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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No 1545-0047

	A F	or the 200	07 calendar year, or tax year beginning	JUL 1,	2007	and end	ling JUN 30	, 20	800			
	Вс	heck If	Rissas C Name of organization	_				D Empl	oyer identi	ification number		
	а	upplicable use IRS										
	Г	Address change point or THE OPEN DOOR ADOPTION AGENCY, INC.							3-1703	3392		
	F	Name type Number and street (or P.O. box if mail is not delivered to street address) Room/suite E.Tel							hone num	ber		
	F	initial return	See Specific P.O. BOX 4			,	1.00,00			28-6339		
	F	Termin-	Instruc-	7IP + 4				1 -	Accounting method: Cash X Accrua			
	\vdash	⊒ation]Amended return	THOMASVILLE, GA	31799-000	4				ther pecify)			
	F	Applicatio pending	 Section 501(c)(3) organizations and 4 	947(a)(1) nonexemp	t charitable tru	sts	H and I are not an		·	527 organizations.		
		_ ponding	must attach a completed Schedule A (Form 990 or 990-EZ).		H(a) Is this a group					
	G V	Vebsite: Þ	►WWW.OPENDOORADOPTION	N.ORG			H(b) If "Yes," enter r					
					947(a)(1) or		H(c) Are all affiliates	included				
		heck here	. 🗖) supporting organiza	ition and it s gro	ss	(If "No," attach H(d) Is this a separa		filed by an	Or-		
	г	eceipts are	e normally not more than \$25,000 A return is	not required, but if th	e organization	ŀ	ganization cov					
	C	hooses to	file a return, be sure to file a complete return				I Group Exempt	on Numb	er ▶	N/A		
							M Check ►	If the or	ganization i	is not required to attach		
	<u>L 0</u>		ipts Add lines 6b, 8b, 9b, and 10b to line 12		.,767,54		Sch B (Form 9	90, 990-	EZ, or 990-	PF)		
	Pε	ırtil R	levenue, Expenses, and Chang	es in Net Asse	ts or Fund	l Balar	nces					
		1 (Contributions, gifts, grants, and similar amoun	ts received								
		a C	Contributions to donor advised funds			1a						
		ь	Direct public support (not included on line 1a)			1b	249,2	289.				
		C I	ndirect public support (not included on line 1a	1)		10						
		d G	Government contributions (grants) (not include			1d						
		e Total (add lines 1a through 1d) (cash \$ 249,289. noncash \$)							1e 2	249,289.		
		2 P	Program service revenue including government fees and contracts (from Part VII, line 93)							1,493,939.		
			Membership dues and assessments						3			
			Interest on savings and temporary cash investments						4	5,958.		
			Dividends and interest from securities			1 1	10		5			
(A				SEE STATEM		6a	18,3					
SCANNED				SEE STATEM	IENT Z	6b	24,2	230.	_	∠E 071 :		
3	e		Net rental income or (loss) Subtract line 6b fro	om line 6a				. }	6c	<5,871 <u>.</u>		
Z	Revenue		Other investment income (describe	(8) 0		1 - 1	(B) Oth)	7			
Щ	Re		Gross amount from sales of assets other	(A) S	ecurities	-	(B) Other					
			han inventory			8a						
OCT			Less cost or other basis and sales expenses			8b 8c						
			Gain or (loss) (attach schedule) Net gain or (loss) Combine line 8c, columns (A	\\ and (B\		j OL j			8d			
10			Special events and activities (attach schedule)		n gaming chac	k hara	. —	F	Ou			
89			cross revenue (not including \$	-	-	9a						
2008			ess direct expenses other than fundraising ex	of contributions repo	oraco or time 10)	9b						
ಹ			Net income or (loss) from special events. Subt		9a	<u> </u>			9c			
			Gross sales of inventory, less returns and allow		-	10a						
			ess cost of goods sold			10b						
			Gross profit or (loss) from sales of inventory (a	attach schedule). Sub	tract line 10b fro	om line 1	0a		10c			
			Other revenue (from Part VII, line 103)	•					11			
			otal revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8	d, 9c, 10c, and 11			11/00		12	1,743,315.		
		-	Program services (from line 44, column (B))		1	FOR	IVED		13	1,003,979.		
	Expenses	14 N	Nanagement and general (from line 44, columi	n (C))			၂႘ၟ		14	197,472.		
	ben	15 F	undraising (from line 44, column (D))		00 20	T 1 :	5 2008 今		15	7,138.		
	Ĕ		Payments to affiliates (attach schedule)			M	5 2008 Sec. 20		16			
			otal expenses. Add lines 16 and 44, column	(A)	00	SAP	N+ 1+7		17	1,208,589.		
	(A)		xcess or (deficit) for the year. Subtract line 17	from line 12		プロロ	N U		18	534,726.		
	Net Assets		let assets or fund balances at beginning of yea	•	nn (A))				19	268,667.		
	As	_	Other changes in net assets or fund balances (a	•				L	20	0.		
	7220	21 (let assets or fund balances at end of year. Con						21	803,393.		
	72300 12-27	07 LI	HA For Privacy Act and Paperwork Reducti	ion Act Notice, see tl	ne separate insi	tructions				Form 990 (2007)		

			AGENCY, INC.		703392 Page
Part II Statement of All of Functional Expenses and	ganizai 4) orga	tions must complete colum anizations and section 4947	in (A) Columns (B), (C), and 7(a)(1) nonexempt charitable	I (D) are required for section e trusts-but optional for othe	:501(c)(3) 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
22a Grants paid from donor advised funds		-			······································
(attach schedule)					
(cash \$ 0 • noncash \$ 0	<u>.</u>			1	
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedul	e)				
(cash \$ 0 • noncash \$ 0	<u> </u>				
If this amount includes foreign grants, check here	22b	_			
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key		114 517	05 000	20 600	
employees, etc listed in Part V-A	25a	114,517.	85,888.	28,629.	0
b Compensation of former officers, directors, key		0			0
employees, etc listed in Part V-B	25b	0.	0.	0.	0
c Compensation and other distributions, not included	'				
above, to disqualified persons (as defined under	1 1				
section 4958(f)(1)) and persons described in	05-				
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	357,254.	286,538.	67,220.	3,496
27 Pension plan contributions not included on	20	331,234.	200,330.	01,220.	3,490
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a - 27	28				
29 Payroll taxes	29	37,122.	27,085.	10,037.	
30 Professional fundraising fees	30	5.71520	2770000	10/03/1	
31 Accounting fees	31	12,000.		12,000.	
32 Legal fees	32	57,833.	57,653.	180.	
33 Supplies	33	18,876.	7,936.	10,940.	
34 Telephone	34	20,484.	19,273.	1,211.	
35 Postage and shipping	35	23,250.	21,609.	1,641.	
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	4,867.	3,986.	881.	
39 Travel	39	50,570.	49,914.	656.	
40 Conferences, conventions, and meetings	40	5,647.	3,487.	2,160.	
41 Interest .	41	4,397.	3,720.	677.	
42 Depreciation, depletion, etc. (attach schedule)	42	8,570.	7,650.	920.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
<u> </u>	43c				
<u> </u>	43d				-
e	43e				
g SEE STATEMENT 3	431	102 202	420 240	60 220	2 (42
	43g	493,202.	429,240.	60,320.	3,642
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)		1,208,589.	1 002 070	197,472.	7 120
Joint Costs. Check ► If you are following	944 SOB		1,003,979.	171,412.	7,138
Are any joint costs from a combined educational campai			orded in (P) December 1	an2	Yes X No
If "Yes," enter (i) the aggregate amount of these joint co-		/ _	ii) the amount allocated to F		」Yes LAINo N/A
(iii) the amount allocated to Management and general \$	_		iv) the amount allocated to i	-	N/A
723011 12-27-07		, und [, the amount anopated to		Form 990 (2007

58-1703392 Page	5	8-	1	7	0	3	3	9	2	Page
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Form **990** (2007)

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	at is the organization's primary exempt purpose? ► SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3)
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) janizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	PROGRAM FOR THE PURPOSE OF BUILDING FAMILIES THROUGH THE PLACEMENT OF CHILDREN INTO HOMES BY ADOPTION. 110 ADOPTIONS WERE COMPLETED IN FYE 6-30-08. THIS BENEFITED 95 BIRTHMOTHERS, 110 BABIES AND 186 ADOPTING PARENTS.	
b	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1,003,979.
С	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
e	(Grants and allocations \$) If this amount includes foreign grants, check here DOTHER program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here	1.003.979.

Pa	rt IV	Balance Sneets (See the Instructions.)		 		
Note		ere required, attached schedules and amounts w uld be for end-of-year amounts only.	rithin-the description column ——	Beginning of year		(B)_ End of year
	45	Cash · non-interest-bearing		200,037.	45	524,942.
	46	Savings and temporary cash investments	-		46	
		A contract of the contract of	472 25,635.			
		Accounts receivable	47b 23,033.	19,011.	47c	25,635.
	6	Less: allowance for doubtful accounts	470	13/011.	476	23,033.
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable		<u> </u>	49	
	1	Receivables from current and former officers,	directors, trustees, and			
		key employees		50a		
	ь	Receivables from other disqualified persons (a	s defined under section			
s		4958(f)(1)) and persons described in section 4			50b	
Assets	51 a	Other notes and loans receivable	51a			
ä	ь	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use	1	<u> </u>	52	
	53	Prepaid expenses and deferred charges		5,944.	53	6,194.
	54 a	Investments - publicly-traded securities	Cost FMV		54a	
	b	Investments - other securities	Cost FMV	<u>-</u>	54b	
	55 a	Investments - land, buildings, and	1 1			
		equipment: basis	55a			
	_ b	Less: accumulated depreciation	55b		55c	
	56	Investments - other	572 695,222.		56	
	57 a	Land, buildings, and equipment: basis Less: accumulated depreciation	57a 695,222. 57b 81,995.	620,620.	57c	613,227.
	58	Other assets, including program-related investments	· · · · · · · · · · · · · · · · · · ·	020,020.	3/6	013/22/1
	30	(describe ► UTILITY DEPOSIT		300.	58	300.
	59	Total assets (must equal line 74). Add lines 45	Sthrough 58	845,912.	59	1,170,298.
	60	Accounts payable and accrued expenses	timesgir se	105,245.	60	132,025.
	61	Grants payable		•	61	
	62	Deferred revenue		239,094.	62	234,880.
ies	63	Loans from officers, directors, trustees, and ke	ey employees		63	
bilities	64 a	Tax-exempt bond liabilities			64a	
Lial	b	Mortgages and other notes payable		232,906.	64b	
	65	Other liabilities (describe)		65	
				04-		266 225
	66	Total liabilities. Add lines 60 through 65	- (se)	577,245.	66	366,905.
	Orga	enizations that follow SFAS 117, check here	► X and complete lines			
Ş		67 through 69 and lines 73 and 74.		260 667		002 202
2	67	Unrestricted	-	268,667.		803,393.
Sala	68	Temporarily restricted	-		68	
ğ	69	Permanently restricted anizations that do not follow SFAS 117, check	there and		69	
Fū	Orga	complete lines 70 through 74.	nere Liand			
9	70	Capital stock, trust principal, or current funds			70	
ets	71	Paid-in or capital surplus, or land, building, and	t equipment fund		71	
Ass	72	Retained earnings, endowment, accumulated	· · ·		72	
Net Assets or Fund Balances	73	Total net assets or fund balances. Add lines 67 three	•			
_		(Column (A) must equal line 19 and column (B) mus	- 1	268,667.	73	803,393. 1,170,298.
	74	Total liabilities and net assets/fund balance	· · · · · · · · · · · · · · · · · · ·	845,912.	74	1,170,298.

THE OPEN DOOR ADOPTION AGENCY, INC.

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Page 5

Form 990 (2007)

			٠.				
Form,990 (20	THE OPEN DOOR ADOPTIO			58-1703	392	Yes	age 6
	he total number of officers, directors, and trustees permitted to					163	110
meetin	•	o voto on organization bat	>	12		***	-
iisted ii	y officers, directors, trustees, or key employees listed in Form n Schedule A, Part I, or highest compensated professional and A or II-B, related to each other through family or business related	d other independent contr	actors listed in Sch	nedule A,			
	ividuals and explains the relationship(s)		EE STATEM		75b	Х	
listed i Part II-	officers, directors, trustees, or key employees listed in Forman in Schedule A, Part I, or highest compensated professional and A or II-B, receive compensation from any other organizations, zation? See the instructions for the definition of "related organ	d other independent contr whether tax exempt or tax	actors listed in Sch	nedule A,	75c		x
•	." attach a statement that includes the information described						··· ····
	he organization have a written conflict of interest policy?				75d		X
Part V-B	Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key en	nployee received compens	sation or other ben	efits (described	d belo	w) dur	
	the year, list that person below and enter the amount of co	mpensation or other benef	(C) Compensation			E) Expe	
	(A) Name and address NONE	(B) Loans and Advances	(if not paid, enter -0-)	employee benefit plans & deferred compensation plan	à	ccount	and
					 		
Part VI	Other Information (See the instructions.)					Yes	No
76 Did the	e organization make a change in its activities or methods of co	enducting activities? If "Ye	s," attach a detaile	d			
	ent of each change			ļ	<u>76</u>		X
	any changes made in the organizing or governing documents in the attach a conformed copy of the changes.	but not reported to the IRS			77		Λ
78 a Did the	e organization have unrelated business gross income of \$1,00	0 or more during the year	covered by this ret	urn?	78a	X	
	," has it filed a tax return on Form 990-T for this year?	and an always a three control of	IVon I	•	78b	Х	
	ere a liquidation, dissolution, termination, or substantial contr organization related (other than by association with a statewid	· · · · · · · · · · · · · · · · · · ·			79		
	ership, governing bodies, trustees, officers, etc., to any other $^{\circ}$, enter the name of the organization $ ightharpoonup N/A$	exempt or nonexempt orga	anization?		80a		<u>X</u>
n II Tes	, enter the name of the organization M/A	and check whether it is	exempt or	nonexempt			
81 a Enter of	direct and indirect political expenditures. (See line 81 instruction	-	81a	0.			
b Did the	organization file Form 1120-POL for this year?		· —		81b	000	X (2007)
					Form	990	(2007)

Form	1990 (2007) THE OPEN DOOR ADOPTION AGENCY, INC. 58-1703	3 <u>92</u>	P	age 7
Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially	Γ		
	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.			ĺ
	(See instructions in Part III.)			
83 a	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	<u> </u>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		Ė
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		
b	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 the organization received a			
	waiver for proxy tax owed for the prior year.			ĺ
C	Dues, assessments, and similar amounts from members 85c N/A			İ
d	Section 162(e) lobbying and political expenditures 85d N/A			ĺ
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	1		İ
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		<u> </u>
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on			
	line 12			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			ĺ
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			ĺ
b				İ
	against amounts due or received from them.)			
88 a	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	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		x
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •			
b	504(10)			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			į
	If "Yes," attach a statement explaining each transaction	89b		Х
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			İ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
="	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g_		<u> </u>
90 a	List the states with which a copy of this return is filed ▶GA			
b	Number of employees employed in the pay period that includes March 12, 2007			10
91 a	The books are in care of ▶ WALTER GILBERT Telephone no ▶ 229-22			
	Located at ► 218 EAST JACKSON ST., THOMASVILLE, GA. ZIP+4 ► 3	3179	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			į
	and Financial Accounts.			<u></u>
		Form	990	(2007)

		OPTION AGENCY	<u>, IN</u>	<u>c.</u>	58-	-1703392 Page 8
Part VI Other Information (continued						Yes No
c At any time during the calendar year, did the	_	/-	of_the_U	nited States?		91c X
If "Yes," enter the name of the foreign cour						
92 Section 4947(a)(1) nonexempt charitable tr			Check h	ere		▶ 🛄
and enter the amount of tax-exempt interes				<u> </u>	92	N/A
Part VII Analysis of Income-Produ			1 = .	 		
Note: Enter gross amounts unless otherwise	(A)	elated business income	(C)	ded by section 512, 5	13, or 514	(E)
indicated.	Busines	(B) S Amount	Exclu- sion	(D) Amoun	t	Related or exempt
93 Program service revenue:	code		code		<u> </u>	function income
a ADOPTION SERVICE FEES	— 					1,493,939.
b			_			
<u> </u>		 	+			
d					_	
6 Markey (M. 1994)						
f Medicare/Medicaid payments			-			
g Fees and contracts from government agence	ies	-	-			
94 Membership dues and assessments						F 0 F 0
95 Interest on savings and temporary cash investmen	its					5,958.
96 Dividends and interest from securities			-			
97 Net rental income or (loss) from real estate: a debt-financed property	53112	20 <1,259			***************************************	
b not debt-financed property	33112	11,233	•	 -		<4,612.
98 Net rental income or (loss) from personal pro	nerty -					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
99 Other investment income			 			
100 Gain or (loss) from sales of assets	_					
other than inventory						
101 Net income or (loss) from special events	-					
102 Gross profit or (loss) from sales of inventory		<u> </u>				
103 Other revenue:						
a						
b						
C					_	
d						
e						
104 Subtotal (add columns (B), (D), and (E))		<1,259	.>		0.	1,495,285.
105 Total (add line 104, columns (B), (D), and (E)						1,494,026.
Note: Line 105 plus line 1e, Part I, should equal ti						
Part VIII Relationship of Activities t	o the Accom	plishment of Exem	pt Pur	poses (See the	e instructi	ions.)
Line No. Explain how each activity for which incom-	e is reported in coli	umn (E) of Part VII contribute	ed import	antly to the accom	plishment	of the organization's
exempt purposes (other than by providing		<u> </u>				
93A PROGRAM FOR THE PURI			LIES	THROUGH	THE	PLACEMENT
OF CHILDREN INTO HO	MES FOR A	DOPTION.				
		 				
Down IV Lufe and C D and C T	<u></u>					
Part IX Information Regarding Tax (A) (I			ded Er		instructio	
Name, address, and EIN of corporation, Percen	tage of	(C) Nature of activities		(D) Total incor	me	(E) End-of-year
partnership, or disregarded entity ownershi	p interest					assets
37 / N	%					
N/A	%	 				
	%					
Bout Y Information Description To	<u>%</u>	1.4.4		<u></u>		
Part X Information Regarding Tra						
(a) Did the organization, during the year, receive any					t?	Yes X No
(b) Did the organization, during the year, pay premiu			ontract?			Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4	/20 (see instruct	ions)			 -	. 000
						Form 990 (2007)

Form 99		AGENCY, INC	C. 58-170		age 9
Part)			es. Complete only if the organi	zation is a	
	controlling organization as defined in section 512(b)(13).	N/A	 	<u></u>	
400 0					No
	d the reporting organization make any transfers to a controlled entity a implete the schedule below for each controlled entity.	is defined in section	512(b)(13) of the Code? If "Yes	•	
	(A)	(8)	(0)		
	Name, address, of each	(8) Employer	(C) Description of	(D) Amount	of
	controlled entity	Identification Number	transfer	transfe	
+		Rumber		 	
a					
_					
ь					
c					
				<u> </u>	
	Totals		_ ''! _ '.'	<u> </u>	Т
				Yes	No
	d the reporting organization receive any transfers from a controlled en	tity as defined in sec	ction 512(b)(13) of the Code? If	'Yes,'	
	mplete the schedule below for each controlled entity. (A)	(B)		(D)	
	Name, address, of each	(B) Employer	(C) Description of	Amount	of
	controlled entity	Identification Number	transfer	transfe	
		- Hambon			
a					
-					
ь					
c					
				ļ	
	Totals			1	Т
400 0				Yes	No
	d the organization have a binding written contract in effect on August 1	17, 2006, covering th	e interest, rents, royalties, and		
an	nuities described in question 107 above? Under penalties of penury, I declare that I have examined this return, including accompany	ing schedules and statemer	ats, and to the best of my knowledge and	belief it is true co	mect
	and complete Declaration of preparer (other than officer) is based on all information of which	ch preparer has any knowled	dge		
Please	2/1/5 /2/1/		1 10/9/	08	
Sign	Signature of officer		Date		
Here	WALTER E. GILBERT, CHIEF EXECUT	IVE OFFICE	R /		
	Type or print name and title				
	Preparer's 44	Date		N or PTIN (See Ger	Inst. X)
Paid	signature / Www fletter, CPA		self- employed	_	
Preparer'	Firm's name (or FLETCHER & ASSOCIATES, P.	C.	EIN ►		
Use Only	self-employed), P.O. BOX 677				
	ZIP+4 THOMASVILLE, GEORGIA 3179	9	Phone no ► (229	()226-22	241

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

\$50,000 for other services

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

Employer identification number Name of the organization 58 1703392 THE OPEN DOOR ADOPTION AGENCY, 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") (d) Contributions to employee benefit plans & deferred compensation (b) Title and average hours per week devoted to (e) Expense account and other (a) Name and address of each employee paid (c) Compensation more than \$50,000 position allowances JANE GILBERT DIR. DOM. ADOPTIONS 919 GORDON AVENUE, 3,385 40.00 83,452 Total number of other employees paid 0 over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service NONE Total number of others receiving over 0 \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over

0

Sc	thedule A (Form 990 or 990-EZ) 2007 THE OPEN DOOR ADOPTION AGENCY, INC. 58-170	<u>339</u>	<u>2</u> F	age 2
	art 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 amounts on line 38, Part VI-A, or line i of Part VI-B)	1	= -	x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations		<u> </u>	
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
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?	2a		X
	b Lending of money or other extension of credit?	2b		Х
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d_	Х	ļ
	e Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how	_		x
	the organization determines that recipients qualify to receive payments)	3a 3b	Х	
	b Did the organization have a section 403(b) annuity plan for its employees?	30		$\vdash \vdash$
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		х
	t Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	_	X
	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f	30_		
7	and 4g	4a		X
	b Did the organization make any taxable distributions under section 4966? N/A	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year	_ 40	L	0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	A
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			- -
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	n. Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Par	t IV	Reason for Non-Private Foundation S	status (See pages 4 ti	rough 8 of the instruction	ns)					
5 6 7 8	y that th	A church, convention of churches, or association of ch A school Section 170(b)(1)(A)(ii) (Also complete Part A hospital or a cooperative hospital service organization A federal, state, or local government or governmental u	urches Section 170(b)(1 V) n Section 170(b)(1)(A)(i nit Section 170(b)(1)(A))(A)(I) II) I(V)	ha hasnitz!'s	namo citu				
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 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 11b 12		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) A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization Type II Type III-Other								
		Provide the following information at	out the supported organ	nizations. (See page 8 of	the instruction	ins)				
					(d) Is the supported organization listed in the supporting organization's governing documents?					
		(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz	ipported on listed in porting zation's	(e) Amount of support			
	_	` ,	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz	ipported on listed in porting zation's	Amount of			
		` ,	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing o	opported on listed in porting zation's documents?	Amount of			
	_	` ,	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing o	opported on listed in porting zation's documents?	Amount of			
		` ,	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing o	opported on listed in porting zation's documents?	Amount of			
		` ,	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing o	opported on listed in porting zation's documents?	Amount of			
Total		` ,	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing o	opported on listed in porting zation's documents?	Amount of			

58-1703392 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 (b) 2005 (d) 2003 (e) Total (a) 2006 beginning in) Gifts, grants, and contributions received (Do not include unusual 83,708. 79,340. 142,242. 427,469. 122,179. grants See line 28) Membership fees received 16 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 1,038,078. 1,267,412. 1,203,461. 927,616. 4,436,567. charitable, etc., purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after 5,940. 26,709. 23,002. 18,635. 74,286. June 30, 1975 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 4,938,322 1,186,966. 1,374,122. 1,301,436. 1,075,798. 23 Total of lines 15 through 22 106,710. 148,182. 148,888. 97,975. 24 Line 23 minus line 17 13,014. 10,758. 11,870. Enter 1% of line 23 25 N/A **▶** 26a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a N/A Do not file this list with your return. Enter the total of all these excess amounts 26b N/A 26c c Total support for section 509(a)(1) test Enter line 24, column (e) Add. Amounts from column (e) for lines 18 N/A 26b ___ 26d 22 N/A e Public support (line 26c minus line 26d total) 26e 26f N/A f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 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 2,550. 1,260. (2005) 2,640. (2004) 1,609. (2003) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year 292,437. 117,262. 163,384. (2005) 261,616. (2004) (2003) (2006)

427,469. 16 Add Amounts from column (e) for lines

4,864,036. 17 4,436,567. 20 842,758. 27d and line 27b total d Add Line 27a total 4,021,278. 27e Public support (line 27c total minus line 27d total) 4,938,322. **▶** 27f f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) 81.4300% Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27a 1.5043%

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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

27h

Private School Questionnaire (See page 9 of the instructions)

			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?	29	-	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	29		
30	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		
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?	32d	ļ	
	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	-		
3	Students' rights or privileges?	33a		
þ	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	_33g		
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)	_		
34 a	Does the organization receive any financial aid or secretains from a covernmental access?	_		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	34a		
J	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,		1 1	
	1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		
		ו וו		

Schedule A (Form 990 or 990-EZ) 2007

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

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

Total lobbying expenditures (Add lines c through h.)

0.

Schedule A (Form 990 or 990-EZ) 2007 THE OPEN DOOR ADOPTION AGENCY, INC.

58-1703392

FORM 990		NCOME		STATEMENT	
KIND AND LOCATION OF PROPERTY			ACTIVITY NUMBER	GROSS RENTAL INCOME 3,938. 14,421.	
OFF BLDG - PART 41% R OFF BLDG - PART 41% R	1 2				
TOTAL TO FORM 990, PA	COTAL TO FORM 990, PART I, LINE 6A				
FORM 990	RENTAL I	EXPENSES		STATEMENT	
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
INSURANCE INTEREST DEPRECIATION REPAIRS UTILITIES ADVERTISING TAXES CONTRACT LABOR INSURANCE INTEREST DEPRECIATION REPAIRS UTILITIES ADVERTISING TAXES CONTRACT LABOR	- SUBTOTAL -	1	415. 654. 904. 847. 1,247. 5. 273. 853. 1,521. 2,396. 3,312. 3,100. 4,567. 16. 998.	5,198	
CONTRACT LABOR	- SUBTOTAL -	2	3,122.	19,032	
TOTAL TO FORM 990, PA	RT I, LINE 6B			24,230	

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
CASEWORKER FEES &				
EXPENSES	140,247.	135,984.	4,119.	144.
ADVERTISING	105,739.	103,093.	2,646.	
PROFESSIONAL FEES	22,715.	15,276.	7,439.	
TAXES	2,003.	1,724.	279.	
DUES & SUBSCRIPTIONS	6,925.	3,485.	3,440.	
REPAIRS	7,662.	5,341.	2,321.	
UTILITIES	8,365.	7,089.	1,276.	
BABY EXPENSES	4,082.	4,082.		
BIRTHMOTHER EXPENSES	107,308.	107,308.		
MISCELLANEOUS	3,437.	79.	255.	3,103
GIFTS & DONATIONS	2,391.	824.	1,467.	100.
INSURANCE	78,190.	43,394.	34,796.	
BLDG FUND CAMPAIGN				
EXPENSES	208.			208.
BANK & SERVICE FEES	1,208.	153.	968.	87.
WEBSITE	2,322.	1,108.	1,214.	
HUMANITARIAN AID				
EXPENSE	400.	300.	100.	
TOTAL TO FM 990, LN 43	493,202.	429,240.	60,320.	3,642.

EXPLANATION

FORM 990 -- -

BUILD FAMILIES THRU PLACEMENT OF BABIES AND CHILDREN INTO HOMES BY ADOPTION.

FORM 990	OTHER	EXPENSES	NOT	INCLUDED	ON I	FORM	990	STATEMENT	5
DESCRIPTION								AMOUNT	
RENTAL EXPENSES	DEDUCTED	AGAINST I	RENT	AL INCOME				24,2	30.
TOTAL TO FORM 99	90, PART	IV-B						24,2	30.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 6-TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
WALTER E. GILBERT 919 GORDON AVENUE THOMASVILLE, GA 31792	C. E. O. 40.00	110,015.	4,502.	0.
BILL BLACKBURN 407 OLIVE CREEK FARMS DRIVE THOMASVILLE, GA 31757	CHAIRMAN 3.00	0.	0.	0.
PAT BYRD 222 MYRTLE DRIVE THOMASVILLE, GA 31792	VICE CHAIRMAN 3.00	0.	0.	0.
RUTH ANN MAXWELL 213 PEMBROOK PLACE THOMASVILLE, GA 31792	SECRETARY 3.00	0.	0.	0.
CARRIE MORGAN 121 NORTH LOVE STREET THOMASVILLE, GA 31792	TREASURER 3.00	0.	0.	0.
STEPHANIE ANDERSON 1207 EVERGREEN DRIVE THOMASVILLE, GA 31792	DIRECTOR 3.00	0.	0.	0.
RON CARNEY 207 NORTHFIELD DRIVE THOMASVILLE, GA 31757	DIRECTOR 3.00	0.	0.	0.
ZACK TERRY 210 SHERWOOD DRIVE THOMASVILLE, GA 31792	DIRECTOR 3.00	0.	0.	0.
DARLENE WEBB 306 SPRING LAKE ROAD THOMASVILLE, GA 31792	DIRECTOR 3.00	0.	0.	0.
KEVIN ROBERTSON 3205 TRITON CIRCLE TALLAHASSEE, FL 32312	DIRECTOR 3.00	0.	0.	0.
KATHY KEOWN 1086 WEST VIOLET AVENUE COOLIDGE, GA 31738	DIRECTOR 3.00	0.	0.	0.

THE OPEN DOOR ADOPTION AGENCY,	INC.	58-1703392			
LEE WAGNER PO BOX 3026 THOMASVILLE, GA 31799	DIRECTOR3.00	0-•	-0	0	
TRACEE HODGES 1316 MILLPOND ROAD THOMASVILLE, GA 31792	DIRECTOR 3.00	0.	0.	0.	
TOTALS INCLUDED ON FORM 990, PAR	r v-a	110,015.	4,502.	0.	

FORM 990 EXPLANATION OF RELATIONSHIP STATEMENT 7 PART V-A, LINE 75B

INDIVIDUAL'S NAME

TITLE OR ROLE

WALTER E. GILBERT

C. E. O.

INDIVIDUAL'S NAME

TITLE OR ROLE

JANE GILBERT

DIR. DOM. ADOPTIONS

EXPLANATION OF RELATIONSHIP

HUSBAND AND WIFE