Form **990**

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 **2006**

-	_	-	-	-	-		_		_		-
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D	е	۲	١,	а	rtn	nei	Πt	ot	tne	•	Treasury
t-	٠.	4				0	٠			c	Connoc 1

Open to Public Inspection

		2006 selection of the design of the selection of the sele		
Α -		2006 calendar year, or tax year beginning , and ending		
B		Use IRS		mployer identification number
Ш	Address	change liabelor ADVOCATES FOR CHITEREN &		5-0254656
	Name c	hange print or FAMILIES, INC.		elephone number 105-653-2474
	Initial re	1 000 16831 NE OTH AVENUE		counting method: Cash
	Final ret			ccrual Other (specify)
	Amende	THE STANDARD METALET DESCRIPTION OF STANDARD STA		
百	Applicat	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and are not applicable to section	n 527	organizations I
ш		trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for all	ffiliates	? Yes X No
G	Websit	te: WWW.ADOPTIONFLORIDA.ORG	ffiliate	s >
J	Organi	zation type H(c) Are all affiliates included?		Yes No
	(check	only one) ► 🗓 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 (If "No," attach a list. See instruc	ctions)	
ĸ	Check h	ere If the organization is not a 509(a)(3) supporting organization and its gross	ed by a	an — —
	-	are normally not more than \$25,000. A return is not required, but if the organization chooses organization covered by a	group	ruling? Yes No
		return, be sure to file a complete return	$\overline{}$	
		M Check ▶ 🔀 if the o	organi	zation is not required
<u>L</u>	Gross	receipts. Add lines 6b, 8b, 9b, and 10b to line 12 658,451 to attach Sch B (Form		
_ <u> </u>	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruc	tions	<u>8.)</u>
	1	Contributions, gifts, grants, and similar amounts received:		
	a	Contributions to donor advised funds		
	b	Direct public support (not included on line 1a) 1b 13,858		
	С	Indirect public support (not included on line 1a)		
	d	Government contributions (grants) (not included on line 1a) 1d 32,278		
	е	Total (add lines 1a through 1d) (cash \$	1e	46,136
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	607,139
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	5,176
	5	Dividends and interest from securities	5	
	6a	Gross rents 6a 6a		
	b	Less rental expenses 6b		
	c	Net rental income or (loss) Subtract line 6b from line 6a	6c	
_	7	Other investment income (describe)	7	
Revenue	8a	Gross amount from sales of assets other (A) Securities (B) Other		
<u>ē</u>		than inventory 8a		
ď	Ь	Less cost or other basis and sales expenses 8b		
	_ c	Gain or (loss) (attach schedule)		
U	4.4	Net gain or (loss). Combine line 8c. columns (A) and (B)	8d	
CANINE	9	Special events and activities (attach schedule) If any amount is from gaming , check her		
	a	Gross revenue (not including \$ of		
=	≢	contributions reported on line 1b)		
ñ	įь	Less direct expenses other than fundraising expenses 9b		
	C	Net income or (loss) from special events. Subtract line 9b from line 9a	9с	
۳		Gross sales of inventory, less returns and allowances	}	
N	ь	Less cost of goods sold		
7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10c	
	11	[12] [발]	11	
Expenses /#// 0	12	Other revenue (from Part VII, line 103) Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 MAY 1 4 2007	12	658,451
-	13	Program services (from line 44 column (R))	13	517,182
8	14	Management and general (from line 44, column (C)) OGDEN, UT	14	112,861
ene	15	Fundraising (from line 44, column (D))	15	
ă.	16	Payments to affiliates (attach schedule)	16	
Ш	17	Total expenses. Add lines 16 and 44, column (A)	17	630,043
<u> 9</u>	18	Excess or (deficit) for the year Subtract line 17 from line 12	18	28,408
189	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	185,283
Α¥	20	Other changes in net assets or fund balances (attach explanation)	20	0
Net Assets	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	213,691
_	. /3	inecasses in mod paradices at end of year Compose and 5 to, 15, dily ZU		

	is must co ind sectio	n 4947(a)(1) nonexem	iolumns (B), (C), and ipt charitable trusts bi	(D) are required for sec it optional for others. (S	See the instructions.)
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)					
non-	1		ŀ		
·	222				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule)			İ		
(cash \$)					•
If this amount includes foreign grants, check here 🕨 🔝	22b				
23 Specific assistance to individuals (attach					
schedule)	23			1	
24 Benefits paid to or for members (attach	1			.]	
schedule)	24				
25a Compensation of current officers, directors,					
key employees, etc listed in Part V-A (attach					
schedule) SEE STATEMENT 1	25a	124,436	101,200	23,236	
b Compensation of former officers, directors,	200				
·	1				
key employees, etc. listed in Part V-B (attach	054		ſ	1	
schedule)	25b				
c Compensation and other distributions, not included above, to					
disqualified persons (as defined under section 4958(f)(1)) and	1				
persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included]				
on lines 25a, b, and c	26	109,273	88,869	20,404	·
27 Pension plan contributions not included on				•	
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a – 27	28				
29 Payroll taxes	29	17,979	14,622	3,357	
30 Professional fundraising fees	30				
31 Accounting fees	31	2,400		2,400	
•	32	2,850		2,850	
32 Legal fees	· -	2,030		2,000	
33 Supplies	33	0 001	7,273	808	
34 Telephone	34	8,081	1,213	808	
35 Postage and shipping	35				
36 Occupancy	36		***********		
37 Equipment rental and maintenance	37			<u> </u>	· · · · · · · · · · · · · · · · · · ·
38 Printing and publications	38				
39 Travel	39	7,400	6,660	740	
40 Conferences, conventions, and meetings	40				
41 interest	41	931		931	
42 Depreciation, depletion, etc. (attach schedule)	42	6,655	1,997	4,658	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 2	43a	350,038	296,561	53,477	
b	43b	•			
- c	43c				·
	43d				
u .	43e				
e			***************************************		
· · · · · · · · · · · · · · · · · · ·	43f				
g	43g				
44 Total functional expenses. Add lines 22a		1		f	
through 43g (Organizations completing					
columns (B)-(D), carry these totals to lines					
13-15)	44	630,043	517,182	112,861	0
Joint Costs. Check ▶ ☐ If you are following SOP 98-2					
Are any joint costs from a combined educational campaign ar	d fundras	sing solicitation report	ed in (B) Program ser	vices?	Yes X No
If "Yes," enter (i) the aggregate amount of these joint costs\$			t allocated to Program se		
(iii) the amount allocated to Management and genera\$			it allocated to Fundraising		
DAA					Form 990 (2006)

Part II 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

i Total of Frogram Service Expenses (Should equal line 44, Column (D), Frogram Services)	517,182
(Grants and allocations \$) If this amount includes foreign grants, check here f Total of Program Service Expenses (should equal line 44, column (B), Program services)	E17 100
e Other program services (attach schedule)	
. (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	· · · · · · · · · · · · · · · · · · ·
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
C	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ b	517,182
a SEE ATTACHED	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) SEE ATTACHED	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
What is the organization's primary exempt purpose? ► ADOPTION SERVICES	Program Service Expenses

P	art IV	Balance Sneets (See the Instructions.))				
	Note:	Where required, attached schedules and amounts wit column should be for end-of-year amounts only	hin the	description	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing			75,657	45	110,144
	46	Savings and temporary cash investments			110,000	46	39,000
	47a	Accounts receivable .	47a	32,385			
	b	Less allowance for doubtful accounts	47b		13,633	47c	32,385
	48a	Pledges receivable	48a			-	
	b	Less. allowance for doubtful accounts	48b	L		48c	<u> </u>
	49	Grants receivable				49	<u></u>
	50a	Receivables from current and former officers, director	s, trust	ees, and			
	١.	key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as define		er section 4958(f)(1)) and			
		persons described in section 4958(c)(3)(B) (att sched	iule) .			50b	
) STA	Other notes and loans receivable (attach	51a				
ş	ь	schedule) Less, allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use	310			52	
•	53	Prepaid expenses and deferred charges		•	8,988	53	9,043
	54a	Investments—publicly-traded securities		Cost FMV		54a	
	b	Investments—other securities (attach schedule)		Cost FMV		54b	
	55a	Investments-land, buildings, and					
		equipment basis	55a	194,083		1	
	b	Less accumulated depreciation (attach]	
		schedule) SEE STATEMENT 3	55b	71,029	129,709	55c	123,054
	56	Investments-other (attach schedule)	1			56	
		Land, buildings, and equipment, basis	57a				
	b	Less accumulated depreciation (attach					
		schedule)	57b			_57c	
	58	Other assets, including program-related investments (describe		,		58	
	59	Total assets (must equal line 74). Add lines 45 through	h 58) !	337,987	59	313,626
	60	Accounts payable and accrued expenses	00		134,237	60	93,293
	61	Grants payable				61	
	62	Deferred revenue				62	
9	63	Loans from officers, directors, trustees, and key emple	oyees (attach			
蓋		schedule)				63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other habilities (describe > SEE STATEMEN	IT 4)	18,467	65	6,642
					150 704		00 035
	66	Total liabilities. Add lines 60 through 65 nizations that follow SFAS 117, check here ▶ X a	nd con	nplete lines	152,704	66	99,935
	Organ	67 through 69 and lines 73 and 74.	na con	ipiete iines			
ø	67	Unrestricted			185,283	67	213,691
2	68	Temporarily restricted				68	
<u>sa sa</u>	69	Permanently restricted				69	
ğ	Orga	nizations that do not follow SFAS 117, check here	▶ □	and			
Ξ	_	complete lines 70 through 74					
٥	70	Capital stock, trust principal, or current funds				70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equipr	ment fu	nd		71	
Ass	72	Retained earnings, endowment, accumulated income,	or oth	er funds		72	
ě	73	Total net assets or fund balances (add lines 67 thro	_				
-		70 through 72 (Column (A) must equal line 19 and co	olumn (B) must	***		040 555
		equal line 21)			185,283	_	213,691
	74	Total liabilities and net assets/fund balances. Add l	nes 66	and 73	337,987	74	313,626

Add lines d1 and d2

Form 990 (2006)	ADVOCATES FOR CHILDREN &	65-0254656		Page 5
Part IV-A	Reconciliation of Revenue per Audited Financinstructions.)	cial Statements With Revenue	per Return (See the
a Total rever	nue, gains, and other support per audited financial statements		а	658,451
b Amounts in	ncluded on line a but not on Part I, line 12			
1 Net unreal	lized gains on investments	b1	.	
2 Donated se	ervices and use of facilities	b2		
3 Recoveries	s of prior year grants	b3		
4 Other (spe	ecify):			
		b4		
Add lines t	b1 through b4		ь	
c Subtract lir	ne b from line a		С	658,451
d Amounts in	ncluded on Part I, line 12, but not on line a:			
1 Investment	it expenses not included on Part I, line 6b	d1	}	
2 Other (spe	ecify)·			
		d2		
Add lines o	d1 and d2		d	
e Total reve	nue (Part I, line 12). Add lines c and d		▶ e	658,451
Part IV-B	Reconciliation of Expenses per Audited Finar	ncial Statements With Expense	s per Returr	
a Total expe	nses and losses per audited financial statements		_ a	630,043
b Amounts in	ncluded on line a but not Part I, line 17			
1 Donated se	ervices and use of facilities	b1		
2 Prior year	adjustments reported on Part I, line 20	b2		
3 Losses rep	ported on Part I, line 20	b3		
4 Other (spe	ecify)			
		b4	0	
Add lines b	b1 through b4		b	
c Subtract lin	ne b from line a		С	630,043
d Amounts in	ncluded on Part I, line 17, but not on line a:			·
1 Investment	t expenses not included on Part I, line 6b	d1		
2 Other (spe	ecify):			
		d2		

Total expenses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

or key employee at any ti	me during the year even if they were r	ot compensated) (See			
(A) Name and	d address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans 8 deferred compensation plans	(E) Expense account and other allowances
LAURIE SLAVIN	NORTH MIAMI BEACH	DIRECTOR			
1101 NE 181 ST	FL 33162	0	88,969	0	c
GINGER ALLEN	PEMBROKE PINES	DIRECTOR			
1421 NW 122 AVE	FL 33026	0	112,300	0	
JOANN LEDERMAN	MIAMI	DIRECTOR			
7800 RED ROAD SUITE 205A	FL 33143	0	0	0	0
					<u> </u>
				j	[
			<u> </u>		L
				_	000

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orm	990 (2006) ADVOCATES FOR CHILDREN &	65-025	4656			F	age 6
Pε	art V-A Current Officers, Directors, Trustees, and Key En	nployees (contin	ued)			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on		_				
	meetings .	▶ 3	•	•			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Par	_				·	
	employees listed in Schedule A, Part II, or highest compensated professional	•	ıt				
	contractors listed in Schedule A, Part II-A or II-B, related to each other throug relationships? If "Yes," attach a statement that identifies the individuals and e		in(e)		75b	Ī	x
	relationships. It is attach a statement that identifies the individuals and e	Apialita the relational	ip(s) .		730		
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part	V-A, or highest					
	compensated employees listed in Schedule A, Part I, or highest compensated	. •	er				
	independent contractors listed in Schedule A, Part II-A or II-B, receive compe	nsation from any othe	er				
	organizations, whether tax exempt or taxable, that are related to the organization	ion? See the instructi	ons for				
	the definition of "related organization"				75c		X
	If "Yes," attach a statement that includes the information described in the instr	ructions.					.
<u>d</u>	Does the organization have a written conflict of interest policy? Int V-B Former Officers, Directors, Trustees, and Key Em	nlovees That Pe	ceived Co	mpensation or (75d	Bon	X
ГФ	(If any former officer, director, trustee, or key employee received of						
	person below and enter the amount of compensation or other ben			-		,,,,,	
		1	(C) Compensation	(D) Contributions to employ) Expe	
	(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	benefit plans & deferred compensation plans		ount and	
N/A					1		
		ļ					
		1			1		
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	Annual Control of the				1		
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		<u> </u>			<u> </u>		
	ort Vf Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or methods of conducting	activities? If "Yes," at	tach a				w
77	detailed statement of each change Were any changes made in the organizing or governing documents but not re	norted to the IPC?	•	}	76 77		$\frac{\mathbf{x}}{\mathbf{x}}$
•	If "Yes," attach a conformed copy of the changes.	ported to trie into	••				***
78a	Did the organization have unrelated business gross income of \$1,000 or more	during the year cove	red by				
	this return?	auming and year serve	,		78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	•			78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction dur	ing the year? If "Yes,	" attach				
	a statement		•		79		X
30a	Is the organization related (other than by association with a statewide or nation		-			1	
	common membership, governing bodies, trustees, officers, etc., to any other e	exempt or nonexempt					7.5
L	organization? If "Yes," enter the name of the organization ▶	•			80a		<u>X</u>
ט	-	k whether it is e	xempt or	nonexempt			
31a	Enter direct and indirect political expenditures (See line 81 instructions)	ж инсиюти в 🔲 Е	81a	Hohonompt			
<u>ь</u>					81b		X
						000	

Form	990 (2006) ADVOCATES FOR CHILDREN & 65-02546	56		Р	age 7
	art VI Other Information (continued)		\Box	Yes	No
8 2a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	je			į
	or at substantially less than fair rental value?		32a		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.	,			
	,	2b	1		ĺ
8 3a	Did the organization comply with the public inspection requirements for returns and exemption application		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	 	83b	X	35
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	·	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions				
	gifts were not tax deductible?		84b 85a		_
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	•_	95a 85b		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	·	JOD		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization and the property of the property o	tion	- 1		
_	received a waiver for proxy tax owed for the prior year Dues, assessments, and similar amounts from members	5c			į
ď		5d	ł		ĺ
e	Codion 102(0) 1000) mg and pointed oxponential or	5e	- 1		
f	Additional and a second and a s	5f	- 1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 8	· · ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		1		
	following tax year?	N/A	35h		
8 6	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	6a	- 1	ı	
b	Gross receipts, included on line 12, for public use of club facilities	6b	f		ĺ
8 7	501(c)(12) orgs Enter a Gross income from members or shareholders	7a			į
b	Gross income from other sources (Do not net amounts due or paid to other				
	Sources against amounte add or reserved normalismy	7b			: }
8 8a		r	- 1		
	partnership, or an entity disregarded as separate from the organization under Regulations sections				х
_	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	-	38a		
Þ	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	▶ 1	38ь		X
-	meaning of section 512(b)(13)? If "Yes," complete Part XI 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under		100		
89 a	section 4911 O , section 4912 O ; section 4955	0	Ī	`	ĺ
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	1	- 1		į
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attact		- 1		ĺ
	a statement explaining each transaction		89b	ĺ	X
c	Enter. Amount of tax imposed on the organization managers or disqualified				
	persons during the year under sections 4912, 4955, and 4958	D	1		
ď	Enter Amount of tax on line 89c, above, reimbursed by the organization	• 0	- 1		ĺ
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		ı		
	transaction?	· -	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance col	ntract?	B9f		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 holdi				3 -
	at any time during the year?	L.	89g		X
90 a	List the states with which a copy of this return is filed NONE				
þ	Number of employees employed in the pay period that includes March 12, 2006 (See	90Ь			2
	instructions.)	Telephone no ▶ 305-6	53.	-24	74
91a	The books are in care of ► LAURIE SLAVIN 16831 NE 6TH AVE.	relephone no P 303-0		÷. 4	, -
	Located at NORTH MIAMI BEACH, FL	ZIP+4 ▶ 33162			
L.					
þ	over a financial account in a foreign country (such as a bank account, securities account, or other financial		٢	Yes	No
	account)?		91b		X
	If " Yes," enter the name of the foreign country ▶	ľ			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Ba	nk	1		
	and Financial Accounts				
DAA			Form	990	(2006)

Form 990 (2	006) ADVOCATES FOR	CHILDREN &	:	65-02	254656			F	age 8
Part VI	Other Information (con	itinued)						Yes	No
c At any	time during the calendar year, did t	he organization maint	taın an office out	side of the United	d States?		91	С	X
If "Yes	," enter the name of the foreign cou	ntry 🕨	_						
2 Sectiò	n 4947(a)(1) nonexempt charitable t	rusts filing Form 990	in lieu of Form 1	041- Check here	;				
and er	nter the amount of tax-exempt intere	st received or accrue	d during the tax y	ear		▶ 92			
Part VII	Analysis of Income-Pro	oducing Activitie	s (See the in	structions.)					
ote: Enter	gross amounts unless otherwise		Unrelated b	usiness income	Excluded I	oy section 512, 513, or 514	_	(E) telated or	
dicated			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount		elated or	
93 Progra	ım service revenue		Business code	Amount	code	Amount		income	Gii
	OPTION SERVICE FE	es [554,	443
	ME STUDY FEES							52,	
c									
d									
е	· · · · · · · · · · · · · · · · · · ·			•					
f Medica	are/Medicaid payments								
	and contracts from government ager	ncies							
-	ership dues and assessments								
	st on savings and temporary cash in	vestments						5.	176
	nds and interest from securities								
	ntal income or (loss) from real estate	<u>.</u>							
	nanced property	- -					<u></u>		
	bt-financed property	Ţ							
	ntal income or (loss) from personal (property					-		
	investment income	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	r (loss) from sales of assets other th	an inventory				:			
	come or (loss) from special events	1217 11170111017							
	profit or (loss) from sales of invento	rv							
	revenue. a	· .							
		1							
					+ +				
<u> </u>	· · · · · · · · · · · · · · · · · · ·								
04 Subtot	al (add columns (B), (D), and (E))	 }			0	ol		612,	315
	add line 104, columns (B), (D), and	/E)\			<u> </u>	•		612,	
	05 plus line 1e, Part I, should equal	•	2 Dort I					<u> </u>	
Part VIII		ice to the Accom	onlichment of	f Evernt Du	rnosas (S	ee the instruction	26)		
Line No.	· · · · · · · · · · · · · · · · · · ·								
Line No.	Explain how each activity for v of the organization's exempt p	urposes (other than b	ov providina fund:	s for such purpos	ibutea impor ses)	tantily to the accompli	Siment		
93A	SEE ATTACHED		7		,				
93B	SEE ATTACHED						-	-	
935	CER ALIACHED								
					 				
Part IX	Information Regarding	Tavable Subsid	liaries and Di	eregarded E	ntities (S	a the instruction	10)		
Lattix	(A)	(B)	names and Di	(C)		(D)		(E)	
partn	ddress, and EIN of corporation, ership, or disregarded entity	Percentage of ownership interes	t	ure of activities		Total income	End-	-of-year ssets	
N/	A		_%						
			%						
	······································		%						
		<u></u>	%						
Part X	Information Regarding						<u>strucțio</u>	<u>ons.) </u>	
(b) Did	the organization, during the year, re the organization, during the year, pa	y premiums, directly	or indirectly, on a			al benefit contract?	\vdash	Yes X Yes X	4
Note: If	"Yes" to (b), file Form 8870 and For	m 4/20 (see instruction	ons)		, , , , , , , , , , , , , , , , , , , 			rm 990	(200
							FO	im aan	(2000

Form 990 (200			65-0254656			age 9
Part XI				only if the orga	anization	
	is a controlling organization as de	mned in section 512(b)	(13).		Ves	No
is a controlling organization as defined in s 106 Did the reporting organization make any transfers to a controlled the Code? If "Yes," complete the schedule below for each control of the Code? If "Yes," complete the schedule below for each control of controlled entity 107 Did the reporting organization receive any transfers from a control of the code? If "Yes," complete the schedule below for (A) 108 Name, address, of each controlled entity 109 Name, address, of each controlled entity 100 Did the organization have a binding written contract in effect on A rents, royalities, and annuities described in question 107 above? 108 Did the organization have a binding written contract in effect on A rents, royalities, and annuities described in question 107 above? 108 Please 109 Signature of officer 1 LAURIE SLAVIN Type or pint name and title Paid Preparer's signature 109 Preparer's signature 100 Paid Preparer's signature	a controlled entity as defined	in section 512(b)(13) of		100	~~	
the Co	de? If "Yes," complete the schedule below for	each controlled entity.			Yes (D) Amount of trans Yes (D) Amount of trans Yes Preparer's SSN or PT (See Gen Instr X)	X
		(B)	(C)	İ		
1		Employer ID Number	Description of transfer	1		ınsfer
	Controlled entity	- Humber	udisici			
а						
b						
c						
	Totals			;		
					Yes	No
512(b)						<u>X</u>
		(B) Employer ID	(C) Description of			
]		Number	transfer	A	mount of tra	nsfer
					· ·······	
a	·					
_}						
<u> </u>						
1						
	Totals					
IOS Did the	organization have a hunding written contract in	effect on August 17, 2006, c	Overing the interest		Yes	No
	-		overing the interest,			
	Under penalties of penury, I declare that I have exam	uned this return, including accomp	anying schedules and statements, a	and to the best of my	knowledge	
Please	and belief, it is true, correct, and complete Declaration	on of preparer (other than officer) i	s based on all information of which t	preparer has any kno	_ ' 1	
	Xanne Se	son		4 5	9/07	<u> </u>
_	_			Date	•	
			/			
	1 0 1 - 1 :		Date Check	_{ef} Pre	parer's SSN or	PTIN
Paid	• • • • • • • • • • • • • • • • • • • •		self-	" (Se	e Gen Instr X)	
• :	B2D SEMAG	O, CPA'S	5/02/01/ employ			
Jse Only		LEY DR STE 700			JUIL	551
	address, and ZIP + 4 TAMPA, FL			1	-229-6	300

Form **990** (2006)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

Schedule A (Form 990 or 990-EZ) 2006

2006

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number Name of the organization ADVOCATES FOR CHILDREN & 65-0254656 FAMILIES, INC. Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contrib to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Comp empi ben plans account & other than \$50 000 per week devoted to position & deferred comp allowances GINGER ALLEN PEMBROKE PINES DIRECTOR 1421 NW 122 AVE FL 33026 40 112,300 0 0 CORAL GABLES ADMIN YAKIMA PALMERO FL 33134 40 20 CALABRIA AVE 52,428 0 0 YAZMIN RODRIGUEZ MIAMI ADMIN 741 NW 35TH AVE FL 33125 40 52,428 0 0 Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation LAURIE SLAVIN NORTH MIAMI BEACH 1101 NE 181 ST FL 33162 LEGAL & ADMINIS 60,833 Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services

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

Sche	edule A (Form 990 or 990-EZ) 2006 ADVOCATES FOR CHILDREN & 65-0254656		<u> </u>	Page 2
P;	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 \$	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
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)	ic.		
a	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		x
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, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		x
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		x
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		<u> </u>
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		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete			:
b	lines 4f and 4g Did the organization make any taxable distributions under section 4966?	4a 4b		X
C	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		x
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax 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			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

		······									
rtıfy tl		eorganization is not a private foundation lurch, convention of churches, or associat			le box)						
	A sch	A school Section 170(b)(1)(A)(ii) (Also complete Part V)									
	A hos	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)									
	A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).										
	A me	dical research organization operated in c	onjunction with a hospit	al Section 170(b)(1)(A)	(iii) Enter the	hospital's name	, city,				
	and s	state 🕨 .									
		rganization operated for the benefit of a c complete the Support Schedule in Part		ed or operated by a gov	ernmental uni	t Section 170(b)(1)(A)(ıv) .				
	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 con	mmunity trust. Section 170(b)(1)(A)(vi). (A	Also complete the Suppo	ort Schedule in Part IV-	-A.)						
X	from a	ganization that normally receives. (1) mo activities related to its charitable, etc , fur gross investment income and unrelated t nization after June 30, 1975 See section	nctions-subject to certail ousiness taxable income	n exceptions, and (2) no e (less section 511 tax) f	more than 3 from business	3 1/3% of its supples acquired by the	oort				
				to the cuppert concac	ie iii rait iv-A)					
		rganization that is not controlled by any di rements of section 509(a)(3). Check the t	squalified persons (othe	er than foundation mana	gers) and othe						
		rements of section 509(a)(3). Check the t	squalified persons (other oox that describes the ty	er than foundation mana upe of supporting organi. utergrated Typ	gers) and other	erwise meets the					
	requir	rements of section 509(a)(3). Check the t	squalified persons (other oox that describes the ty	er than foundation mana upe of supporting organi. utergrated Typ	gers) and other zation e III-Other ee page 7 of th (c) is the su organization	erwise meets the	(e) Amount of support				
<u> </u>	requir	Type I Type II Provide the following inform (a)	resqualified persons (other pox that describes the ty Type III-Functionally Interest in the support of the sup	r than foundation mana rpe of supporting organi stergrated Typ rted organizations. (Se (c) Type of organization (described in lines 5 through 12 above or IRC	gers) and other zation e III-Other e page 7 of th (c) is the su organizatio the sup organizatio governing of	erwise meets the ne instructions) i) upported on listed in oporting cation's documents?	Amount of				
	requir	Type I Type II Provide the following inform (a)	resqualified persons (other pox that describes the ty Type III-Functionally Interest in the support of the sup	r than foundation mana rpe of supporting organi stergrated Typ rted organizations. (Se (c) Type of organization (described in lines 5 through 12 above or IRC	gers) and other zation e III-Other ee page 7 of th (c) is the su organization	ne instructions) d) upported on listed in upporting zation's	Amount of				
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	requir	Type I Type II Provide the following inform (a)	resqualified persons (other pox that describes the ty Type III-Functionally Interest in the support of the sup	r than foundation mana rpe of supporting organi stergrated Typ rted organizations. (Se (c) Type of organization (described in lines 5 through 12 above or IRC	gers) and other zation e III-Other e page 7 of th (c) is the su organizatio the sup organizatio governing of	erwise meets the ne instructions) i) upported on listed in oporting cation's documents?	Amount of				
	requir	Type I Type II Provide the following inform (a)	resqualified persons (other pox that describes the ty Type III-Functionally Interest in the support of the sup	r than foundation mana rpe of supporting organi stergrated Typ rted organizations. (Se (c) Type of organization (described in lines 5 through 12 above or IRC	gers) and other zation e III-Other e page 7 of th (c) is the su organizatio the sup organizatio governing of	erwise meets the ne instructions) i) upported on listed in oporting cation's documents?	Amount of				
	requir	Type I Type II Provide the following inform (a)	resqualified persons (other pox that describes the ty Type III-Functionally Interest in the support of the sup	r than foundation mana rpe of supporting organi stergrated Typ rted organizations. (Se (c) Type of organization (described in lines 5 through 12 above or IRC	gers) and other zation e III-Other e page 7 of th (c) is the su organizatio the sup organizatio governing of	erwise meets the ne instructions) i) upported on listed in oporting cation's documents?	Amount of				
	requir	Type I Type II Provide the following inform (a)	resqualified persons (other pox that describes the ty Type III-Functionally Interest in the support of the sup	r than foundation mana rpe of supporting organi stergrated Typ rted organizations. (Se (c) Type of organization (described in lines 5 through 12 above or IRC	gers) and other zation e III-Other e page 7 of th (c) is the su organizatio the sup organizatio governing of	erwise meets the ne instructions) i) upported on listed in oporting cation's documents?	Amount of				
tal	requir	Type I Type II Provide the following inform (a)	resqualified persons (other pox that describes the ty Type III-Functionally Interest in the support of the sup	r than foundation mana rpe of supporting organi stergrated Typ rted organizations. (Se (c) Type of organization (described in lines 5 through 12 above or IRC	gers) and other zation e III-Other e page 7 of th (c) is the su organizatio the sup organizatio governing of	erwise meets the ne instructions) i) upported on listed in oporting cation's documents?	Amount of				

Page 4

Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) (a) 2005 (d) 2002 (e) Total **(b)** 2004 Gifts, grants, and contributions received (Do 17,096 27,214 43,612 47,840 135,762 not include unusual grants See line 28) 16 Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 612,328 537,912 548,673 349,029 2,047,942 organization's 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 2,697 185 724 222 3,828 by the organization after June 30, 1975 Net income from unrelated business 0 activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 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 0 public without charge Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 632,121 565,311 593,009 397,091 2,187 23 Total of lines 15 through 22 19,793 27,399 44,336 48,062 24 Line 23 minus line 17 6,321 5,930 3,971 5,653 25 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a 26 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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26b c Total support for section 509(a)(1) test Enter line 24, column (e) 26c d Add Amounts from column (e) for lines 18 22 26b 26d e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f % 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: 0 (2004)(2003)(2002)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: 292,756 168,650 314,321 310,485 (2005)(2003)(2002)Add Amounts from column (e) for lines **135,762** 16 15 2,183,704 2,047,942 27c 1,086,212 1,086,212 27d d Add Line 27a total and line 27b total Public support (line 27c total minus line 27d total) 27e 1,097,492 2,187,532 ▶ 27f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 50.1703% Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 0.1750% Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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

P	Private School Questionnaire (See page 9 of the instructions.)			
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		ļ
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its		٠,	
	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?	34		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)	31		
	The rest, please acounted, in the, please explaint th you need more space, attach a separate statement.)		:	
	·			
			,	
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
_	basis?	32b		
G	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	-		
2	Students' rights or privileges?	33a	1	
a	otudents lights of privileges.	334		
b	Admissions policies?	33b		
			į	
C	Employment of faculty or administrative staff?	33c		
			l	
ď	Scholarships or other financial assistance?	33d		
_	Educational policies?	33e		
•	Ludoational policies.	336	\dashv	
f	Use of facilities?	33f	- 1	
	·			
g	Athletic programs?	33g		
			1	
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.)		.]	
	in you answered Tes to any or the above, please explain. (if you need fillote space, attach a separate statement.)			
	·]	
		- 1	1	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	Here the accompanies which have been adjusted as a state of the second		ļ	
b	Has the organization's right to such aid ever been revoked or suspended?	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 pondiscrimination? If "No." attach an explanation	35	Ī	

	chedule A (Form 990 or 990-EZ) 2006 Part VI-A Lobbying Expe							465	
		nditures by Electined ONLY by an elig					nstruc N/ A)
Ch		elongs to an affiliated gro							trol" provisions apply
	Limits	on Lobbying Expe	nditures			Affiliate	(a) ed group tals	- 1	(b) To be completed for all electing
		nditures" means amounts							organizations
	Total lobbying expenditures to influe				36				· · · · · · · · · · · · · · · · · · ·
	Total lobbying expenditures to influe		ect lobbying)		_37				
	Total lobbying expenditures (add line	es 36 and 37)			38				
	Other exempt purpose expenditures		•		39	·			
	Total exempt purpose expenditures	•			40		······		
41	Lobbying nontaxable amount Enter		-					1	
	If the amount on line 40 is-		ntaxable amount is-						
	Not over \$500,000	20% of the amount		}					
	Over \$500,000 but not over \$1,000,000	•	of the excess over \$500,0	L i					
	Over \$1,000,000 but not over \$1,500,000		of the excess over \$1,000		41		71		~
	Over \$1,500,000 but not over \$17,000,000		f the excess over \$1,500,0	000		,			
42	Over \$17,000,000	\$1,000,000	•	_					
	Grassroots nontaxable amount (ente		· 00	}	42				
	Subtract line 42 from line 36 Enter - Subtract line 41 from line 38. Enter -			}	43			-	· · · · · · · · · · · · · · · · · · ·
44	Subtract line 41 from line 36. Enter -	U- if line 41 is more than i	ine 38 .		44			L	
	Caution: If there is an amount on eit	her line 43 or line 44 you	must file Form 4720					•	· ·
	Catalon in their is an amount on the		ging Period Und	er Sectio	n 501	1/b)			
	(Some organiza	ations that made a section					re colu	mne hal	OW.
	(Come organiza	See the instructions for			-		e colui	IIIIS D e i	ow.
		CCC the manachers for							
			Lobbying Expen	ditures Du	ring 4-	Year Averaç	ging Pe	eriod	
	Calendar year (or	(a)	(b)	(c)			(d)		(e)
	fiscal year beginning in)	2006	2005	2004	4		2003		Total
			İ					İ	
	Lobbying nontaxable amount						**********		
	Lobbying ceiling amount (150% of							- 1	
	line 45(e))								
47	Total lobbying expenditures				··.··				
AQ.	Grassroots nontaxable amount		1					ł	
	Grassroots ceiling amount (150% of								
	line 48(e))								

50	Grassroots lobbying expenditures								
									
		ity by Nonelecting I	ublic Charities						
	Part VI-B Lobbying Activi			olete Part	: VI-A	.) (See pa	ge 13	of the	; instructions.)
P	Part VI-B Lobbying Activi (For reporting or	nly by organizations	that did not comp) (See pa			
. P Dur	Part VI-B Lobbying Activi (For reporting or ring the year, did the organization atte	nly by organizations mpt to influence national,	that did not comp	n, including) (See pa	ge 13 Yes	of the	Amount
. P Dur	Fart VI-B Lobbying Activi (For reporting or ring the year, did the organization atte empt to influence public opinion on a le	nly by organizations mpt to influence national,	that did not comp	n, including) (See pa			
Dur Dur	Fart VI-B Lobbying Activi (For reporting or ring the year, did the organization atte empt to influence public opinion on a le Volunteers	nly by organizations mpt to influence national, egislative matter or refere	that did not comp state or local legislation andum, through the use	on, including of		<u>) (See pa</u>		No	
Dur atte	Fart VI-B Lobbying Activi (For reporting or ring the year, did the organization atteempt to influence public opinion on a least Volunteers Paid staff or management (Include	nly by organizations mpt to influence national, egislative matter or refere	that did not comp state or local legislation andum, through the use	on, including of) (See pa		No X	
Duri atte	Fart VI-B Lobbying Active (For reporting or ring the year, did the organization attevempt to influence public opinion on a least Volunteers Paid staff or management (Include Media advertisements	nly by organizations mpt to influence national, egislative matter or refere compensation in expense	that did not comp state or local legislation andum, through the use	on, including of		.) (See pa		No X X	
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	art VII			ATES FOR CHILDREN	& 65-0254656 ons and Relationships With Noncharita	hle	F	age 7
Fi	aur Am	_	_			able		
 51	Did the ren			ee page 13 of the instruction	with any other organization described in section			
31	_				relating to political organizations?			
а		•		noncharitable exempt organization	- · ·		Yes	No
-	(i) Cash		iization to a	nonchamable exempt organization	0.1	51a(i)	162	X
	• •	r assets			• • • • • • • • • • • • • • • • • • • •	a(ii)	 	X
b	Other trans				·	4(11)		-
_			ts with a no	ncharitable exempt organization		b(i)	ŀ	x
				ole exempt organization		b(ii)		X
		al of facilities, equipme		•		b(iii)		X
		bursement arrangeme			•	b(iv)		X
		s or loan guarantees				b(v)		X
	(vi) Perfo	rmance of services or	membership	o or fundraising solicitations	•	b(vi)		X
C	Sharing of	facilities, equipment, m	ailing lists, d	other assets, or paid employees		С		X
d	If the answe	er to any of the above i	s "Yes," cor	nplete the following schedule Colu	mn (b) should always show the fair market value o	f the		
	goods, othe	er assets, or services g	iven by the	reporting organization If the organi	zation received less than fair market value in any			
	transaction	or sharing arrangemer	nt, show in c	olumn (d) the value of the goods, o	ther assets, or services received:			
	(a)	(b)	Ì	(c)	(d)			
	Line no	Amount involved	Name o	of noncharitable exempt organization	Description of transfers, transactions, and shann	g arrange	ments	
	/=	 						
<u>N</u>	/A							
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52a	Is the organ	nization directly or indire	ectly affiliate	ed with, or related to, one or more to	ex-exempt organizations			
		•	-	than section 501(c)(3)) or in section	· · · · · ·	· Ye	s X	No.
b		mplete the following sci	-	· · · · · · · · · · · · · · · · · · ·				,
		(a)		(b)	(c)			
		Name of organization		Type of organization	Description of relationship			
]	N/A							
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Federal Statements

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Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description		Total Expenses		Program Service	_	Mgt & General	1	Fund- Raising
	\$		\$		\$		\$	
EXPENSES								
BIRTH MOTHER EXPENSES		129,191		129,191				
CONTRACT SERVICES		71,531		59,281		12,250		
ADVERTISING		58,952		58,952				
OFFICE SUPPLIES AND EXPENSES		16,700		13,360		3,340		-
HOME STUDY EXPENSES		23,173		23,173				
INSURANCE		27,778				27,778		
REPAIRS & MAINTENANCE		7,314				7,314		
DUES & SUBSCRIPTIONS		2,455		2,455		·		
SEMINARS AND TRAINING		400		400		1		
UTILITIES		2,795				2,795		
BOOKS AND JOURNALS		944		944				
ACCREDITATION COSTS	_	8,805		8,805				
TOTAL	\$_	350,038	\$_ _	296,561	\$_	53,477	\$	0

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Statement 3 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description	 Beginning of Year	_	Accum Deprec	End of Year	-	Accum Deprec
BUILDING OFFICE EQUIPMENT FURNITURE & FIXTURES LAND	\$ 142,113 22,758 8,462 20,750	\$	40,462 \$ 16,226 7,686	142,113 22,758 8,462 20,750	\$	44,105 18,941 7,983
TOTAL	\$ 194,083	\$	64,374 \$	194,083	\$	71,029

Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities

Description		End of Year			
MORTGAGE PAYABLE CAPITAL LEASE OBLIGATION	\$	14,635 3,832	\$	4,188 2,454	
TOTAL	\$	18,467	\$	6,642	

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Part III - Statement of Program Service Accomplishments

a. Pregnancy and Adoption Counseling

ACF provided free pregnancy counseling and adoption information to 93 pregnant women and their families, and to over 169 prospective adoptive families. The services provided to birth mothers included the counseling necessary to make an educated decision about their parenting plan. It included information to assist them with housing, medical care and referral to available community resources for financial assistance and parenting classes. Prospective adoptive parents received counseling on the legal, financial and emotional components of the adoption process, and referral to other agencies and organizations, where appropriate. The value of professional staff time to provide this information and counseling to birth and adoptive parents was \$13,100

b. Placement of Children for Adoption

In 2006, ACF placed 21 children for adoption. ACF provided financial assistance to families accepting hard to place children or for whom the scheduled fees were prohibitive. Approximately 34% of ACF's placements involved clients for whom fees were reduced or waived. Waived fees totaled over \$50,000.00.

c. Direct Payment for Pre and Post natal Care of Indigent Women and Children

ACF made direct payment to outside providers for pre-natal care of pregnant women, including counseling, medical and living expenses. (Birth mother expenses: \$129,191)

d. Home Studies for Prospective Adoptive Parents:

ACF conducted home studies for thirty one (31) prospective adoptive families. (Home Study Expenses: \$23,173)

e. Foster Care

ACF maintained a licensed family foster home providing temporary care to children pending permanent placement. (Expenses included in paragraph c.)

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Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes

Line 93a - Adoption Service Fees - ACF's adoption services allow the agency to provide to the children entrusted to its responsibility the best medical care available, competent nurturing homes, and prompt attention to permanency planning in every instance. These purposes are accomplished by providing birth parents the appropriate counseling, housing, and medical care to ensure that theirs and the child's health and well-being are protected. Service fees that were used for direct payment to outside providers for counseling and pre-natal care reduced the state's responsibility for such care dollar for dollar. By providing timely and appropriate legal representation of the child for the purpose of securing judicial termination of birth parents' rights, the agency is able to ensure expeditious permanent placement of the child in a nurturing and functional family environment.

ACF's fee waiver and reduction policy allow it to accomplish a primary goal of finding a suitable home for each and every child, including special needs children.

Line 93b - <u>Home Study Fees</u> - By providing the proper interviewing, screening and counseling of adoptive parents via the home study process, ACF is able to evaluate the suitability of the adoptive family, including their expected nurturing capabilities and proposed home environment to be offered to the child. This helps to ensure that the health and well being of children surrendered for placement in a permanent home is protected via pre-screening by licensed mental health professionals.