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)

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

OMB No 1545-0047 Open to Public Inspection

A F	or the 20	05 calendar year, or tax year beginning $$	2006	
	heck if	Please use IRS C Name of organization	player i	dentification number
	Address change	print or THE OPEN DOOR ADOPTION AGENCY, INC.	8-1	703392
	Name change	type Number and street (or P O box if mail is not delivered to street address) Room/suite E Tel	ephone	number
]initial retum	Specific P.O. BOX 4	229)228-6339
	Final return		ounting me	thoot Cash X Accruat
	Amended return	THOMAS ATTITE ON STANSOR	Other (specify)	
	Application pending	must attach a completed Schedule & /Form QQN or QQN-F7)		المنتيان المنتار
	_	H(a) is this a group return		
		► WWW.OPENDOORADOPTION.ORG H(b) If "Yes," enter number		•• / •
	<u> </u>	on type (check only one) X 501(c) (3) (insert no) 4947(a)(1) or 527 H(c) Are all affiliates include (If "No," attach a list)	ed?	N/AYesNo
		H(d) is this a separate retu		oy an or-
	•	on need not file a return with the IRS, but if the organization chooses to file a return, be ganization covered by		
	sure to lile	a complete return. Some states require a complete return.		N/A
	`raaa -aaa		•	tion is not required to attach
		pts Add lines 6b, 8b, 9b, and 10b to line 12 ► 1,365,538. Sch B (Form 990, 99) Sevenue, Expenses, and Changes in Net Assets or Fund Balances	U-LZ, UI	330-11
FC	T	Contributions, gifts, grants, and similar amounts received		
		Direct public support		
	1	Indirect public support		
		Government contributions (grants)	┥	
	Į.	Total (add lines 1a through 1c) (cash \$ 83,708 - noncash \$	1d	83,708.
		· · · · · · · · · · · · · · · · · · ·	14	1,252,115.
		Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments	2	1,232,113.
	ł	1	2,190.	
		Interest on savings and temporary cash investments	-4-	2,190.
	i	Dividends and interest from securities	5	
	1	Gross rents SEE STATEMENT 1 6a 20,812	 † :	
	į.	Less rental expenses SEE STATEMENT 2 6b 25,885	┫	√5 072
		Net rental income or (loss) (subtract line 6b from line 6a)	<u>6c</u>	< 5,073. >
ne		Other investment income (describe		
ven	1	Gross amount from sales of assets other (A) Securities (B) Other	-{	
Re	1	than inventory Loop, cost or other house and calca synances	-	
	1	Less cost or other basis and sales expenses 8b	-	
		Gain or (loss) (attach schedule) Not only on (loss) (applying loss 25, applyings (A) and (D))	ا م	
		Net gain or (loss) (combine line 8c, columns (A) and (B)) Second events and estrution (ettech echodule). If any emount in from marriage check have.	8d	
		Special events and activities (attach schedule). If any amount is from gaming , check here.		
		Gross revenue (not including \$		
	1		-	
		Less direct expenses other than fundraising expenses \\ Net income or (loss) from special events (subtract line 9b) from line 9a) SEE STATEMENT 3	ا م	0
	10 a	Gross sales of inventory, less returns and allowances =	9c	
	1	Less cost of goods sold	-	
		Gross profit or (loss) from sales aluaventory (attach-schedule) (subtract line 10b from line 10a)	10c	
	11	Other revenue (from Part VIII-Ime 103)	11	
		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,332,940.
		Program services (from line 44, column (B))	13	1,177,066.
es	Ī	Management and general (from line 44, column (C))	14	130,758.
ens		Fundraising (from line 44, column (D))	15	21,730.
Exp		Payments to affiliates (attach schedule)	16	
س	<u> </u>	Total expenses (add lines 16 and 44, column (A))	17	1,329,554.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	3,386.
e ets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	165,698.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20	0.
•	4 _	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	169,084.
5230 02-0	101	HA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2005)

Form **990** (2005)

	Functional Expenses and (4) orga	nizations and section 4947(a)(1) nonexempt charitable	trusts but optional for othe	rs
	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 \$ 0 • noncash \$ 0 • If this amount includes foreign grants, check here	22				
23	Specific assistance to individuals (attach schedule)	23	<u>-</u>			
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc. * *	25	97,055.	72,791.	24,264.	0
	Other salaries and wages	26	415,515.	379,053.	22,716.	13,746.
	Pension plan contributions	27	110/01	<u> </u>	22,710.	13,740.
	Other employee benefits	28		-		<u> </u>
	Payroll taxes	29	39,680.	27,435.	9,365.	2,880.
	Professional fundraising fees	30				2,000.
	Accounting fees	31	11,000.		11,000.	<u> </u>
	Legal fees	32	48,810.	48,090.	720.	<u> </u>
	Supplies	33	24,713.	8,274.	16,439.	<u></u>
	Telephone	34	28,967.	28,072.	895.	
	Postage and shipping	35	31,343.	29,088.	2,247.	8.
	Occupancy	36	13,425.	13,425.		
	Equipment rental and maintenance	37				
	Printing and publications	38	3,682.	2,196.	1,486.	
	Travel	39	56,612.	52,953.	3,659.	<u> </u>
	Conferences, conventions, and meetings	40	8,262.	7,498.	764.	<u> </u>
	Interest	41	9,560.	8,082.	1,478.	<u> </u>
	Depreciation, depletion, etc. (attach schedule)	42	10,442.	8,107.	2,335.	
	Other expenses not covered above (itemize):					
1	·	43b				
ľ		43c				·· ····· ·
ľ	•	43d				
Ì		43e				
Ì	<u> </u>	431				<u> </u>
	SEE STATEMENT 4	43g	530,488.	492,002.	33,390.	5,096.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,329,554.	1,177,066.	130,758.	21,730.
Jo	int Costs. Check 🕨 🔲 If you are following	SOP	98-2.		_	
	e any joint costs from a combined educational campai Yes,* enter (i) the aggregate amount of these joint cos	•	/ -	orted in (B) Program services; ii) the amount allocated to b		Yes X No N/A
) the amount allocated to Management and general \$	_		v) the amount allocated to		N/A

SEE STATEMENT 5 * *

Part III Statement of Program Service Accomplishments (See the instructions.)

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

Wh	nat is the organization's primary exempt purpose? SEE STATEMENT 6	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a	PROGRAM FOR THE PURPOSE OF BUILDING FAMILIES THROUGH THE PLACEMENT OF CHILDREN INTO HOMES BY ADOPTION. 94 ADOPTIONS WERE COMPLETED IN FYE 6-30-06. THIS BENEFITED 90 BIRTHMOTHER 94 BABIES AND 176 ADOPTING PARENTS.	
b	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1,177,066.
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1 1 2 2 2 2 2
<u>f</u>	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,177,066.
		Form 990 (2005)

Pa	rt IV	Balance Sheets (See the instructions)					
Note		ere required, attached schedules and amounts uld be for end-of-year amounts only.	within the	e description column	(A) Beginning of year		(B) End of year
	45	Cash · non·interest·bearing			71,877.	45	105,860.
	46	Savings and temporary cash investments				46	
	47 a	Accounts receivable	47a	8,611.			
	b	Less: allowance for doubtful accounts	47b		27,724.	47c	8,611.
		Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b	<u> </u>		48c	
	49	Grants receivable			<u> </u>	49	
	50	Receivables from officers, directors, trustees	s,				
S		and key employees	I			50	
sets	51 a	Other notes and loans receivable	51a				
As	b	Less: allowance for doubtful accounts	51b	<u>L</u>		51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			8,616.	53	<u>6,377.</u>
	54	Investments - securities		Cost FMV		54	
	55 a	Investments · land, buildings, and	,	,			
		equipment: basis	55a				
	b	Less: accumulated depreciation	55b		<u> </u>	55c	
	56	Investments · other			, ,	56	
	57 a	Land, buildings, and equipment: basis	57a	704,905.			
	b	Less: accumulated depreciation	57b	71,937.	646,626.		632,968.
	58	Other assets (describe DTILITY DE	POSII	<u>'</u>)	300.	58	480.
	59	Total assets (must equal line 74) Add lines	45 throug	h 58	755,143.	59	754,296.
	60	Accounts payable and accrued expenses			113,732.	60	107,986.
	61	Grants payable				61	
	62	Deferred revenue			167,267.	62	205,760.
ies	63	Loans from officers, directors, trustees, and	key emple	oyees		63	
abilities	64 a	Tax-exempt bond liabilities				64a	
Lia	b	Mortgages and other notes payable			308,446.	64b	271,466.
	65	Other liabilities (describe)		65	
	66	Total liabilities. Add lines 60 through 65)			589,445.	66	585,212.
	Orga	nizations that follow SFAS 117, check here	e 🕨 🗓	and complete lines			
		67 through 69 and lines 73 and 74.					
ces	67	Unrestricted			165,698.	67	169,084.
<u>a</u>	68	Temporarily restricted				68	
Ba	69	Permanently restricted				69	
Pur	Orga	anizations that do not follow SFAS 117, che	ck here	▶ □ and			
Ę.	İ	complete lines 70 through 74.					
o S	70	Capital stock, trust principal, or current fund	ds			70	
set	71	Paid-in or capital surplus, or land, building, a	and equipr	ment fund .		71	
AS	72	Retained earnings, endowment, accumulate	ed income,	, or other funds		72	
Net Et	73	Total net assets or fund balances (add lines 67 tl	hrough 69 d	or lines 70 through 72,			
		column (A) must equal line 19, column (B) must e	equal line 2	1)	165,698.		169,084.
	74	Total liabilities and net assets/fund balan	755,143.	74	754,296.		

THE OPEN DOOR ADOPTION AGENCY, INC.

58-1703392

Page 5

Form 990 (2005)

Form 990 (2005) THE OPEN DOOR ADOPTION		INC.	58-17033	<u> 392</u>	P	age 6
Part V-A Current Officers, Directors, Trustees, and K	ey Employees (continued)			Yes	No
75 a Enter the total number of officers, directors, and trustees permitted	to vote on organizat	tion business at board	1 ~			
meetings			13			
b Are any officers, directors, trustees, or key employees listed in Form	1 990, Part V-A, or hi	ghest compensated em	ployees			
listed in Schedule A, Part I, or highest compensated professional and	•		į.			
Part II-A or II-B, related to each other through family or business relative the individuals and explains the relationship(s)	itionships? it 'Yes,'	attach a statement that	Identifies	75b		X
			<u></u>	730		- 11
c Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional ar		•	- t			
Part II-A or II-B, receive compensation from any other organizations,	•		· t			
organization through common supervision or common control?				75c		X
Note. Related organizations include section 509(a)(3) supporting or	ganızatıons.					
If "Yes," attach a statement that identifies the individuals, explains the relation		▼	nization(s), and			
describes the compensation arrangements, including amounts paid to each i	ndividual by each relate	ed organization				
d Does the organization have a written conflict of interest policy?		· · · · · · · · · · · · · · · · · · ·		75d	_	<u>X</u>
Part V-B Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key expense)			-			doo
the year, list that person below and enter the amount of co					_	_
	<u> </u>	<u> </u>	(D) Contributions to	∘ (E) Expe	
(A) Name and address NONE	(B) Loans and Adva	ances (C) Compensation	rmployee benefit plans & deferred compensation plan	ac	count	and
			Compensation plan	SOLITO	i anove	ances
				+		
···	+			+-		
	 			+		
Part VI Other Information (See the instructions.)		<u> </u>		-	Yes	No
76 Did the organization engage in any activity not previously reported to	to the IRS? If "Yes."	attach a detailed	 -			110
description of each activity	.0 (110 11 (0 . 11 1 00)	attaon a aotanoa		76	,	X
77 Were any changes made in the organizing or governing documents	but not reported to	the IRS?	-	77		X
If "Yes," attach a conformed copy of the changes.				••••	, , , , , , ,	
78 a Did the organization have unrelated business gross income of \$1,00	00 or more during th	e year covered by this r	eturn?	78a	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?				78b_	X	
79 Was there a liquidation, dissolution, termination, or substantial cont	raction during the ye	ear? If "Yes," attach a st	tatement	79		X
80 a Is the organization related (other than by association with a statewing			mon			1,
membership, governing bodies, trustees, officers, etc., to any other	exempt or nonexem	npt organization?	}	80a		X
b If "Yes," enter the name of the organization $ ightharpoonup$ N/A						
Q1 a Caken dinesak an inclusion at a clibratic survey distribution (0 - 1 - 04 1 - 1	_ and check whethe	4 1	nonexempt [O _			
81 a Enter direct or indirect political expenditures (See line 81 instruction Did the organization file Form 1120-POL for this year?	11 5.)	81a		81b		x
523161/02-03-06		-			990	(2005)

	m 990 (2005) THE OPEN DOOR ADOPTION AGENCY, IN	<u>C.</u>	<u>58-1703</u>	3392	P	age 7
P	art VI Other Information (continued)				Yes	No
82 :	Did the organization receive donated services or the use of materials, equipment, or facilities	at no charge o	r at substantially			
	less than fair rental value?			82a		X
l	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	<u>N/A</u>	_		
83 :		• •	?	83a	X	ļ <u> </u>
	Did the organization comply with the disclosure requirements relating to quid pro quo contrib	outions?		83b	X	<u> </u>
	Did the organization solicit any contributions or gifts that were not tax deductible?		N/A	84a	ļ	ļ
l	If "Yes," did the organization include with every solicitation an express statement that such c tax deductible?	ontributions or	gifts were not N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A	85a		
l	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless t	the organization	n received a			
	waiver for proxy tax owed for the prior year.					
(Dues, assessments, and similar amounts from members	85c	N/A			
(Section 162(e) lobbying and political expenditures	85d_	N/A			
(Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
ſ	Taxable amount of lobbying and political expenditures (line 85d less 85e)	851	N/A			
ĺ	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
ı	I If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amou					
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditu	ures for the	<u>_</u>			
	following tax year?		N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		_			
	line 12	86a	<u>N/A</u>			
_	Gross receipts, included on line 12, for public use of club facilities	86b	N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A			
t	Gross income from other sources (Do not net amounts due or paid to other sources		_			
	against amounts due or received from them.)	87b	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable co					į
	or an entity disregarded as separate from the organization under Regulations sections 301.77	701-2 and 301.	7701-3?			
00 -	If "Yes," complete Part IX			88		X
89 a	A service of the service of the service of the service of the organization doining the year and					
	section 4911 ► 0 • , section 4912 ► 0 • , section 49		<u> </u>			Ė
Ĺ	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess					
	transaction during the year or did it become aware of an excess benefit transaction from a pri	or year?				
	If "Yes," attach a statement explaining each transaction			89b		X
Ü	Enter: Amount of tax imposed on the organization managers or disqualified persons during the	e year under	_			^
ď	sections 4912, 4955, and 4958 Enter: Amount of tax on line 80c, above, recombined by the arrangements.		_			0.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization List the states with which a copy of this return is filed $ ightharpoonup GA$			_		<u> </u>
	Number of employees employed in the pay period that includes March 12, 2005		005			
	The books are in care of MALTER GILBERT	Tolonhono	1 90b no ► 229-22	0 6	220	
•	Located at > 218 EAST JACKSON ST., THOMASVILLE, GA.	Telephone	$\frac{223-22}{ZIP+4} \ge 3$			
b		other outhers		117		
	over a financial account in a foreign country (such as a bank account, securities account, or o		y	i	Yes	No
	account)?	Aner imanciai		015	163	V
	If "Yes," enter the name of the foreign country $lacktriangle$ N/A			91b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of	Foreign Pank				1 1 1
	and Financial Accounts.	roreign bank				((
C	At any time during the calendar year, did the organization maintain an office outside of the Un	utod Stataan		04-		Y
•	If "Yes," enter the name of the foreign country \triangleright N/A	med States?		91c		
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check he					-
	and enter the amount of tax-exempt interest received or accrued during the tax year	□	92	N/	Δ	
			<u> </u>		9 90 (20051
				. 91111		/

CPA

& ASSOCIATES, P.C.

KUWWW~

THOMASVILLE, GEORGIA 31799

LETCHER

P.O. BOX 677

signature

yours if

ZIP + 4

Firm's name (or

self-employed),

address, and

Preparer's

Use Only

523163

02-03-06

|09/11/06|

employed >

EIN -

P00103202

58-1709517

Phone no \triangleright (229)226-2241

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2005

Employer identification number

	THE OPEN DOOR ADOPTION AG	ENCY, INC.		<u>58 17033</u>	392			
Part 1	Compensation of the Five Highest Paid Emposer (See page 1 of the instructions. List each one of there are none, en		Officers, Directors, and Trustees					
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances			
NONE								
Total number of over \$50,000	of other employees paid	0						
Part II-A	Compensation of the Five Highest Paid Inde			onal Servic	es			
	(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of s	service	(c) Compensation			
<u>NŌÑĒ</u>								
	of others receiving over of the services	0						
Part II-B	Compensation of the Five Highest Paid Inde (List each contractor who performed services other than professional firms of the reservices are none, enter "None" See page 2 of the instruction	onal services, whether individu		ervices				
	(a) Name and address of each independent contractor paid more th		(b) Type of s	service	(c) Compensation			
NONE			- -					
					<u> </u>			
Total number of \$50,000 for oth	f other contractors receiving over		·····		***************************************			
400,000 101 011	ICI SCIVICOS	<u> </u>	·					

Sched	tle A (Form 990 or 990-EZ) 2005 THE OPEN DOOR ADOPTION AGENCY, INC. 58-1703	3392	2 P	age 2				
Par	Statements About Activities (See page 2 of the instructions)		Yes	No				
1 Di	ring the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence							
-	blic opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the							
	bying activities - \$ \$ \$ \$ Must equal amounts on line 38, Part VI-A, or							
	e i of Part VI-B)	1		X				
	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations							
	ecking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities							
tru pe	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, is stees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such reson is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," tach a detailed statement explaining the transactions.)							
	a Sale, exchange, or leasing of property?							
b Le	nding of money or other extension of credit?	2b	_	X				
c Fu	rnishing of goods, services, or facilities?	2c		X				
d Pa	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X					
e Tr	ansfer of any part of its income or assets?	2e		<u>X</u>				
3 a D	you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how							
yo	u determine that recipients qualify to receive payments)	3a		X				
	you have a section 403(b) annuity plan for your employees?	3b	X					
	ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		<u>X</u>				
	you maintain any separate account for participating donors where donors have the right to provide advice			7.7				
	the use or distribution of funds?	4a		V				
	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b						
Par	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)			<u>. </u>				
The or	panization 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)							
b -	A school Section 170(b)(1)(A)(ii) (Also complete Part V)							
9	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)							
û	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city,							
J	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							
13	by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations describe	ed in						
10	(1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describe							
	the type of supporting organization Type 1 Type 3							
	Provide the following information about the supported organizations (See page 6 of the instructions)		_					
	(a) Name(s) of supported organization(s)	(b) Line fro	numl m abo					
		-						
		<u></u>						
			_					
44	An arganization arganized and appreted to took to a nubble actual. Continue 500/5\/4\ /0-===== 0 of the rest.							
14	An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)							

NONE

Schedule A (Form 990 or 990-EZ) 2005 THE OPEN DOOR ADOPTION AGENCY,

return. Do not include these grants in line 15

523121 02-03-06

58-1703392

Schedule A (Form 990 or 990-EZ) 2005

Page 3

INC.

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
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?	30		
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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
þ	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?	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			
		33a] [
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e		33e		
f	Use of facilities?	33f		
a	Athletic programs?	33g		
h	Other extracurricular activities?	33 h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b		34b		
	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	35		

Sci	hedule A (Form 990 or 990-Ez	2) 2005 THE OPEN	DOOR ADOPTION	AGENC	Y,	INC.	58	-1703392 Page 5
P	—		lecting Public Charitic anization that filed Form 5768)	es (See pa	ge 9 of	the instructions)		N/A
Che	eck 🕨 a 🔲 if the organi	zation belongs to an affiliate	d group Check	bnf	yo <u>u c</u> he	ecked "a" and "limited o	control*	provisions apply
		imits on Lobbying	- -			(a) Affiliated group totals		(b) To be completed for ALL electing organizations
						N/A		
36	Total lobbying expenditures	to influence public opinion	(grassroots lobbying)		36			
37	Total lobbying expenditures	to influence a legislative bo	dy (direct lobbying)		37			
38	Total lobbying expenditures	(add lines 36 and 37)			38			
39	Other exempt purpose exper	nditures .			39			
40	Total exempt purpose expen	ditures (add lines 38 and 39	9)		40			
41	Lobbying nontaxable amoun	t Enter the amount from th	e following table -					
	If the amount on line 40 is -	The lobby	ing nontaxable amount is -					
	Not over \$500,000	20% of the a	amount on line 40)				
	Over \$500,000 but not over \$1,00	00,000 \$100,000 pt	us 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,5	500,000 \$175,000 pt	us 10% of the excess over \$1,000,000	· }	41	•••••••••••••••••••••••••••••••••••••••		
	Over \$1,500,000 but not over \$17	,000,000 \$225,000 pl	us 5% of the excess over \$1,500,000					
40	Over \$17,000,000	\$1,000,000)				
	Grassroots nontaxable amou	· ·	46 1 00		42	<u>-</u>		<u> </u>
	Subtract line 42 from line 36				43			
44	Subtract line 41 from line 38	Enter-U- if line 41 is more	tnan line 38		44			
	Caution: If there is an am	ount on either line 13 or	line 44, you must file Form 4	720				
			nstructions for lines 45 through the Lobbying Expendent			ar Averaging Period		N/A
	endar year (or al year beginning in)	(a) 2005	(b) 2004	(c) 2003	·····	(d) 2002		(e) Total
	Lobbying nontaxable				•	2002	-	Ισιαι
	amount							0.
46								
	(150% of line 45(e))							0.
47	Total lobbying							
	expenditures							0.
48	Grassroots nontaxable							
	amount			 			-	0.
49	Grassroots ceiling amount							
	(150% of line 48(e))	<u> </u>		***************************************		·····	•••••	<u> </u>
υ	Grassroots lobbying							
p	expenditures art VI-B Lobbying	Activity by Nonele	cting Public Charities					<u> </u>
			id not complete Part VI-A) (See)		ne instri	ictions)		N/A
Dur			tional, state or local legislation, in					
	uence public opinion on a legi			.o.zog u,	accomp.	Yes	No	Amount
	Volunteers							
þ	Paid staff or management (In	nclude compensation in exp	enses reported on lines c throug	jh h)				
	Media advertisements			-				
	Mailings to members, legisla	•						
6	Publications, or published or	broadcast statements				<u></u>		
	Grants to other organizations							
	Direct contact with legislators		•					
			es, lectures, or any other means			ļ		
1	Total lobbying expenditures (If "Yes" to any of the above, a		ng a detailed description of the lo	hhuna satu	utioe	<u> </u>		<u>U.</u>
		& otatornont gran	-8 - acronos acacinhriam at mis m	objing abliv	1(10)			

Schedule Part`		5 THE OPEN DOOR A	_		70339	2	Page 6
Part		_		l Relationships With Nonchari	table		
	d the reporting organization d	zations (See page 12 of the instruction of the instruction of the indirectly engage in any of section 501(c)(3) organizations) or in	the following with any other				
		ganization to a noncharitable exempt				Yes	No
	I) Cash				51a(i)		X
•	i) Other assets				a(ii)		$\overline{\mathbf{x}}$
•	her transactions						
(1	i) Sales or exchanges of asse	ets with a noncharitable exempt organ	nızatıon		b(i)		X
•		a noncharitable exempt organization			b(ii)		X
(iii	i) Rental of facilities, equipme	ent, or other assets			b(iii)		X
(iv	r) Reimbursement arrangeme	ents			b(iv)		X
(v) Loans or loan guarantees				b(v)		X
(vi	i) Performance of services or	r membership or fundraising solicitat	ions		b(vi)		X
c St	naring of facilities, equipment,	, mailing lists, other assets, or paid ei	mployees		C		X
d If t	the answer to any of the abov	e is "Yes," complete the following sch	nedule Column (b) should a	lways show the fair market value of the			
go	ods, other assets, or services	s given by the reporting organization	If the organization received	less than fair market value in any			
tra	insaction or sharing arrangen	nent, show in column (d) the value of	f the goods, other assets, o	r services received		N/A	
(a)	(b)	(c)		(d)	_		_
Line no	Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, and	sharing ar	rangen	ents
			<u>-</u>				
		<u> </u>					
		 					
							
				<u>-</u>			
			-				
		 					
			<u> </u>				
	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
<u></u>		 				_	
_						_	
Co	de (other than section 501(c) Yes," complete the following)(3)) or in section 527? schedule N/A		anizations described in section 501(c) of the	Yes	X	
	(a Name of or	-	(b) Type of organization	Description of relations	hip		_
	<u> </u>		 				
	<u>-</u>					_	
			 	<u> </u>			
	·		 	<u> </u>			
							
<u> </u>							
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Set Detai	Book Sec 179 Exp c	0.00	000000000000000000000000000000000000000	
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5330 THE OPEN DOOR ADOP 8-1703392 YE: 6/30/2006	sset * Property Description	91 218 E. Jackson St	CHAIR CHAIR DESK TYPEWRITER BOOKCASE OFFICE CHAIR OFFICE CHAIR OFFICE CHAIR OFFICE DESK BOOKCASE OFFICE DESK BOOKCASE OFFICE CHAIR TYPEWRITER STAND III NSULATED FIRE PROOF FILE (WALNUT 72 "X 36" CONFERENTY TYPEWRITE TABLE MAPS BROWN CHAIR FIREPROOF FILE CABINET COMPUTER DESK COMPUTER DESK COMPUTER DESK ADRAWER FILE CABINET 2 BROWN CHAIR FIREPROOF FILE CABINET 2 BROWN CHAIR FIREPROOF FILE CABINET 2 BROWN CHAIR TOMPUTER DESK COMPUTER DESK ADRAWER FILE CABINET 2 BROWN CHAIR THE FILE CABINET 2 BROWN CHAIR THE FILE CABINET 2 BROWN CHAIR THE KING FILING CABINET 2 DESK, EXEC 6 DRAWER 3 DESK, EXEC 6 DRAWER THE FILE LITR 4DRW, SD GREEN TASK CHAIR W/O ARM; COMPUTER INSTALLATION THE COMPUTER INSTALLATION THE COMPUTER INSTALLATION	
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STORA

CABINET 36101 1

COPY MACHINE - RIP

STORA

S DOOR Cabinet COMPUTERS COMPUTER 'ABLES Æ NETWORK CARDS
COMPUTER CABLE
SCOMPUTER CARDS
COMPUTER EQUIPN
COMPUTER EQUIPN STORAGE CABINET FAX MACHINE - VIC SNAP SERVER
FILE CABINET
EXTERNAL CD BUJ
FILING CABINET
DELL COMPUTER.
DIGITAL VIDEO CF 3 Laptop Computer
FAX
6 DESK - BANK
BOARD ROOM T Fire King Filing (Love Seat APTOP COMF Filing Cabinets (Dell Computer OPEN Property and Fixt MISC FURN -Dell Computer Shredder omputer Cabinet MONITOR SCANNER COMPUTER aser Printer 900 ARPET COPIER Dell C Paper : Filing Furniture 工品 /30/2 703392 9 330 * * * * * * # # # Asset Type: 8882888 05 58

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Book Asset

3

Page

58-1703392

6/30/2006

05330 THE

*	Property Description Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book	Book Period
	Grand Total	481,231.03	0.00c	000	83,604.41	14,658.80	98,263 21	382,967 82		
	Less: Dispositions	26,326.18	0.00	0.00	25,162 60	0.00	26,326.18	000		
	Net Grand Total	454,904 85	0 00c	0.00	58,441.81	14,658.80	71,937 03	382,967.82		

FORM 990	RENTAL	INCOME			STATEMENT	1
KIND AND LOCATION OF PROP	PERTY			IVITY MBER	GROSS RENTAL INCOME	
OFF BLDG - PART 41% RENTA				1 2	9,4	
TOTAL TO FORM 990, PART I	LINE 6A				20,8	12.
FORM 990	RENTAL	EXPENSES			STATEMENT	2
DESCRIPTION		ACTIVITY NUMBER	AMOUN	Γ	TOTAL	
INSURANCE INTEREST DEPRECIATION REPAIRS UTILITIES LEGAL FEES TAXES CONTRACT LABOR INSURANCE INTEREST DEPRECIATION REPAIRS UTILITIES LEGAL FEES TAXES CONTRACT LABOR	- SUBTOTAL -		3 1 1 1 2 1 3 2 1 3 3 4 3 4 3 4 3 4 4 3 4 4 4 4 4 4 4 4	,319. ,120. ,917. ,394. ,533. ,578. ,582. ,582. ,741. ,299. ,671. ,037. ,68. ,694. ,022.	11,7	
	- SUBTOTAL -	2			14,1	14.
TOTAL TO FORM 990, PART I	LINE 6B				25,8	85.
FORM 990	SPECIAL EVENTS	S AND ACTI	VITIES		STATEMENT	3
DESCRIPTION OF EVENT		ONTRIBUT.	GROSS REVENUE	DIREC		E
GOLF TOURNAMENT	20,100.	13,387.	6,713.	6,71	3.	0.
TO FM 990, PART I, LINE 9	20,100.	13,387.	6,713.	6,71	3.	0.
		<u>-</u>				

FORM 990	OTHER	STATEMENT 4		
DESCRIPTION	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION		SERVICES	AND GENERAL	FUNDRAISING
CASEWORKER FEES &				
EXPENSES	112,019.	107,969.	4,050.	
ADVERTISING	107,816.	107,561.	255.	
PROFESSIONAL FEES	44,037.	36,154.	7,883.	
TAXES	2,911.	2,580.	331.	
DUES & SUBSCRIPTIONS	5,297.	3,147.	2,150.	
REPAIRS	9,831.	5,478.	4,353.	
UTILITIES	10,738.	9,532.	1,206.	
BABY EXPENSES	3,595.	3,595.	•	
BIRTHMOTHER EXPENSES	115,260.	115,260.		
MISCELLANEOUS	4,404.	220.	722.	3,462.
GIFTS & DONATIONS	4,373.	1,923.	1,800.	• • • • • • • • • • • • • • • • • • •
BAD DEBTS	812.	812.		
INSURANCE	102,752.	94,192.	8,560.	
BLDG FUND CAMPAIGN		-		
EXPENSES	869.			869.
BANK & SERVICE FEES	1,624.	188.	1,436.	
WEBSITE	3,535.	2,891.	644.	
HUMANITARIAN AID				
EXPENSE	615.	500.		115.
TOTAL TO FM 990, LN 43	530,488.	492,002.	33,390.	5,096.

FORM 990 OFFIC	CER COMPENSATION PART II, LIN			STATEMENT 5
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE	TOTALS
WALTER GILBERT	97,055.		4,887.	101,942.
A. PROGRAM SERVICES	72,791.		3,665.	76,456.
B. MANAGEMENT AND GENERAL	24,264.		1,222.	25,486.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				76,456.
TOTAL MANAGEMENT AND GENERA	AL			25,486.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPE	NSATION INCLUDE	D ON PARTS V	-A AND V-B	101,942.
FORM 990 STATEMENT OF OI	RGANIZATION'S P PART III		r PURPOSE	STATEMENT 6
EXPLANATION				
BUILD FAMILIES THRU PLACEMI	ENT OF BABIES A	ND CHILDREN	INTO HOMES	BY ADOPTION.
				
FORM 990 OTHER EX	XPENSES NOT INC	LUDED ON FOR	M 990	STATEMENT 7
FORM 990 OTHER EX	XPENSES NOT INC	LUDED ON FOR	м 990	STATEMENT 7 AMOUNT
			м 990	

FORM 990 PART		-A - LIST OF OFFICERS, DIRECTORS, PRUSTEES AND KEY EMPLOYEES		STATEMENT 8	
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
WALTER E. GILBERT 919 GORDON AVENUE THOMASVILLE, GEORGIA,	31792	C. E. O. 40.00	97,055.	0.	4,887.
SALLY SULLIVAN 510 SPRINGLAKE ROAD THOMASVILLE, GEORGIA,	31792	VICE-CHAIRMAN 3.00	0.	0.	0.
GAIL MILTON 104 KINGS FOREST DRIVE THOMASVILLE, GEORGIA,		DIRECTOR 3.00	0.	0.	0.
CONNIE BLACKBURN 407 OLIVE CREEK FARMS THOMASVILLE, GEORGIA,		CHAIRMAN 3.00	0.	0.	0.
RUTH ANN MAXWELL 213 PEMBROOK PLACE THOMASVILLE, GEORGIA,	31792	SECRETARY 3.00	0.	0.	0.
KAREN GREEN 177 STANFILL ROAD CAIRO, GEORGIA, 39828		DIRECTOR 3.00	0.	0.	0.
DARLENE WEBB 306 SPRING LAKE ROAD THOMASVILLE, GEORGIA,	31792	DIRECTOR 3.00	0.	0.	0.
CARRIE MORGAN 261 AVALON WAY THOMASVILLE, GEORGIA,	31792	TREASURER 3.00	0.	0.	0.
PAT BYRD 222 MYRTLE DRIVE THOMASVILLE, GEORGIA,	31792	DIRECTOR 3.00	0.	0.	0.
NANCY GARDNER 406 HABERSHAM ROAD THOMASVILLE, GEORGIA,	31792	DIRECTOR 3.00	0.	0.	0.
MICHAEL HANNA 3832 LOWER CAIRO ROAD THOMASVILLE, GEORGIA,		DIRECTOR 3.00	0.	0.	0.

THE OPEN DOOR ADOPTION AGENC	Y, INC.		58-	-1703392
SABRINÀ B. EVERETT 124 TALL PINES DRIVE THOMASVILLE, GEORGIA, 31792	DIRECTOR 3.00	0.	0.	0.
JOANN PONDER 6493 HALL ROAD THOMASVILLE, GEORGIA, 31792	DIRECTOR 3.00	0.	0.	0.
KEVIN ROBERTSON 3205 TRITON CIRCLE TALLAHASSEE, FLORIDA, 32312	DIRECTOR 3.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, P	ART V-A	97,055.	0.	4,887.