## **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

Department of the Treasury Internal Revenue Service

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

Α	Fort	the 2002 calend	ar year, o	r tax year begini	ning		, 2002	, and	ending	<u> </u>			·	
В	Check	of applicable								[	) Emp	loyer I <b>d</b> e	entification Number	
	$\square$	ddress change	Please use IRS label	Genesis Ad	loptions,	Inc.					58	-238	3256	
	$\square$	lame change	or print or type.	3440 Prest			#400			Ĩ	Tele	phone nu	ımber	
	$\prod_{i}$	nitial return	See specific	Alpharetta	i, GA 300	05							3-7115	
	ΠF	inal return	instruc- tions.	11						F	- Acco	unting od.	X Cash	Accrual
									Other (sp	pecify) ►	<b>-</b>			
	П	pplication pending	Section	on 501(c)(3) orga	nizations and	4947(a)(	1) nonexempt		H and I	are not applicat	ble to se	ction 52	7 organizations	
	charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).								return fo	or affiliate	es? Yes	X No		
G	Wah	site: ► N/A	(1 01111	550 OI 550-LE).					H (b)	If 'Yes,' enter nu	ımber of	affiliates	<b>-</b>	
				<del></del>					H (c)	Are all affiliates	s include	ed?	Yes	No.
J		anization type ck only one)	•	X 501(c)	3 ◀ (insert n	□ <sub>4</sub>	1947(a)(1) <b>or</b>	527		(If 'No,' attach	a list S	ee instru	ctions)	
ĸ	Check here If the organization's gross receipts are normally not more than													
	\$25,	000 The organi	zation ne	ed not file a retu	irn with the IR	S, but if	the organization	n		organization co			ruling? Yes	X No
	rece	ived a Form 990 ie states require	) Package	e in the mail, it s	hould file a re	turn with	out financial da	ata ,	<u>                                     </u>	Enter 4-digi				
_						270 5			М				ation is <mark>not</mark> require 0, 990-EZ, or 990-P	
				8b, 9b, and 10b				Dala					J, 990-EZ, 01 990-P	<del>'F)</del>
Pa				ses, and Cha			ts or Fund	Bala	nces	(See Instruc	ctions)			
	1		-	nts, and similar	amounts recei	ved		1 .	1	2 (		1		
		Direct public su	• •					1a	<del> </del>	Ζ,	908.			
		Indirect public	• •	(auamta)				1 b	<del></del>					
	C	: Government co			18	ė		1.0	·I			1.4	2	,908.
	d Total (add lines 1a through 1c) (cash \$ 2,908. noncash \$)  2 Program service revenue including government fees and contracts (from Part VII, line 93)									1d 2		,592.		
•	Program service revenue including government fees and contracts (from Part VII, line 93)     Membership dues and assessments										3		, 372.	
	4 Interest on savings and temporary cash investments									4				
	5 Dividends and interest from securities									5				
	6a	Gross rents						6a						
	ь	Less. rental ex	penses					6 b						
-			•	ss) (subtract line	6b from line	6a)			<del>'</del>			6c		
S R	7 Other investment income (describe						7							
REVENU	Яa	8a Gross amount from sales of assets other (A) Securities (B) Other												
E	0.	than inventory	nom said	os or assers offic	•			8a				1		
E	b	Less. cost or o	ther basi	s and sales expe	enses			86				1		
	c	Gain or (loss) (atta	ach schedule	e)				8 c	<u></u>			1		
	d	• .	, ,	oine line 8c, colu	' '	(B))						8d		
	9	•		vities (attach sch	edule)							1		
•	а	Gross revenue	-	uding \$		of	contributions	1 .	ı					
		reported on line						9a	<del></del>			1		
			•	ther than fundra			. l 0-1	9 b	<u> </u>			ا ۔		
				m special events		e 90 Iron	ine 9a)	10a	ļ		}	9c		
		Less. cost of g	-	/, less returns ar	iu anowances			10a	-					
		•		a es of inventory (attac	h schedule) (suht	ract line 10	th from line 10a)	100	<u> </u>			10 c		
	11			es of inventory (attac ert VII, line 103)	ii schedule) (subt	iact iiie it					ŀ	11		
	12			s 1d, 2, 3, 4, 5, 6	ic. 7. 8d 9c 1	Oc. and	11) DEG				ŀ	12	870	,500.
	13			line 44, column		50, 4.1.4	REC	EIV	ED			13		,619.
E X P	14	•	=	al (from line 44,		l				7 /	Ì	14		,320.
EN	15	-	•	•	(-7,	1	SEP 1	lai	วกถล	S	Ì	15		
S	16							j	16					
S E S	17			es 16 and 44, co	lumn_(A)).		OCDI		1.174			17	911	,939.
A	18			ne year (subtract		ne 12)	OODI	.17	UT			18	-41	,439.
NS EET	19	Net assets or f	und balaı	nces at beginnin	g of year (fron	n line 73	, column (A))		-		[	19	-35,	,873.
ŤĘ	20	Other changes	in net as	ssets or fund bala	ances (attach	explanat	ion)				Į	20		
s	21	Net assets or fo	und balaı	nces at end of ye	ear (combine l	ines 18,	19, and 20)					21	-77,	,312.



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

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	( <b>D</b> ) Fundraising		
22	Grants and allocations (att sch)	<u> </u>						
	(cash \$	-						
	non-cash \$)	22				}		
23	Specific assistance to individuals (att sch)	23		· <del></del> · · · · · · · · ·				
24 25	Benefits paid to or for members (att sch) Compensation of officers, directors, etc	24	5,355.		5,355.			
26	Other salaries and wages	26	180,531.	67,746.	112,785.			
27	Pension plan contributions	27						
28	Other employee benefits.	28	18,411.		18,411.			
29	Payroll taxes	29	10,015.	985.	9,030.			
30	Professional fundraising fees	30	100.		100.			
31	Accounting fees	31	1,368.		1,368.			
32	Legal fees	32	7,266.		7,266.			
33	Supplies	33	13,886.		13,886.	<del>-</del>		
34	Telephone	34	3,112.		3,112.			
35	Postage and shipping	35	3,141.		3,141.			
36	Occupancy	36	36,000.		36,000.			
37	Equipment rental and maintenance	37	428.		428.			
38	Printing and publications	38	240		240			
39	Travel	39	340.		340.	<del></del>		
40	Conferences, conventions, and meetings	40	2,875.		2,875.			
41	Interest	41	13,391.		13,391.	<del></del>		
42 43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize)	42	2,502.		2,502.			
	See Statement 1	43a	613,218.	515,888.	97,330.			
ŀ		43b	013,210.	313,000.	51,550.			
,		43 c						
`	<b></b>	43 d						
e	·	43 e	<u> </u>			<del></del>		
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	911,939.	584,619.	327,320.	0.		
_	t Costs. Check If you are following	SOP 9						
Are a	any joint costs from a combined educationa	l camp	aign and fundraising soli	citation reported in (B) P	rogram services?	► Yes X No		
lf 'Ye	s,' enter (i) the aggregate amount of these	joint c	osts \$		mount allocated to progr			
\$_		ocated	to management and ger	neral \$	, and (iv) the	e amount allocated		
	ndraising \$ .		( )		···			
	III Statement of Program Serv		ccomplishments	<del></del>		December Combine Communication		
	is the organization's primary exempt purpor ganizations must describe their exempt puits is served, publications issued, etc. Discuss ins and 4947(a)(1) nonexempt charitable tr		achievements in a clear a ements that are not mea ust also enter the amour	and concise manner. Sta surable (Section 501(c)	te the number of (3) & (4) organ-	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)		
	Organization placed sever							
	American families.							
			(Grants and	l allocations \$	)	584,619.		
b								
				<del></del>				
	(Grants and allocations \$							
C			<b>-</b>		·			
		<del>-</del>			·			
				   allocations \$	·			
d			(Grants and	anocauons 9	<del></del>			
ď	'	- <b></b>						
			(Grants and	allocations \$	·			
e	Other program services		<del></del>	l allocations \$	)			
	Total of Program Service Expenses (shou	ıld equ	<del></del>		<b>&gt;</b>	584,619.		

### Part IV Balance Sheets (See Instructions)

Note	: Wi	here required, attached schedules and amounts within lumn should be for end-of-year amounts only.	n the de	escription	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			43,508.	45	48,694
	46	Savings and temporary cash investments				46	
	47 a	a Accounts receivable	47 a	-1,695.			
		Less. allowance for doubtful accounts.	47 b			47 c	-1,695
	48 :	a Pledges receivable	48 a				
		b Less, allowance for doubtful accounts.	48b			48c	
	49 Grants receivable					49	
Ą		Receivables from officers, directors, trustees, and k employees (attach schedule)	еу			50	
A S E T	51 :	a Other notes & loans receivable (attach sch)	51 a			30	
Ť		b Less, allowance for doubtful accounts.	51 b			51 c	
-		Inventories for sale or use	1			52	
		Prepaid expenses and deferred charges	<u> </u>		53	4,256.	
		Investments – securities (attach schedule)		► Cost FMV	<del></del>	54	
		a Investments - land, buildings, & equipment basis	55 a		<del></del> -		<del></del>
		Less. accumulated depreciation (attach schedule)	55 Ь			55 c	
	56	Investments - other (attach schedule)				56	
ł		a Land, buildings, and equipment, basis	57 a	15,093.	· · · · · · · · · · · · · · · · · · ·	30	
		Less. accumulated depreciation					
		(attach schedule) Statement 2	57 b	3,377.	4,125.	57 c	11,716.
	58	Other assets (describe ► See Statement 3		58	4,256.		
$\dashv$	59	Total assets (add lines 45 through 58) (must equal li	ne 74)		47,633.	59	67,227.
1	60	Accounts payable and accrued expenses.		_	8,506.	60	1,125.
<u> </u>	61	Grants payable		_		61	<del></del>
A B	62	Deferred revenue		_	·	62	
BIL	63	Loans from officers, directors, trustees, and key employees (attach	schedule	e)		63	
<del> </del>		Tax-exempt bond liabilities (attach schedule)		-		64a	
E S		Mortgages and other notes payable (attach schedule)			75.000	64 b	140 414
5		Other liabilities (describe See Statement	4	,	75,000.	65	143,414.
+		Total liabilities (add lines 60 through 65)		minto linea C7	83,506.	66	144,539.
N	rgan	, <u> </u>	na com	plete lines 67	1	· :	
F	67	through 69 and lines 73 and 74 Unrestricted				67	
ASSETS	68	Temporarily restricted		}		68	<del></del>
Ĕ		Permanently restricted		-		69	
		izations that do not follow SFAS 117, check here ►					
R	, gain	70 through 74.		and complete lines		:	
	70	Capital stock, trust principal, or current funds		70			
L 1		Paid-in or capital surplus, or land, building, and equi	5,000.	71	5,000.		
		Retained earnings, endowment, accumulated income	-40,873.	72	-82,312.		
	72						<del></del>
BALANCES		Total net assets or fund balances (add lines 67 thround 72, column (A) must equal line 19, column (B) must		or lines 70 through	-35,873.	73	-77,312.

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

BAA

Par	Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Instructions.)				Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return						
а	Total revenue, gains, and other support per audited financial statements	а	870,500.	а	Total expenses and financial statements	losses per audited	а	911,939.			
b	Amounts included on line a but not on line 12, Form 990.			b	Amounts included or on line 17, Form 990						
(1)	Net unrealized gains on investments \$			(	Donated serv- ices and use of facilities						
(2)	Donated services and use of facilities \$			(	2) Prior year adjust- ments reported on line 20, Form 990 \$						
• •	Recoveries of prior year grants \$			l	3) Losses reported on line 20, Form 990 \$ 4) Other (specify)						
(4)				`							
	Add amounts on lines (1) through (4)	Ь	'		Add amounts on lines (1)	through (4)	Ь				
С	Line a minus line b	С	870,500.	С	Line a minus line b	•	С	911,939.			
d	Amounts included on line 12, Form 990 but not on line a:			d	Amounts included oi Form 990 but not on	n line 17, line a:					
(1)	Investment expenses not included on line 6b, Form 990 \$			(	1) Investment expenses not included on line 6b. Form 990			:			
(2)	Other (specify):			(	2) Other (specify)						
					<b>-</b>	<b>.</b>		•			
	Add amounts on lines (1) and (2)	d			Add amounts on line	es (1) and (2)	d				
e	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	е	870,500.	е	Total expenses per 990 (line <b>c</b> plus line	<b>d</b> ) ▶		911,939.			
Par	V List of Officers, Directors					1'					
	(A) Name and address		B) Title and average ho per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benef plans and deferre compensation	ıt	(E) Expense account and other allowances			
See	Statement 5	-		·							
		1			4,985.		0.	370.			
- <b>-</b> -		-									
		+					_				
		$\dashv$									
		1									
		4									
		1									
		T									
		$\frac{1}{2}$									
		+	<del> </del>			-					
		7									
75	Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related of	an	d all related organizatio	gate	compensation of more of which more than		▶ [	Yes X No			
<u> </u>	If 'Yes,' attach schedule - see instru	ctio	ns					Form <b>990</b> (2002)			

582383256

Page 4

Genesis Adoptions, Inc.

Form 990 (2002)

Form 9	990 (2002) Genesis Adoptions, Inc. 582383	256	Р	age <b>5</b>
Part \	_ <del></del>		Yes	No
<b>76</b> D	old the organization engage in any activity not previously reported to the IRS? If 'Yes,'			.,
	Ittach a detailed description of each activity	76		<u>X</u>
	Vere any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	i 'Yes,' attach a conformed copy of the changes	700	]	Х
	oid the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? F'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	78a 78b	N	
	•	780	IN/	<u> </u>
<b>79</b> W	Vas there a liquidation, dissolution, termination, or substantial contraction during the ear? If 'Yes,' attach a statement	79		X
m	s the organization related (other than by association with a statewide or nationwide organization) through common nembership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?  'Yes,' enter the name of the organization   N/A	80 a		Х
<b>D</b> 11	and check whether it is exempt <b>or</b> nonexer	not.		
81 a F	inter direct or indirect political expenditures. See line 81 instructions.	0.		
	old the organization file Form 1120-POL for this year?	81 b		Х
	and the organization receive donated services or the use of materials, equipment, or facilities at no charge or at			
SI	ubstantially less than fair rental value?	82a		<u>X</u>
<b>b</b> If	'Yes,' you may indicate the value of these items here. Do not include this amount as evenue in Part I or as an expense in Part II. (See instructions in Part III.)	N/A		
	old the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	old the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
	old the organization solicit any contributions or gifts that were not tax deductible?	84a		X
<b>b</b> If	'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were of tax deductible?	84b	N	···········
	01(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		<u>'A</u>
	id the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N	
	'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received		<del>  '``</del>	
w	raiver for proxy tax owed for the prior year.	<sup>3</sup>		
<b>c</b> D	ues, assessments, and similar amounts from members 85c	N/A		
d S	ection 162(e) lobbying and political expenditures 85d	N/A		
		N/A		
		N/A		
	oes the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/	Ά
	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 ies allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/	Α
	01(c)(7) organizations Enter. a Initiation fees and capital contributions included on	35		<del></del> -
		N/A		
<b>b</b> G		N/A		
		N/A		
aç		N/A		
or	t any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership r an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? 'Yes,' complete Part IX	88		Х
<b>89</b> a 50	01(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under			
	ection 4911 ► 0. , section 4912 ► 0. , section 4955 ►	0.		
ďι	01(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction uring the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement xplaining each transaction	89 Ь		X
c Er	nter. Amount of tax imposed on the organization managers or disqualified persons during the ear under sections 4912, 4955, and 4958			0.
-	nter. Amount of tax on line 89c, above, reimbursed by the organization			0.
	st the states with which a copy of this return is filed None		•	
	umber of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b		7
	the books are in care of ► Diane Rhoades Telephone number ► 678-393	-7115		
	ocated at ► 3440 Preston Ridge Rd #400 Alpharetta GA ZIP +4 ► 3	0005		
	ection 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here	N/	A -	• 🔲
ar	nd enter the amount of tax-exempt interest received or accrued during the tax year			N/A
BAA		Form	1 990 (2	2002)

······································		Unrelated	d business income	Excluded by si	ection 512, 513, or 514	
<b>Note:</b> Ente	er gross amounts unless indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	<b>(E)</b> Related or exempt function income
<b>93</b> Pro	ogram service revenue.					
	gency Fees					336,432.
	oreign Placement Fee				_	531,160.
c						
ď						
e			-	<del> </del>		
	dicare/Medicaid payments			<del>                                     </del>		
	s & contracts from government agencies		<del>-</del>	<del> </del>		<del></del>
	mbership dues and assessments		<del></del>			
	rest on savings & temporary cash invmnts		<del></del>	<del></del>		
				<del></del>		
	ridends & interest from securities	<del></del>				······
	rental income or (loss) from real estate					
	ot-financed property					
	debt-financed property					
	rental income or (loss) from pers prop					
	ner investment income					
	in or (loss) from sales of assets er than inventory					
<b>101</b> Net	income or (loss) from special events					
	ss profit or (loss) from sales of inventory					
103 Oth	ner revenue. a					
b						
c						
d						
е						
<b>104</b> Sub	total (add columns (B), (D), and (E))					867,592.
105 Tot	tal (add line 104, columns (B), (D), a	ind (E))	·		<b>&gt;</b>	867,592.
	105 plus line 1d, Part I, should equa					
art VIII	Relationship of Activities t	o the Acco	mplishment of Ex	empt Purpos	ses (See instructions.)	
Line No. ▼	Explain how each activity for which of the organization's exempt purpo	n income is reposes (other tha	oorted in column (E) of in by providing funds fo	Part VII contrib or such purposes	uted importantly to the a	accomplishment
N/A						
			··· <u>·</u>			
Part IX	Information Regarding Tax	ahle Suhsi	diaries and Disre	narded Entiti	AC (See instructions )	<del></del>
art est						
	(A)	(B)	(C	<i>'</i>	(D)	(E)
Name,	address, and EIN of corporation,	Percentage		activities	Total	End-of-year
<del></del>	tnership, or disregarded entity	ownership int			income	assets
I/A		<del></del>	%			<del></del>
	<del></del>		8			
		<del> </del>	8			
	1. ( 5 1:		%	15 (1	0 1 1	<del></del>
art X	Information Regarding Tra					
a Did the	e organization, during the year, receive any fun	ids, directly or ind	irectly, to pay premiums on a	a personal benefit co	ntract?	Yes X No
<b>b</b> Did th	ne organization, during the year, pay	/ premiums, d	rectly or indirectly, on	a personal bene	fit contract?	Yes X No
Note: /	f 'Yes' to <b>(b),</b> file Form 8 <u>8</u> 70 <b>and</b> For					
	Under penalties of perjury, I declare that that true, correct, and complete, Declaration of pre-			schedules and state	ments, and to the best of my kr	nowledge and belief, it is
<b>.</b> .	inde, correct, and complete, materiation of pre-	sparer (other than	onicer) is based on all informa	anon or writer prepare	I A - IA -	
Please	-/ 3/-				7-10-200	14
			_		Date	
			RECTOI	2		
				Date/	Check if Prepare General	er's SSN or PTIN (see I Instruction W)

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545 0047

2002

Concein Adoptions Inc			582383256	number
Genesis Adoptions, Inc.  Part I Compensation of the Five High	nest Paid Employees Oth	er Than Officers		Trustees
(See instructions List each one. If there		ci illali Officcis,	Directors, and	Tiusices
(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 and deferred compensation	(e) Expense account and other allowances
Susan J. Secor	Executive Dir.			
6021 Blackberry Lane, Buford, GA.	40	64,000.	0.	2,147.
			<del></del>	
Total number of other employees paid over \$50,000		0	······································	
Part II Compensation of the Five High (See instructions. List each one (whether	nest Paid Independent Co er individuals or firms). If there a	ontractors for Pro	ofessional Serv	ices
(a) Name and address of each independent contra	actor paid more than \$50,000	<b>(b)</b> Type o	of service	(c) Compensation
None	<b></b>	-		
			-	
	<b>-</b>	-		
		-		
Total number of others receiving over		- <del>                                    </del>	<del></del>	<del></del>

Sche	edule	A (Form 990 or 990-EZ) 2002 Genesis Adoptions, Inc. 582383256	<u> </u>	F	age
Pa	t III	Statements About Activities (See Instructions.)		Yes	No
1	Dur to ii	ing the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
		ncurred in connection with the lobbying activities   \$ N/A			١
	•	st equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	org	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities			
2	sub taxa	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal eficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)			
a	Sal	e, exchange, or leasing of property?	2a		X
t	Len	ding of money or other extension of credit?	2b		Х
c	: Fur	nishing of goods, services, or facilities?	2c		Х
c	<b>l</b> Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
e	Trai	nsfer of any part of its income or assets?	2e		Х
_		is the organization make grants for scholarships, fellowships, student loans, etc? (See <b>Note</b> below)	3 4		X
	: Att	you have a section 403(b) annuity plan for your employees?  ach a statement to explain how the organization determines that individuals or organizations receiving	4		
		loans from it in furtherance of its charitable programs 'qualify' to receive payments.	<u> </u>		
Par					
	orgar	nization is not a private foundation because it is. (Please check only <b>ONE</b> applicable box.)			
5	-	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	Н	A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)			
7	H	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	Н	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
9	Ш	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's i	name, o	сіту,	
10		and state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV-A.)	 170(b)(	1)(A)	(iv).
11 a	П	An organization that normally receives a substantial part of its support from a governmental unit or from the general procession 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)	ublic.		
11 b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)			
12		An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired organization after June 30, 1975 See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	its sup	port	ots
13	_	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ 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) section 509(a)(3))	nizatior . (See	าร	
		Provide the following information about the supported organizations. (See instructions.)			
		(a) Name(s) of supported organization(s)	(b) Lin	e nun abov	
	•				
	,				
1.4		An organization organized and operated to test for public cafety. Section E00(a)///\ (See instructions.)	<u></u>		
14		An organization organized and operated to test for public safety Section 509(a)(4) (See 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 (a) 2001 beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 30,500. 10,000. 10,000. 50,500. 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 360,523. 336,138. 7,550. 7.550. 711,761. charitable, etc, purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 17,550. 391,023. 17,550. 762,261. 336,138. Total of lines 15 through 22 30,500. 10,000. 10,000. 50,500 24 Line 23 minus line 17 3,361. 3.910. 176. 176. 25 Enter 1% of line 23 26 a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 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 26 b c Total support for section 509(a)(1) test. Enter line 24, column (e). 26 c d Add. Amounts from column (e) for lines: 26 d e Public support (line 26c minus line 26d total) 26 e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). 26 f 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 bFor 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. \_\_\_\_\_<u>0.</u> (1999) \_\_\_\_\_<u>0</u>. (1998) \_\_\_\_\_<u>0</u>. c Add. Amounts from column (e) for lines 15 711,761. 20 0. and line 27b total 27 d 0. d Add. Line 27a total e Public support (line 27c total minus line 27d total) 762,261. 762,261. f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 100.00 % 27 g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 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

Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No 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? 29 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, 30 and scholarships? 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? 31 If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement) 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? 32 c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d 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? 33 a **b** Admissions policies? 33 b c Employment of faculty or administrative staff? 33 c d Scholarships or other financial assistance? 33 d e Educational policies? 33 e f Use of facilities? 33 f g Athletic programs? 33 g h Other extracurricular activities? 33h If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 34 a 34b 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.

Village.	(To be complete	ed ONLY by an eligible	organization that filed F	orm 5768)		<b>,</b>			N/A
Chec	ck - a I if the organiz	zation belongs to an aff	iliated group. Check	<b>▶ b</b> If you	checke	ed 'a' and 'l	limited	contro	ol' provisions apply.
		imits on Lobbying	Expenditures amounts paid or incurre	ed.)		Affiliate	<b>a)</b> ed grou tals	Þ	(b) To be completed for ALL electing organizations
36	Total lobbying expenditu	res to influence public	opinion (grassroots lobb	oying)	36				
37	Total lobbying expenditu	37							
38	Total lobbying expenditu	ires (add lines 36 and 3	37)		38				
39	Other exempt purpose e				39 40				
40	Total exempt purpose e								
41	Lobbying nontaxable an							Ī	
	If the amount on line 40		lobbying nontaxable ar					1	
	Not over \$500,000		of the amount on line					Į	
	Over \$500,000 but not over \$1,		000 plus 15% of the excess of		41			Ī	
	Over \$1,000,000 but not over \$	• •	000 plus 10% of the excess of		41				
	Over \$1,500,000 but not over \$		000 plus 5% of the excess over 000,000	er \$1,300,000				Į	
42	Over \$17,000,000 Grassroots nontaxable a				42			1	
43	Subtract line 42 from lin				43				
44	Subtract line 41 from lin				44				
••	Caution: If there is an a			e 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)								
	Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2002	<b>(b)</b> 2001	<b>(c)</b> 2000		-	<b>d)</b> 999		<b>(e)</b> Total
45	Lobbying nontaxable amount			· · · · · · · · · · · · · · · · · · ·					
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures				:				
48	Grassroots non- taxable amount						·····		
49	Grassroots ceiling amount (150% of line 48(e))							-	
	Grassroots lobbying expenditures								····
		nly by organizations the	at did not complete Part	t VI-A) (See instr			1	1	N/A
atter	ng the year, did the orgar npt to influence public op	incation attempt to influention on a legislative m	atter or referendum, thr	ough the use of	nciuain	y arry	Yes	No	Amount
a	Volunteers							]	
Ŀ	Paid staff or manageme	ent (Include compensati	on in expenses reported	d on lines <b>c</b> throu	igh <b>h.</b> )				
	: Media advertisements						<b> </b>	ļ	
	Mailings to members, le								
	Publications, or published								
	Grants to other organiza								
	Direct contact with legis				_		$\vdash$		
	Rallies, demonstrations			r any other mear	iS		ļ		<u> </u>
i	Total lobbying expenditu			docarintion of the	lobby:	na actuation	L	<u>t</u>	
	If 'Yes' to any of the ab	ove, also attach a state	ment giving a detailed o	rescribitori or the	loppyll			A (For	m 990 or 990 F7) 2002

## Schedule A (Form 990 or 990-EZ) 2002 Genesis Adoptions, Inc. Page 6 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions) 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. No (i) Cash 51 a (i) Х (ii) Other assets a (ii) **b** Other transactions. (i) Sales or exchanges of assets with a noncharitable exempt organization b (i) (ii) Purchases of assets from a noncharitable exempt organization b (ii) b (iii) (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements b (iv) (v) Loans or loan guarantees b (v) (vi) Performance of services or membership or fundraising solicitations b (vi) 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 (b) Amount involved (a) (c) Name of noncharitable exempt organization Line no 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 X No b If 'Yes,' complete the following schedule. (c) Description of relationship (a) Name of organization Type of organization N/A

7	n	n	7
Z	U	U	Z

# **Federal Statements**

Page 1

Genesis Adoptions, Inc.

582383256

Statement 1 Form 990, Part II, Line 43 Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program <u>Services</u>	Management & General	Fundraising
Adoption Processing Fees	236,050.	236,050.		
Advertising Authentication	24,856. 6,143.	6,143.	24,856.	
Background Checks	50.	50.		
Bank Charges	529.		529.	
Commissions Contract Labor	7,975. 15,348.	4,423.	7,975. 10,925.	
Dues & Subscriptions	602.	4,425.	602.	
Foreign Commitment Payments	197,360.	197,360.		
Foreign Registration Fees Gifts	34,500. 119.	34,500.	119.	
Humanitarian Aid	30,000.		30,000.	
Internet_Expense	52.		52.	
Meals & Entertainment	3,234.	1 1/2	3,234. 827.	
Mileage Miscellaneous Expenses	1,969. 10,295.	1,142.	10,295.	
Moving Expense	481.		481.	
Other Central Office Expense	73.	F E00	73.	
Other Foreign Fees Other Office Expense	5,500. 1,042.	5,500.	1,042.	
Other Professional Fees	6,069.		6,069.	
Recruiting Expense	251.	20 720	251.	
Visa Fees	$\frac{30,720}{5,613,218}$	30,720. \$ 515,888.	\$ 97,330.	\$ 0.
	<u> </u>		<del></del>	<del></del>

Statement 2 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category		Basis	_	Accum. Deprec.	Book Value
Furniture and Fixtures Machinery and Equipment	\$	5,000. 10,093.	\$	1,500. 1.877.	\$ 3,500. 8,216.
Tota	1 \$	15,093.	\$	3,377.	\$ 11,716.

Statement 3 Form 990, Part IV, Line 58 Other Assets

Security Deposit - Rent

\$ 4,256. Total \$ 4,256.

2002	702 Federal Statements			Page 2
	Genesis Adoptions, Inc.			582383256
Statement 4 Form 990, Part IV, Line 65 Other Liabilities Accrued Interest Loan from Amrex			\$ Total <u>\$</u>	15,686. 127,728. 143,414.
Statement 5 Form 990, Part V List of Officers, Directors, Trustees, and Key Employees  Title and Contri- Expense Average Hours Compen- bution to Account/				
Name and Address	Per Week Devoted	<u>sation</u>	EBP & DC	
Marina Zakharova 11080 Kimball Crest Drive Alpharetta, GA 30022	President 40	\$ 4,985.	\$ 0.	\$ 370.
Serg Nichols 11080 Kimball Crest Drive Alpharetta, GA 30022	Director None	0.	0.	0.
Brett Taylor 1751 Bergen Court Lawrenceville, GA 30043	Director None	0.	0.	0.
Joanne Taylor 1751 Bergen Court Lawrenceville, GA 30043	Director None	0.	0.	0.
Brian Walters 5730 Sunset Maple Drive Alpharetta, GA 30005	Director None	0.	0.	0.
Carol Walters 5730 Sunset Maple Drive Alpharetta, GA 30005	Director None	0.	0.	0.
Jeanne White 3480 Haddon Hall Drive Buford, GA 30519	Secretary/Treas None	0.	0.	0.
	Total	<u>\$ 4,985.</u>	\$ 0.	\$ 370.