUTER 198	178 EXP	2,749.50			2,749.50	2,749.50	2,749.50	2,749.50	2,749.50	2,749.50	2,749.50	2,749.50	2,749.50
PRINTER COLOR 168	178 EXP	1,220.80			1,220.80	1,220.80	1,220.80	1,220.80	1,220.80	1,220.80	1,220.80	1,220.80	1,220.80
COMPUTERS 298	178 EXP	4,715.96			4,715.96	4,715.96	4,715.96	4,715.96	4,715.96	4,715.96	4,715.96	4,715.96	4,715.96
BUBBLE JET FAX	178 EXP	1,589.65			1,589.65	1,589.65	1,589.65	1,589.65	1,589.65	1,589.65	1,589.65	1,589.65	1,589.65
AUT UNIV EQUIP	178 EXP	1,166.24			1,166.24	1,166.24	1,166.24	1,166.24	1,166.24	1,166.24	1,166.24	1,166.24	1,166.24
AMEX COMPUTERS	178 EXP	1,851.00			1,851.00	1,851.00	1,851.00	1,851.00	1,851.00	1,851.00	1,851.00	1,851.00	1,851.00
AMEX COMPUTERS	178 EXP	2,868.66			573.73	573.73	917.97	1,491.70	550.78	2,042.49	330.47	2,372.96	330.47
COMPUTER - 199	178 EXP	2,575.38					2,575.38	2,575.38	2,575.38	2,575.38	2,575.38	2,575.38	2,575.38
OFFICE EQUIPMENT 499	179 EXP	4,689.42			4,689.42	4,689.42	4,689.42	4,689.42	4,689.42	4,689.42	4,689.42	4,689.42	4,689.42
OFFICE COMPUTERS 599	179 EXP	6,399.68			6,399.68	6,399.68	6,399.68	6,399.68	6,399.68	6,399.68	6,399.68	6,399.68	6,399.68
OFFICE EQUIPMENT 799	179 EXP	2,497.95			2,497.95	2,497.95	2,497.95	2,497.95	2,497.95	2,497.95	2,497.95	2,497.95	2,497.95
OFFICE EQUIPMENT 899	179 EXP	1,070.25			1,070.25	1,070.25	1,070.25	1,070.25	1,070.25	1,070.25	1,070.25	1,070.25	1,070.25
COLOR COPIER	MACRS 5YR	5,658.13			1,131.63	1,131.63	1,131.63	1,131.63	1,131.63	1,131.63	1,131.63	1,131.63	1,131.63
FILE SERVER 1299	MACRS 3YR	9,630.00			3,209.68	3,209.68	3,209.68	3,209.68	3,209.68	3,209.68	3,209.68	3,209.68	3,209.68
COMPUTERS (TELEPRO) 12000	178 EXP	2,245.17					2,245.17	2,245.17	2,245.17	2,245.17	2,245.17	2,245.17	2,245.17
COMPUTER (AMEX) 52000	178 EXP	1,040.34					1,040.34	1,040.34	1,040.34	1,040.34	1,040.34	1,040.34	1,040.34
COMPUTER 92000	178 EXP	1,624.15					1,624.15	1,624.15	1,624.15	1,624.15	1,624.15	1,624.15	1,624.15
COMP USA COMPUTER 172000	179 EXP	10,687.28					10,687.28	10,687.28	10,687.28	10,687.28	10,687.28	10,687.28	10,687.28
COMPUTER - TELE SYS 872000	179 EXP	5,250.00					5,250.00	5,250.00	5,250.00	5,250.00	5,250.00	5,250.00	5,250.00
GLOBAL PC 822000	MACRS 3YR	4,132.44			1,749.83	1,749.83	1,749.83	1,749.83	1,749.83	1,749.83	1,749.83	1,749.83	1,749.83
AMEX 1020000 COMPUTERS	MACRS 3YR	3,170.00			1,377.34	1,377.34	1,377.34	1,377.34	1,377.34	1,377.34	1,377.34	1,377.34	1,377.34
LAPTOP COMPUTERS 1222000	MACRS 3YR	1,056.56			1,056.56	1,056.56	1,056.56	1,056.56	1,056.56	1,056.56	1,056.56	1,056.56	1,056.56
OFFICE EQUIPMENT 1222000	5 YR SL	2,317.59			231.76	231.76	231.76	231.76	231.76	231.76	231.76	231.76	231.76
OFFICE EQUIPMENT 1222000	MACRS 5YR	1,952.91			392.58	392.58	392.58	392.58	392.58	392.58	392.58	392.58	392.58
OFFICE EQUIPMENT 1222000	5 YR SL	8,048.22			804.82	804.82	804.82	804.82	804.82	804.82	804.82	804.82	804.82
COMPUTER 2001	SA 5 YR	2,320.59					2,320.59	2,320.59	2,320.59	2,320.59	2,320.59	2,320.59	2,320.59
PHONE SYSTEM 220001	SA 5 YR	3,942.82					3,942.82	3,942.82	3,942.82	3,942.82	3,942.82	3,942.82	3,942.82
COMPUTERS 320001	SA 5 YR	2,693.00					2,693.00	2,693.00	2,693.00	2,693.00	2,693.00	2,693.00	2,693.00
COPIER 42001	SA 5 YR	1,894.19					1,894.19	1,894.19	1,894.19	1,894.19	1,894.19	1,894.19	1,894.19
OFFICE EQUIP SAFE FILES 501	SA 5 YR	12,222.89					12,222.89	12,222.89	12,222.89	12,222.89	12,222.89	12,222.89	12,222.89
COMPUTER 701	SA 5 YR	1,991.80					1,991.80	1,991.80	1,991.80	1,991.80	1,991.80	1,991.80	1,991.80
COMPUTER 901	SA 5 YR	1,194.51					1,194.51	1,194.51	1,194.51	1,194.51	1,194.51	1,194.51	1,194.51
EQUIPMENT 1031	SA 5 YR	4,437.27					4,437.27	4,437.27	4,437.27	4,437.27	4,437.27	4,437.27	4,437.27
CTS HEALTH-AIR PURIFIERS	SA 5 YR	1,194.00					1,194.00	1,194.00	1,194.00	1,194.00	1,194.00	1,194.00	1,194.00
COMPUTERS DEC2001	SA 5 YR	13,137.82					13,137.82	13,137.82	13,137.82	13,137.82	13,137.82	13,137.82	13,137.82
VOICE MAIL SYSTEM 601	SA 5 YR	4,028.00					4,028.00	4,028.00	4,028.00	4,028.00	4,028.00	4,028.00	4,028.00
TELEPHONE EQUIPMENT	SA 5 YR	2,897.00					2,897.00	2,897.00	2,897.00	2,897.00	2,897.00	2,897.00	2,897.00
COMPUTER & EQUIP 2102	SA 5 YR	5,489.34					5,489.34	5,489.34	5,489.34	5,489.34	5,489.34	5,489.34	5,489.34
COMPUTERS & EQUIPMENT 3102	SA 5 YR	6,464.64					6,464.64	6,464.64	6,464.64	6,464.64	6,464.64	6,464.64	6,464.64
OFFICE EQUIPMENT (4002)	SA 5 YR	6,395.13					6,395.13	6,395.13	6,395.13	6,395.13	6,395.13	6,395.13	6,395.13
COMPUTERS & EQUIPMENT (5002)	SA 5 YR	2,837.34					2,837.34	2,837.34	2,837.34	2,837.34	2,837.34	2,837.34	2,837.34
COMPUTERS & EQUIPMENT (6002)	SA 5 YR	12,550.76					12,550.76	12,550.76	12,550.76	12,550.76	12,550.76	12,550.76	12,550.76
COMPUTERS & EQUIPMENT (7002)	SA 5 YR	9,303.00					9,303.00	9,303.00	9,303.00	9,303.00	9,303.00	9,303.00	9,303.00
COMPUTERS(DEL) 8002	SA 5 YR	6,776.39					6,776.39	6,776.39	6,776.39	6,776.39	6,776.39	6,776.39	6,776.39
COMPUTER AMEX (8002)	SA 5 YR	1,207.41					1,207.41	1,207.41	1,207.41	1,207.41	1,207.41	1,207.41	1,207.41
OFFICE EQUIPMENT AMEX (10002)	SA 5 YR	5,761.68					5,761.68	5,761.68	5,761.68	5,761.68	5,761.68	5,761.68	5,761.68
DIAMOND BUS MACHINES (10002)	SA 5 YR	1,252.06					1,252.06	1,252.06	1,252.06	1,252.06	1,252.06	1,252.06	1,252.06
DELL COMPUTERS (11002)	SA 5 YR	9,042.96					9,042.96	9,042.96	9,042.96	9,042.96	9,042.96	9,042.96	9,042.96
CTS COMMUNICATIONS (12002)	SA 5 YR	2,635.46					2,635.46	2,635.46	2,635.46	2,635.46	2,635.46	2,635.46	2,635.46
COMPUTER (12002)	SA 5 YR	1,654.31					1,654.31	1,654.31	1,654.31	1,654.31	1,654.31	1,654.31	1,654.31
CLEVELAND SAFE (12002)	SA 5 YR	1,685.50					1,685.50	1,685.50	1,685.50	1,685.50	1,685.50	1,685.50	1,685.50
CTS AIR MACHINE (12002)	SA 5 YR	1,877.00					1,877.00	1,877.00	1,877.00	1,877.00	1,877.00	1,877.00	1,877.00
COMPUTERS AMEX (12002)	SA 5 YR	2,338.44					2,338.44	2,338.44	2,338.44	2,338.44	2,338.44	2,338.44	2,338.44
TOTAL EQUIPMENT		240,916.65	491.13	491.13	14,662.68	15,153.81	22,963.44	38,117.25	32,441.04	70,538.29	20,778.04	91,336.33	28,912.31
FURNITURE & FIXTURES													
FURNITURE 0497	MACRS 7 YR	2,075	296.52	296.52	598.17	804.69	382.92	1,167.60	259.17	1,426.77	185.30	1,612.07	185.09
FURNITURE 897	MACRS 7 YR	1,800	267.22	267.22	440.82	698.04	314.82	1,032.86	224.82	1,257.68	160.74	1,398.42	160.58
FURNITURE 1297	MACRS 7 YR	2,438.32	348.44	348.44	597.14	945.58	426.46	1,372.04	304.55	1,676.59	217.74	1,894.33	217.50
OFFICE FURNITURE 698	SECTION 179	5,196.96			5,196.96	5,196.96	5,196.96	5,196.96	5,196.96	5,196.96	5,196.96	5,196.96	5,196.96
OFFICE FURNITURE 199	SECTION 179	1,153.86					1,153.86	1,153.86	1,153.86	1,153.86	1,153.86	1,153.86	1,153.86
MBNA DESKS 72000	MACRS 5 YR	3,153.88					3,153.88	3,153.88	3,153.88	3,153.88	3,153.88	3,153.88	3,153.88
FILE CABINETS 82000	MACRS 7 YR	3,867.71					3,867.71	3,867.71	3,867.71	3,867.71	3,867.71	3,867.71	3,867.71
FILE CABINETS (4) 122000	MACRS 7 YR	2,355.66					2,355.66	2,355.66	2,355.66	2,355.66	2,355.66	2,355.66	2,355.66
OFFICE PARTITIONS 122001	SA 7 YR	4,648.69					4,648.69	4,648.69	4,648.69	4,648.69	4,648.69	4,648.69	4,648.69
TOTAL FURNITURE		27,841.74	902.17	902.17	6,743.12	7,645.30	2,761.94	10,407.23	2,670.21	13,277.44	3,061.67	16,338.31	2,902.61
AUTO													
AUDITED EB 1203/053	MACRS 5YR	20,789.90	1,675.00	1,675.00	15,749.00	15,749.00	1,675.00	17,424.00	1,675.00	19,099.00	1,661.00	20,760.00	1,661.00
FORD PICK-UP 99	MACRS 5YR	32,680.85			4,157.98	4,157.98	6,652.77	10,610.75	3,991.66	14,802.41	2,385.00	17,197.41	3,582.49
CHEVY VAN (12002)	MACRS 3YR	54,480.75					3,160	3,160	5,000.00	8,160.00</			

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

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

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

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

Form with fields: Type or print, Name of Exempt Organization (EUROPEAN ADOPTION CONSULTANTS, INC.), Employer identification number (34-1718583), Number street and room or suite no (9800 BOSTON RD.), City, town or post office state, and ZIP code (NORTH ROYALTON OH 44133)

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

Form with checkboxes for various return types: Form 990, Form 990-EZ, Form 990-T (sec 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)...

Form with fields: 4 I request an additional 3-month extension of time until (11/17/03), 5 For calendar year (2002) or other tax year beginning and ending, 6 If this tax year is for less than 12 months check reason, 7 State in detail why you need the extension (Additional time is requested to gather information that is necessary to complete and file an accurate return.), 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits, 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made, 8c Balance Due

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature and Date fields: Signature (handwritten), Title (Accountant-for-client), Date (7/22/03)

Notice to Applicant-To Be Completed by the IRS

Form with checkboxes: We have approved this application, We have not approved this application, We cannot consider this application because it was filed after the due date of the return for which an extension was requested, Other

Director and Date fields

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

Form with fields: Name (Colagiovanni & Greene, Inc.), Number and street (include suite, room, or apt no) Or a P O box number (8228 Mayfield Rd Suite 1A), City or town, province or state, and country (including postal or ZIP code) (Chesterland OH 44026)

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

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

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

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

Name of Exempt Organization: EUROPEAN ADOPTION CONSULTANTS, INC.
Employer identification number: 34-1718583
Number, street and room or suite no: 9800 BOSTON RD.
City town or post office state, and ZIP code: NORTH ROYALTON OH 44133

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

Form 990, Form 990-EZ, Form 990-T (sec 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

I request an additional 3-month extension of time until 11/17/03
For calendar year 2002, or other tax year beginning and ending
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

State in detail why you need the extension: Additional time is requested to gather information that is necessary to complete and file an accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720 or 6069, enter the tentative tax, less any nonrefundable credits See instructions
8b If this application is for Form 990-PF, 990-T, 4720 or 6069, enter any refundable credits and estimated tax payments made
8c Balance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System) See instructions

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature: [Handwritten Signature] Title: Accountant-for-client Date: 7/22/03

Notice to Applicant-To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return
We have not approved this application After considering the reasons stated in item 7 we cannot grant your
We cannot consider this application because it was filed after the due date of the return for which an extens
Other

EXTENSION APPROVED

AUG 13 2003

Director: LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

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

Name: Colagiovanni & Greene, Inc.
Number and street (include suite, room, or apt no) Or a P O box number: 8228 Mayfield Rd Suite 1A
City or town, province or state, and country (including postal or ZIP code): Chesterland OH 44026

