Department of the Treasury

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 requirement

OMB No 1545-0047

A		2007 ca	elendar year, or tax year beginning 2/01/07, and ending 1/31		mems	1,74.70		4603441
В				., 00	n ,			
h	Check if a		(DO			Employer iden		
닏	Address c	hange	label or AMERICAN INTERNATIONAL ADDESSOR			<u>31-153</u>		
	Name cha	enge	print or AGENCY INCORPORATED			Telephone n		
П	Initial retu	m	Number and street (or P O box if mail is not delivered to street address) See 70.45 COTINITY TIME BOAD	Room/suite		<u>330-84</u>		56
Ħ	Tormination		Specific 7043 COONTI HINE ROAD			Accounting m	ethod:	Cash
\exists	Termination	on	Instruc- City or town, state or country, and ZIP + 4		X A	Accrual _	Other (specify)
\sqcup	Amended	return	tions. WILLIAMSFIELD OH 44093		<u> </u>			
\sqcup	Applicatio	in pending	1111 -	and I are not applicable to se	ection 5	27 organizati	ons	
			trusts must attach a completed Schedule A (Form 990 or 990-EZ).	 a) Is this a group return for 	affiliate	∍s? [Yes	X No
<u>G</u>	Websit	te: 🤨 n	./a H(b) If "Yes," enter number o	f affiliate	es ▶	_	_
J	Organi	ization ty		C) Are all affiliates included	12	Į	Yes	∐ No
_	(check	only one)) ► X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	(If "No," attach a list. See inst	tructions))		
Κ	Check h	nere 🕨	If the organization is not a 509(a)(3) supporting organization and its gross	d) Is this a separate return	filed by	an ,	_	_
	receipts	are norma	ally not more than \$25,000 A return is not required, but if the organization chooses	organization covered by	a grou	p ruling?	Yes	No
	to file a	return, be s	sure to file a complete return	Group Exemption Nu				
				Mi Check 🕨 🗓 if the	-		•	
********	************		Add lines 6b, 8b, 9b, and 10b to line 12 > 166,539	to attach Sch B (For			r 990-PF)
	art I		venue, Expenses, and Changes in Net Assets or Fund Balan	ces (See the instru	<u>iction</u>	<u>s.)</u>		
	1	Contribu	utions, gifts, grants, and similar amounts received					
	ුරු a	Contribu	utions to donor advised funds 1a		4			
	\mathbb{Q}^{b}	Direct po	ublic support (not included on line 1a)		_			
	ANNE	Indirect	public support (not included on line 1a)		_			
	≥ d	Governn	ment contributions (grants) (not included on line 1a)		_			
	e e	Total (ad	dd lines 1a through 1d) (cash \$ noncash \$)	1e	<u> </u>		0
	2	Program	n service revenue including government fees and contracts (from Part VII, line 9	3)	2		<u> 166</u>	<u>,539</u>
	≧ 3	Member	rship dues and assessments		3			_
	-74	Interest	on savings and temporary cash investments		4			
	5	Dividend	ds and interest from securities		5			
,	6a	Gross re	ents 6a		_			
ģ	200а		ental expenses 6b		_	1		
Č	₹ C		al income or (loss) Subtract line 6b from line 6a		<u>6c</u>	<u> </u>		
φ	7		vestment income (describ		7	- 		
Revenue	8a		mount from sales of assets other (A) Secunties	(B) Other	4			
8	l .	than inve			4			
_	b		ost or other basis and sales expenses 8b		4	1		
	C		(loss) (attach schedule)		4	į		
	d	_	n or (loss) Combine line 8c, columns (A) and (B)	. 🗂	<u>8d</u>			
	9		events and activities (attach schedule) If any amount is from gaming, check he	rr 🕒				
	a		evenue (not including \$ of					
	_		tions reported on line 1b)		-			
	b		rect expenses other than fundraising expenses 9b		⊣			
	10a		ome or (loss) from special events. Subtract line 9b from line 9a ales of inventory, less returns and allowances		9c			
	l .		ost of goods sold 10b		-			
	b		<u> </u>		ا ₄٫٫			
	11	-	rofit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line evenue (from Part VII, line 103)	ie iva	10c			
	12		venue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	257	11		166	,539
	13			7.20	13			,899
88	14	•	n services (from line 44, column (B)) ment and general (from line 44, column (C))	10	14			,444
9US	15	-	sing (from line 44, column (D))	2008 181	15			
Expenses	16		nts to affiliates (attach schedule)	0)	16			
ш	17	•	rpenses. Add lines 16 and 44, column (A)	<u> </u>	17		182	,343
B	18		or (deficit) for the year Subtract line 17 from line 12	<u> </u>	18			,804
330	19		ets or fund balances at beginning of year (from line 73, column (A))		19			,738
Net Assets	20		nanges in net assets or fund balances (attach explanation)		20			
ž	21		ets or fund balances at end of year Combine lines 18, 19, and 20		21		-110	,542
For	1	y Act and	Paperwork Reduction Act Notice, see the separate					0 (2007)
DAA		13.				ر بر		20

617

Part II All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Statement of Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising services and general 6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule) non-cash \$_ (cash \$ If this amount includes foreign grants, check here 22a 22b Other grants and allocations (attach schedule) non-cash \$_ 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 employees, etc. listed in Part V-A 25a **b** Compensation of former officers, directors, key employees, etc. listed in 25b Part V-B c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not included 34,902 34,902 on lines 25a, b, and c 26 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 25a - 2728 3,022 3,022 29 Payroll taxes 29 30 Professional fundraising fees 30 31 Accounting fees 31 32 Legal fees 32 33 33 Supplies 34 Telephone 1,934 1,934 34 35 Postage and shipping 35 36 Occupancy 36 37 Equipment rental and maintenance 37 38 Printing and publications 38 39 39 Travel Conferences, conventions, and meetings 40 41 41 Interest 42 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses not covered above (itemize) 142,485 120,041 22,444 See Statement 1 а 43a h 43b C 43c d 43d 43e 8 43f 43g 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 182,343 159,899 22,444 0 13-15) Joint Costs. Check ▶ I If you are following SOP 98-2 Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (I) the aggregate amount of these joint costs\$, (II) the amount allocated to Program services \$ (iii) the amount allocated to Management and genera\$, and (iv) the amount allocated to Fundraising\$

				INTERNATI			31-1533			Page 3
Pa	ert III •	Statemer	nt of P	rogram Servic	e Accompl	i shments (See	the instruction	s)		
artic n its	cular orga s return 1	nization How	the pub ase mak	lic perceives an orç	ganization in si	uch cases may be o	•	ormation about a nformation presented I, the organization's		
ll or	See S rganizatio ents serv	tatement ns must desc ed, publication	nt 2 ribe their ns issued	d, etc. Discuss achi	evements that	are not measurable	se manner State the (Section 501(c)(3)	3) and (4)		Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	INTE INTE POSI	RNATION	IAI IAI	ADOPTION O ADOPTION S	OF CHILE SERVICES	OREN. ENGA S AND PERF HER RELATE	GARD TO T GES IN ORMS HOME D ADOPTIO	STUDIES. N		
b	<u>Grants ar</u>	nd allocations	\$)	If this amou	int includes foreign	grants, check here ▶	<u> </u>	159,899
c (Grants ar	nd allocations	\$)	If this amou	ınt ıncludes foreign	grants, check here ▶	. П	
d d	Grants ar	nd allocations	\$)	If this amou	int includes foreign	grants, check here 🕨	. []	

If this amount includes foreign grants, check here

If this amount includes foreign grants, check here

159,899 Form **990** (2007)

(Grants and allocations \$

e Other program services (attach schedule)

(Grants and allocations \$) If this amount inclu

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

<u> </u>	<u>art IV</u>	Balance Sneets (See the Instructions.)	<u> </u>				
	Note:	Where required, attached schedules and amounts with 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			4,201	45	32,261
	46	Savings and temporary cash investments			46		
		Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a			40-	
	49	Less allowance for doubtful accounts Grants receivable	48b			48c	
	50a	Receivables from current and former officers, directors	e truete	age and		43	
	""	key employees (attach schedule)	s, truste	,03, 4114		50a	
	Ь	Receivables from other disqualified persons (as define	ed unde	r section 4958(f)(1)) and		-	
		persons described in section 4958(c)(3)(B) (att sched				50b	
	51a	Other notes and loans receivable (attach	•				
_		schedule)	51a	_			
Assets	b	Less allowance for doubtful accounts	51b			51c	
As	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			10,474	53	8,319
	54a	Investments—publicly-traded securities		Cost FMV		54a	
	b	Investments—other secunties (attach schedule)		Cost FMV		54b	
	55a	Investments—land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach					
		schedule)	55b			55c	
	56	Investments—other (attach schedule)	, ,			56	
	57a	Land, buildings, and equipment basis	57a	5,820			
	b	Less accumulated depreciation (attach		5 0.60	T.60		4.55
		schedule) See Statement 3	57b	5,363	762	57c	457
	58	Other assets, including program-related investments					
	59	(describe ► Total assets (must equal line 74) Add lines 45 throug	15,437	58 59	41,037		
	60	Accounts payable and accrued expenses		109,459	60	140,629	
	61	Grants payable			200/100	61	
	62	Deferred revenue				62	
ຜ	63	Loans from officers, directors, trustees, and key emplo	ovees (a	attach			
Liabilities		schedule)	,			63	
abi	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe > See Statement	it 4) [716	65	10,950
	66	Total liabilities. Add lines 60 through 65			110,175	66	151,579
			nd com	plete lines			
		67 through 69 and lines 73 and 74					
8	67	Unrestricted		į		67	
auc	68	Temporarily restricted		_		68	
Bal	69	Permanently restricted	_	Ļ		69	
힡	Orga	nizations that do not follow SFAS 117, check here ▶	• X	and			
Net Assets or Fund Balances		complete lines 70 through 74		}	اممه به		4 400
Š.	70	Capital stock, trust principal, or current funds	_	· .	1,496		1,496
sset	71	Paid-in or capital surplus, or land, building, and equipment		Г	_06_034	71	_110_030
t As	72	Retained earnings, endowment, accumulated income,			-96,234	72	-112,038
Ž	73	Total net assets or fund balances. Add lines 67 through 72 (Column (A) must equal line 10 and so	-				
		70 through 72 (Column (A) must equal line 19 and co equal line 21)	numn (t	o) must	-94,738	73	-110,542
	74	Total liabilities and net assets/fund balances. Add li	ines 66	and 73	15,437		41,037
		Dalanos Add II			_5,.5,		

Forn	n 990 (2007)	AMERICAN	INTERNATIONAL ADOPTION	31-15337	50			Page 5
P	art IV-A	Reconciliatio instructions.)	n of Revenue per Audited Financial	Statements With Re	evenue per	Ret	urn (See t	
— а	Total revenue		support per audited financial statements			a	Τ	166,539
b			not on Part I, line 12		Ì		<u> </u>	
1		ed gains on investm	· ·	b1				
2		vices and use of fac		b2				
3		of prior year grants		b3				
4	Other (specif							
•	c. (opco	.,,		b4				
	Add lines b1	through b4		L <u></u> l		ь	1	
С		b from line a			ŀ	c		166,539
d			e 12, but not on line a:		ļ.			
1			ed on Part I, line 6b	d1				
2		•		4.				
Ī	J (OPJJ	.,,		d2			1	
	Add lines d1	and d2		<u> </u>		d		
e		ie (Part I, line 12) /	Add lines c and d		▶ أ			166,539
P	art IV-B		n of Expenses per Audited Financia	I Statements With E	xpenses pe			
<u>а</u>	Total expens		audited financial statements			а		182,343
b	•	luded on line a but			Ì			
1	Donated serv	vices and use of fac	cilities	b1			1	
2		justments reported		b2				
3	-	rted on Part I, line 2		b3	- · · · · · · · · · · · · · · · · · · ·			
4	•	•					1	
	(•		b4				
	Add lines b1	through b4			·	b	Ì	
С		b from line a			Ì	C		182,343
d			e 17, but not on line a:		1	-		
1		· ·	ed on Part I, line 6b	d1				
2		•						
		,,		d2				
	Add lines d1	and d2		L		d		
е	Total expens	ses (Part I, line 17)	Add lines c and d		▶ [е		182,343
P	art V-A		ers, Directors, Trustees, and Key En	nployees (List each per	son who was a	n offi	cer, director,	trustee,
			at any time during the year even if they were no				, ,	•
		1 (A)	Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enti- -0)	er e	Contributions to mployee benefit lans & deferred mpensation plans	(E) Expense account and other allowances
A	LEX ROKAKIS		ROCKY RIVER	TRUSTEE		1	- STIPSON IN STREET	
2	2655 LARAMI	E DRIVE	OH 44116	0		اه	0	o
	ILLIAN R. T		BROADVIEW HTS	TRUSTEE	İ	1		
		GERTON ROAD	OH 44147	0		٥	0	o
M	ARGARET A C	OLE	NORTH ROYALTON	TRUSTEE		1		

(A) Name and address		(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ALEX ROKAKIS	ROCKY RIVER	TRUSTEE			
22655 LARAMIE DRIVE	OH 44116	0	0	0	0
LILLIAN R. TOMARO	BROADVIEW HTS	TRUSTEE			
2498 WEST EDGERTON ROAD	OH 44147	0	0	0	0
MARGARET A COLE	NORTH ROYALTON	TRUSTEE			
9800 BOSTON ROAD	ОН 44133	0	0	0	0
LUCILLE LOGAN	WILLIAMSFIELD	PRESIDENT			
7045 COUNTY LINE ROAD	OH 44093	0	31,200	0	0
DAVID A. WHYTE	GREENVILLE	TREASURER			
14 RIDGE AVENUE	PA 16134	0	0	0	оо
		ļ		<u></u>	
					<u> </u>

Form	990 (2007)	AMERICAN INTERNATIONAL ADO	PTION	31-1533	750			Р	age 6
Pa	nt V-A	Current Officers, Directors, Trustees, and	Key Employ	ees (continued)			Yes	No
75a	Enter the to	otal number of officers, directors, and trustees permitted t	to vote on organ	nization business at	board				
b	•	icers, directors, trustees, or key employees listed in Form	990, Part V-A,	or highest compens	sated				
	employees	listed in Schedule A, Part I, or highest compensated prof	fessional and of	ther independent					
		listed in Schedule A, Part II-A or II-B, related to each oth	_	•					
	relationship	os? If "Yes," attach a statement that identifies the individu	ials and explain	s the relationship(s)			75b		X
С	•	cers, directors, trustees, or key employees listed in Form		-					
		ed employees listed in Schedule A, Part I, or highest com							
		nt contractors listed in Schedule A, Part II-A or II-B, receiv			. .				
		ns, whether tax exempt or taxable, that are related to the	organization	see the instructions	tor		750		X
		on of "related organization " each a statement that includes the information described i	in the instruction	ne			75c		
d	•	rganization have a written conflict of interest policy?	in the instruction	15			75d		X
	irt V-B	Former Officers, Directors, Trustees, and	Kev Employ	ees That Recei	ived Comp	ensation or (Ben	
		(If any former officer, director, trustee, or key employee			•				
		person below and enter the amount of compensation or					•		
		(A) November of addition		(7)	(C) Compensation	(D) Contributions to) Expe	
		(A) Name and address		(B) Loans and Advances	(if not paid, enter -0-)	employee benefit plans & deferred compensation plans		ount and	
N/	A								
				***			+		<u> </u>

	 _						+		
							+		
							_		
Pε	nt VI	Other Information (See the instructions.)				·		Yes	No
76	_	anization make a change in its activities or methods of co	onducting activit	lies? If "Yes," attach	а				7.7
		atement of each change					76		X
	Were any o	changes made in the organizing or governing documents	but not reported	to the IRS?			77		
77		the state of the s							
	If "Yes," att	tach a conformed copy of the changes)O dumm		L			1 1	
	If "Yes," att Did the org	anization have unrelated business gross income of \$1,00	00 or more durir	ng the year covered	by		702		¥
78a	If "Yes," att Did the org this return?	anization have unrelated business gross income of \$1,00	00 or more durir	ng the year covered	by		78a		x
78a b	If "Yes," att Did the org this return? If "Yes," ha	anization have unrelated business gross income of \$1,000 or site o					78a 78b		X
78a b	If "Yes," att Did the org this return? If "Yes," ha Was there	anization have unrelated business gross income of \$1,00 or sit filed a tax return on Form 990-T for this year? a liquidation, dissolution, termination, or substantial contr					78b		x x
78a b 79	If "Yes," att Did the org this return? If "Yes," ha Was there a statemen	anization have unrelated business gross income of \$1,000 per section in the section of the secti	raction during th	ne year? If "Yes," att	ach				
	If "Yes," att Did the org this return? If "Yes," ha Was there a statemen Is the organ	anization have unrelated business gross income of \$1,00 or sit filed a tax return on Form 990-T for this year? a liquidation, dissolution, termination, or substantial contr	raction during th	ne year? If "Yes," att	ach		78b		
78a b 79	If "Yes," att Did the org this return? If "Yes," ha Was there a statemen Is the organ	anization have unrelated business gross income of \$1,000 per sit filed a tax return on Form 990-T for this year? a liquidation, dissolution, termination, or substantial control to the substantial control to the substantial control to the substantial control to the substantial control that the substantia	raction during th	ne year? If "Yes," att	ach		78b		
78a b 79 80a	If "Yes," att Did the org this return? If "Yes," ha Was there a statemen Is the organ common m organizatio	anization have unrelated business gross income of \$1,000 per sit filed a tax return on Form 990-T for this year? a liquidation, dissolution, termination, or substantial control to the substantial control to the substantial control to the substantial control to the substantial control that the substantia	raction during th	ne year? If "Yes," att	ach		78b 79		x
78a b 79 80a	If "Yes," att Did the org this return? If "Yes," ha Was there a statemen Is the organ common m organizatio	anization have unrelated business gross income of \$1,000 is it filed a tax return on Form 990-T for this year? a liquidation, dissolution, termination, or substantial control to the	raction during th	ne year? If "Yes," att organization) throught of or nonexempt	ach gh	nexempt	78b 79		x
78a b 79 80a	If "Yes," att Did the org this return? If "Yes," ha Was there a statemen Is the organ common m organizatio If "Yes," en	anization have unrelated business gross income of \$1,000 is it filed a tax return on Form 990-T for this year? a liquidation, dissolution, termination, or substantial control to the	raction during the or nationwide any other exemple and check who	ne year? if "Yes," attended or ganization) throught or nonexempt	ach gh	nexempt O	78b 79		x

******	990 (2007) , AMERICAN INTERNATIONAL ADOPTION 31-1533750			Page 7
	of Vi. Other Information (continued)	1	Yes	No
82a		00-		x
h	or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this	82a		<u> </u>
	amount as revenue in Part I or as an expense in Part II			1
	(See instructions in Part III)			
83a		83a	x	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
_	gifts were not tax deductible?	84b		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		\vdash
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		$\overline{}$
	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			
С	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d	1		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	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 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) orgs 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			
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)			
88a	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	l		
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a	(A)			
_	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
Ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	89ь		x
С	a statement explaining each transaction Enter Amount of tax imposed on the organization managers or disqualified	690		-
·	persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
-	transaction?	89e	1	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		x
90a	List the states with which a copy of this return is filed ▶			
b	Number of employees employed in the pay period that includes March 12, 2007 (See			
	instructions)			1
91a	The books are in care of ▶ COLAGIOVANNI & GREENE Telephone no ▶ 440-	-729	-82	84
	7840 MAYFIELD ROAD			
	Located at ▶ CHESTERLAND, OH ZIP+4▶ 44026			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b	<u> </u>	X
	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			
	and Financial Accounts	<u> </u>		<u></u>

	07) AMERICAN INTE	RNATIONAL A	ADOPTION	31-1	.533750			Page 8
Part VI	Other Information (cor	ntinued)					Y	es No
•	time during the calendar year, did t	•	tain an office outs	side of the United	d States?		91c	X
	" enter the name of the foreign cou	=						_
	4947(a)(1) nonexempt charitable	-			e	. 1 1		▶ [
	ter the amount of tax-exempt intere					▶ 92		
Part VII	Analysis of Income-Pr	oducing Activitie	es (See the in	istructions.)				
_	ross amounts unless otherwise		Unrelated b	usiness income	r	by section 512, 513, or 514	(E) Related	d or
dicated			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	exempt fu	
	m service revenue				code		incom	
a Pro	ogram Service Rev	enue					166	5,539
ь								
c					\perp			
d					+			
θ								
f Medica	re/Medicaid payments							
_	nd contracts from government age	ncies						
	ership dues and assessments							
	t on savings and temporary cash ir	nvestments	_					
	ids and interest from securities							
	ital income or (loss) from real estat	e						
	nanced property							
	ot-financed property							
8 Net ren	ital income or (loss) from personal	property						
9 Other ii	nvestment income							
	r (loss) from sales of assets other t	han inventory						
	ome or (loss) from special events							
02 Gross (profit or (loss) from sales of invento	ory			\rightarrow			
03 Other r	evenue a							
b								
			-					
d								
			-		_		1.00	
	al (add columns (B), (D), and (E))		LL		0	0		5,539
-	add line 104, columns (B), (D), and	, ,,				▶		5,539
	05 plus line 1e, Part I, should equa			(F		46		
Part VIII	Relationship of Activit							
Line No.	Explain how each activity for of the organization's exempt p					tantly to the accompli	ishment	
N/A	or the organization of exempt,	outposse (other than I	oy providing fands	7 TOT GUOTI PUIPOS				
H/A	 					<u> </u>		
	 							
								
Part IX	Information Regarding	Taxable Subsic	liaries and Di	sregarded Fi	ntities (S4	ee the instruction	<u></u>	
	(A)	(B)		(C)	intities (O)	(D)	(E)	
Name, ad	ddress, and EIN of corporation, ership, or disregarded entity	Percentage of ownership interes		ire of activities		Total income	End-of-ye assets	
N/Z		- CWITCH STILL INCOME.	%					
			%					
	 -		%				-	
			%					
Part X	Information Regarding	Transfers Asso		ersonal Ben	efit Contr	acts (See the ins	structions	<u>, </u>
	he organization, during the year, re							
	he organization, during the year, pa	· · · · · · · · · · · · · · · · · · ·	•		-	_ Jonesia Contract		X No
	Yes" to (b), file Form 8870 and Fo	•	-	. 25.00 00			□ .55	۰ ت
	. co to told inc i only core and i o	Tree loce monder	101101				Form 9	90 (2007

Form 990 (20			31-1533750	Page 9
Part XI	Information Regarding Transfer			the organization
	is a controlling organization as d	etined in section 512(b)	(13).	- IV I N-
106 Did th	ne reporting organization make any transfers to	a controlled entity as defined	in section 512(b)(13) of	Yes No
	code? If "Yes," complete the schedule below for	•	555 512(5)(15) 5.	x
	(A)	(B)	(C)	
	Name, address, of each	Employer ID	Description of	(D) Amount of transfer
	controlled entity	Number	transfer	Allount of transfer
a				
b				
С				
	Totals			-
				Yes No
107 Did th	ne reporting organization receive any transfers	from a controlled entity as def	ined in section	
512(b	o)(13) of the Code? If "Yes," complete the scheen			X
	(A) Name, address, of each	(B) Employer ID	(C) Description of	(D)
	controlled entity	Number	transfer	Amount of transfer
a				
Ь				
+				
С				
	.,,			
	Totals			
108 Did th	ne organization have a binding written contract	un effect on August 17, 2006, c	covering the interest	Yes No
	, royalties, and annuities described in question		overing the interest,	
	Under penalties of perjury, I declare that I have exa	mined this return, including accomp	panying schedules and statements, and to the	e best of my knowledge
Please	and belief, it is true, correct, and complete Declara	tion of preparer (other than officer)	is based on all information of which preparer	has any knowledge
Sign	I Tuale Log	un		
Here	Signature of officer AUCILE LOGAN			oate
	Type or pnnt name and title		EXECUTIVE DIRECT	<u> </u>
			Date Check if	Preparer's SSN or PTIN
Paid	Preparer's signature BRIAN R. GREENE			
Preparer's	Colagiova	ani / Gree		
Use Only	if self-employed).			
	address, and ZIP + 4 Chester at	nd, OH 44		

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

Sunniamentary information/See senarate instructions)

2007

Schedule A (Form 990 or 990-EZ) 2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Supplementary Information-(See separate instructions.)

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

Employer Identification number AMERICAN INTERNATIONAL ADOPTION AGENCY INCORPORATED 31-1533750 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 (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation empl benefit plans & deferred comp account and other than \$50,000 per week devoted to position allowances NONE 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 NONE Total number of others receiving over \$50,000 for professional services Part II-B 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 (c) Compensation (b) Type of service 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	dule A (Form 990 or 990-EZ) 2007 AMERICAN INTERNATIONAL ADOPTION 31-1533750		F	Page 2
Pa	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 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)			
а	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		x
С	Furnishing of goods, services, or facilities?	2c		x
đ	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990	2d	x	
е	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		x
С	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 lines 4f and 4g	4a		x
b	Did the organization make any taxable distributions under section 4966?	4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
0	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		0	1
9	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pa	ırt l	V	Reason for Non-Private Found	ation Status (See	pages 4 through 8	B of the inst	tructions.)	
cerl	ify th		organization is not a private foundation burch, convention of churches, or association	•		le box)		
6			nool Section 170(b)(1)(A)(ii) (Also comple		((2)()()			
7	П			·	h\/4\/A\/\			
			spital or a cooperative hospital service org					
8		A fed	leral, state, or local government or governi	mental unit Section 170	D(b)(1)(A)(v)			
9	Ш	A me	dical research organization operated in co	injunction with a hospita	al Section 170(b)(1)(A)	(III) Enter the	hospital's nam	e, city,
		and :	state >					
10			rganization operated for the benefit of a co complete the Support Schedule in Part I		ed or operated by a gov	ernmental uni	t Section 170(b)(1)(A)(ıv)
11a			rganization that normally receives a substant)(1)(A)(vi) (Also complete the Support S		from a governmental u	nit or from the	general public	Section
1b		A co	mmunity trust Section 170(b)(1)(A)(vi) (A	so complete the Suppo	ort Schedule in Part IV	-A)		
12	X	from from	rganization that normally receives (1) mor activities related to its charitable, etc., fun- gross investment income and unrelated be nization after June 30, 1975. See section 5	ctions-subject to certain usiness taxable income	exceptions, and (2) no (less section 511 tax)	more than 3 from business	3 1/3% of its supes acquired by t	port
3			rganization that is not controlled by any dis rements of section 509(a)(3) Check the b				erwise meets the	е
			Type I Type II	Type III-Functionally Inf	tegrated Typ	e III-Other		
			Provide the following inform	ation about the suppor	rted organizations. (Se	ee page 8 of th	ne instructions)	
			(a)	(b)	(c)	(0	d)	(e)
		Name	(s) of supported organization(s)	Employer	Type of	Is the su	pported	Amount of
				identification	organization	organizati	on listed in	support
				number (EIN)	(described in lines	the sup	porting	
					5 through 12	organiz	zation's	
					above or IRC	_	documents?	
					section)			
						Yes	No	
						169	NO	
				· · · · · · ·				
								
		_						
_								
ota	1				l		•	

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

	: You may use the worksheet in the instru				-			
	idar year (or fiscal year beginning in)	(a) 2006	(b) 2005	<u> </u>	(c) 2004	(d) 2003		(e) Total
15	Gifts, grants, and contributions received (Do			İ			1	•
	not include unusual grants. See line 28.)							0
16	Membership fees received							0
17	Gross receipts from admissions, merchandise						i	
	sold or services performed, or furnishing of					!		
	facilities in any activity that is related to the	4- 4-				:		
	organization's chantable, etc , purpose	45,916						45,916
18	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 June 30, 1975	4						4
19	Net income from unrelated business activities not included in line 18							0
20	Tax revenues levied for the organization's							
	benefit and either paid to it or expended on							
	its behalf							0
21	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.							0
22	Other income Attach a schedule Do not							
	include gain or (loss) from sale of capital assets							0
23	Total of lines 15 through 22	45,920						45,920
24	Line 23 minus line 17	4						4
25	Enter 1% of line 23	459						
26	Organizations described on lines 10 or		amount in colu	mn (e), line 24		•	26a	0
b	Prepare a list for your records to show th					·		
-	governmental unit or publicly supported		•	•				
	amount shown in line 26a Do not file th	=	-	_		_	26b	
c	Total support for section 509(a)(1) test E	-		0. 4 (000 0	ACCOC GITTOGING		26c	
ď	Add Amounts from column (e) for lines	18				•		
_	7 (a) 7 (m) a m a m a m (a) 10 m m a m	22	6 26b			•	26d	
	Public support (line 26c minus line 26d to	-				•	26e	
f	Public support percentage (line 26e (n	•	line 26c (deno	minator))		•	26f	
27		a For amounts inclu	•		at were receive	d from a "disqua	 -	
	person," prepare a list for your records to					•		on "
	Do not file this list with your return. En	•			,			
	· · ·	005)	0	(2004)		0 (2003)	0
b	For any amount included in line 17 that v	•	n nerson (other		ied persons") i	•	•	
-	show the name of, and amount received							
	(Include in the list organizations describe			_				
	the difference between the amount recei	-		-		•		
	amounts) for each year	•		() () ()				
		005)	0	(2004)		0 (2003)	0
С	Add Amounts from column (e) for lines	15	16	` ,		`	•	
	17 45,9		21			•	27c	45,916
d	Add Line 27a total	and line 27b				•	27d	
е	Public support (line 27c total minus line 2				"	•	27е	45,916
f	Total support for section 509(a)(2) test E		23, column (e)	•	27f	45,920		
g	Public support percentage (line 27e (n					•	27g	99.9913%
h		•	•		minator))	•	27h	0.0087%
28	Unusual Grants: For an organization de					2003 through 2	2006.	
	prepare a list for your records to show, for			•	•	•		
	description of the nature of the grant Do							

Page 5

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)

	(10 be completed 5.12. b) comode that encouned the box on this city		r	1
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		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30	ļ	ļ
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		
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		<u> </u>
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)			
	Book the course of the food of the course of			
33	Does the organization discriminate by race in any way with respect to			
_	Chindental makta an armula and O	222		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
	Admissions policies.	335		
c	Employment of faculty or administrative staff?	33c		
•	Employment of tabally of administrative stati	-		
d	Scholarships or other financial assistance?	33d		
_		1		
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)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>
_				
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			
	Done the consequence and full all the consequences and the consequences of the consequ			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			1
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	L	

Sch	nedule A (Form 990 or 990-EZ) 2007 A	MERICAN IN	TERNATIONAL	ADOPT	ION	31	<u>-15</u>	<u>337</u>	50 Page 6
F	/art VI-A Lobbying Expend (To be completed	•	_		_		struct N/A		
Che	eck ▶ a If the organization below								trol" provisions apply
<u> </u>		Lobbying Expe		<u> </u>	, ou o	(a Affiliated tota	1)		(b) To be completed
	(The term "expendi	tures" means amour	its paid or incurred)			tota	als		for all electing organizations
36	Total lobbying expenditures to influence				36				
	Total lobbying expenditures to influence	· · · · · · ·	- - -		37	-			
38	Total lobbying expenditures (add lines 3	36 and 37)	, .		38				
39	Other exempt purpose expenditures				39				
40	Total exempt purpose expenditures (ad	d lines 38 and 39)			40	_			
41	Lobbying nontaxable amount Enter the	amount from the fol	llowing table-						
	If the amount on line 40 is-	The lobbying r	nontaxable amount is						
	Not over \$500,000	20% of the amou	nt on line 40	j					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$50	0,000					
	Over \$1,000,000 but not over \$1,500,000	' - '	% of the excess over \$1,0		41				
	Over \$1,500,000 but not over \$17,000,000	•	6 of the excess over \$1,50	00,000					
42	Over \$17,000,000 Grassroots nontaxable amount (enter 2	\$1,000,000		ل	42				
	Subtract line 42 from line 36 Enter -0-	•	n line 36		42				
	Subtract line 41 from line 38 Enter -0-				44				
	Subtract line 41 from line 36 Enter -0-	ii iiile 41 is iiiole iila	ii iiile 30						
	Caution: If there is an amount on eithe	r line 43 or line 44 v	ou must file Form 472	0					
	The state of the s		raging Period Ur		on 50	1(h)			
	(Some organization		ion 501(h) election do				e colur	nns be	low
			for lines 45 through 50						
							i D-		
_			Lobbying Exp	enaitures Di	uring 4			rioa	
	Calendar year (or	(a) (b) (c)			(d)		(e) —		
	fiscal year beginning in)	2007	2006	200	J5		2004		Total
45	Lobbying nontaxable amount								
	Lobbying ceiling amount (150% of								
	line 45(e))								
<u>47</u>	Total lobbying expenditures								
40	Grassroots nontaxable amount							į	
	Grassroots ceiling amount (150% of								
70	line 48(e))								
	10(0)			***************************************					
50	Grassroots lobbying expenditures								
	art VI-B Lobbying Activity	by Nonelecting	Public Charities	<u> </u>		•		•	
	(For reporting only	y by organization	ns that did not co	mplete Pai	rt VI-A	(See pa	ge 14	of th	e instructions.)N/A
Dui	ring the year, did the organization attemp	ot to influence nation	al, state or local legisl	ation, includir	ng any		Yes	No	Amount
atte	empt to influence public opinion on a leg	slative matter or refe	erendum, through the	use of			163	NO	
а	Volunteers								
b	b Paid staff or management (Include compensation in expenses reported on lines c through h.)								
С							 		
d									
9	,						 		
f	Grants to other organizations for lobb						$\vdash \vdash$		
9	• ,						$\vdash\vdash\vdash$		
h	,		s, lectures, or any other	er means			 		
- 1	Total lobbying expenditures (Add line	s c inrough n.)					L		

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

Schedule A (Form 990 or 990-EZ) 2007

AIAA AMERICAN INTERNATIONAL ADOPTION
31-1533750 Federal Statements

FYE: 1/31/2008

31-1533750

7/25/2008 9:38 AM

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

Description	TotalExpenses_	Program Service	Mgt & General	Fund- Raising
Expenses	\$ \$	\$	Ş	3
OFFICE EXPENSE	2,678		2,678	
DUES	2,300	2,300		
POST PLACEMENT EXPENSE	1,858	1,858		
OUTSIDE SERVICES	1,094		1,094	
INSURANCE	13,869	13,869		
DEPRECIATION	305		305	
SOCIAL WORK/HOMESTUDY FEES	18,234	18,234		
UTILITIES	1,093	·	1,093	
PROFESSIONAL FEES	17,274		17,274	
FOREIFGN PROGRAM FEES	80,050	80,050		
DOCUMENTATION FEE	3,730	3,730		
Total	\$ <u>142,485</u> \$	120,041 \$	22,444 \$	0

AIAA AMERICAN INTERNATIONAL ADOPTION
31-1533750 Federal Statements

FYE: 1/31/2008

7/25/2008 9:38 AM

Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

ENGAGES IN INTERNATIONAL ADOPTION SERVICES AND PERFORMS HOMESTUDIES AND POST PLACEMENT SERVICES AND OTHER ADOPTION RELATED SERVICES.

AIAA AMERICAN INTERNATIONAL ADOPTION
31-1533750 Federal Statements

31-1533750 FYE: 1/31/2008 7/25/2008 9:38 AM

Statement 3 - Form 990, Part IV, Line 57	- Land, Buildings, and Equipment

Description		Beginning of Year		Accum Depr	_	End of Year	 Accum Depr
	\$_	762	\$_		\$_	5,820	\$ 5,363
Total	\$_	762	\$	0	\$_	5,820	\$ 5,363

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

Description	Be o	Beginning of Year		
	\$	716	\$	10,950
Total	\$	716	\$	10,950