

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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

A For the 2005 calendar year, or tax year beginning , 2005, and ending ,**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instructions.**C** Name of organization

AMERICA-WORLD ADOPTION ASSOCIATION

Number and street (or P O box if mail is not delivered to street addr) Room/suite

6723 WHITTIER AVE

202

City, town or country

State ZIP code + 4

MCLEAN

VA 22101

D Employer identification number

54-1720006

E Telephone number

(703) 891-3136

F Accounting method☐ Cash☒ Accrual☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No**H (b)** If 'Yes,' enter number of affiliates ▶**H (c)** Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**G** Web site: ▶ WWW.SPIRIT-OF-ADOPTION.ORG**J** Organization type (check only one)▶ ☒ 501(c) 3 ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 7,676,584.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)**1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**1a** 3,461,698.**b** Indirect public support**1b****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (cash \$ 3,461,698. noncash \$)**1d** 3,461,698.**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** 4,203,609.**3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** 5,876.**5** Dividends and interest from securities**5****6a** Gross rents**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****8a** Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a**b** Less cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of contributions reported on line 1a)**9a****b** Less direct expenses other than fundraising expenses**9b****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c****10a** Gross sales of inventory, less returns and allowances**10a****b** Less cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c****11** Other revenue (from Part VII, line 103)**11** 5,401.**12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** 7,676,584.**13** Program services (from line 24, column (B))**13** 5,093,793.**14** Management and general (from line 44, column (C))**14** 1,895,667.**15** Fundraising (from line 44, column (D))**15** 28,361.**16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** 7,017,821.**18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** 658,763.**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 107,484.**20** Other changes in net assets or fund balances (attach explanation)**20** 447,996.**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** 1,214,243.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ 177,231. non-cash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22	177,231.	177,231.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26	513,770.	0.	513,770.	0.
27 Pension plan contributions	27	19,094.	0.	19,094.	0.
28 Other employee benefits	28	68,991.	0.	68,991.	0.
29 Payroll taxes	29	164,356.	0.	164,356.	0.
30 Professional fundraising fees	30				
31 Accounting fees	31	1,050.	0.	1,050.	0.
32 Legal fees	32	1,597.	0.	1,597.	0.
33 Supplies	33	208,645.	52,538.	156,107.	0.
34 Telephone	34				
35 Postage and shipping	35	105,263.	14,744.	90,519.	0.
36 Occupancy	36	365,349.	0.	365,349.	0.
37 Equipment rental and maintenance	37	40,968.	0.	40,968.	0.
38 Printing and publications	38	13,675.	13,675.	0.	0.
39 Travel	39	37,606.	7,961.	29,645.	0.
40 Conferences, conventions, and meetings	40	289,725.	158,219.	131,506.	0.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	99,582.	84,645.	9,958.	4,979.
43 Other expenses not covered above (itemize)					
a ADVERTISING	43a	233,811.	210,429.	0.	23,382.
b AUTO	43b	8,787.	0.	8,787.	0.
c BACKGROUND CHECKS	43c	659.	0.	659.	0.
d BANK CHARGES	43d	67,918.	0.	67,918.	0.
e DUES AND SUBSCRIPTIONS	43e	898.	0.	898.	0.
f GIFTS	43f	11,272.	0.	11,272.	0.
g See Other Expenses Stmt	43g	4,587,574.	4,374,351.	213,223.	0.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	7,017,821.	5,093,793.	1,895,667.	28,361.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

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 general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

BAA

Form 990 (2005)

Part III Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? **THE FACILITATE THE ADOPTION OF CHILDREN.**

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.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a AMERICA WORLD ADOPTION ASSOCIATION IS A CHRISTIAN BASED, NON-PROFIT ORGANIZATION DEDICATED TO HELPING FAMILIES ADOPT CHILDREN FROM AROUND THE WORLD.

(Grants and allocations \$ 177,231.) If this amount includes foreign grants, check here ☐

5,093,793.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services

(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)

5,093,793.

BAA

Form 990 (2005)

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	450,744.	45	461,664.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 803,954.		
	b Less: allowance for doubtful accounts	47b	97,958.	47c 803,954.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	35,191.	53	21,672.
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 1,321,162.			
b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 288,661.	49,601.	57c 1,032,501.	
58 Other assets (describe <input type="checkbox"/> See Line 58 Stmt)	2,184.	58	68,338.	
59 Total assets (must equal line 74) Add lines 45 through 58	635,678.	59	2,388,129.	
LIABILITIES	60 Accounts payable and accrued expenses	73,365.	60	117,210.
	61 Grants payable		61	
	62 Deferred revenue	261,470.	62	95,820.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	107,214.	63	0.
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	43,823.	64b	906,445.
	65 Other liabilities (describe <input type="checkbox"/> See Line 65 Stmt)	42,322.	65	54,411.
66 Total liabilities. Add lines 60 through 65	528,194.	66	1,173,886.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	107,484.	72	1,214,243.
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	107,484.	73	1,214,243.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	635,678.	74	2,388,129.

BAA

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

		N/A	
a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
Add lines b1 through b4		b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

		N/A	
a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): _____	b4	
Add lines b1 through b4		b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d	e	

Part V-A 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.)

(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 and deferred compensation plans	(E) Expense account and other allowances
BRIAN LUWIS 6723 WHITTIER AVE, #202 MCLEAN, VA 22101	PRESIDENT 1	0.	0.	0.
DAVID BARWELL 6723 WHITTIER AVE, #202 MCLEAN, VA 22101	SECRETARY 1	0.	0.	0.
CHARLIE VIARS 6723 WHITTIER AVE, #202 MCLEAN, VA 22101	TREASURER 1	0.	0.	0.
KEVIN BENSON 6723 WHITTIER AVE, #202 MCLEAN, VA 22101	DIRECTOR 1	0.	0.	0.
JOAN BENSON 6723 WHITTIER AVE, #202 MCLEAN, VA 22101	DIRECTOR 1	0.	0.	0.
See List of Officers, Etc. Statement				

Yes	No
-----	----

▶ 8

75b

75c

1

75d

75d

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Yes	No
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76

77

--	--

78a

78b

79

80 a

VISITING ORPHANS

X

81 a

81 b

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82 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. (See instructions in Part III.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	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		
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 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	
86 a	501(c)(7) organizations Enter Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) organizations Enter Gross income from members or shareholders	N/A	
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
88	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	N/A	
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
89 b	501(c)(3) and 501(c)(4) organizations 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 a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed <u>SEE ATTACHED LIST</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		8
91 a	The books are in care of <u>CANDICE CHUNG</u> Telephone number <u>(703) 891-3136</u> Located at <u>6723 WHITTIER AVE, STE 202, MCLEAN, VA</u> ZIP + 4 <u>22101</u>		
91 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 account)? If 'Yes,' enter the name of the foreign country <u>CHINA</u>	X	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country _____		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		

BAA

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAMS					4,203,609.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			514	5,876.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS					5,401.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				5,876.	4,209,010.
105 Total (add line 104, columns (B), (D), and (E))					4,214,886.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	FEES CHARGED TO THE PUBLIC IN THE ADOPTION OF UNDERPRIVILEGED CHILDREN.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including attachments, and it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which he or she has any knowledge.
	Signature of officer CEO, BRIAN LUN
	Type or print name and title

Paid Preparer's Use Only	Preparer's signature David C. Burkhardt, C
	Firm's name (or yours if self-employed), address, and ZIP + 4 Hendershot, Burkhardt & Reed 7525 PRESIDENTIAL LANE MANASSAS

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

2005

Name of the organization

AMERICA-WORLD ADOPTION ASSOCIATION

Employer identification number

54-1720006

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SUSAN MAINES 6723 WHITTIER AVE, STE 202, MCLEAN, VA 22101	EX DIRECTOR-PROGRAMS 40	82,705.	0.	0.
JOHN NICKLES 6723 WHITTIER AVE, STE 202, MCLEAN, VA 22101	ADVISOR TO CEO 40	71,457.	0.	0.
MARY GARRISON 6723 WHITTIER AVE, STE 202, MCLEAN, VA 22101	DIR. OF FINANCE 40	58,507.	0.	0.
LESLIE GOSE 6723 WHITTIER AVE, STE 202, MCLEAN, VA 22101	REG. P.R. DIRECTOR 40	57,939.	0.	0.
BONNIE MARSH 6723 WHITTIER AVE, STE 202, MCLEAN, VA 22101	OR. DIR. OF SOC. SVS. 40	57,660.	0.	0.
Total number of other employees paid over \$50,000 ▶	FIVE			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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 ▶	NONE	

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 instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DIMITRY FASOLYAK 11711 LAKE POTOMAC DRIVE, POTOMAC, MD 20854	INDEPENDENT CONSULTANT	153,500.
MICHAEL DUBROVSKY 9 EAST HILLS BLVD, LOUDONVILLE, NY 12211	INDEPENDENT CONSULTANT	134,050.
Total number of other contractors receiving over \$50,000 for other services ▶	TWO	

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See 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)

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 Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).

- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).

- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____

- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)

- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

- 11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

- 12 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A)

- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	345,776.	13,149.	10,165.	17,332.	386,422.
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 organization's charitable, etc., purpose	3,329,995.	1,172,330.	695,886.	1,120,705.	6,318,916.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	329.	9.			338.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	3,676,100.	1,185,488.	706,051.	1,138,037.	6,705,676.
24 Line 23 minus line 17	346,105.	13,158.	10,165.	17,332.	386,760.
25 Enter 1% of line 23	36,761.	11,855.	7,061.	11,380.	

26 Organizations described on lines 10 or 11:**a** Enter 2% of amount in column (e), line 24**26a****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 2001 through 2004 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****19****22****26b****26d****e** Public support (line 26c minus line 26d total)**26e****f** Public support percentage (line 26e (numerator) divided by line 26c (denominator))**26f**

%

27 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

(2004) _____ (2003) _____ 0. (2002) _____ 0. (2001) _____ 0.

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:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add: Amounts from column (e) for lines**15**

386,422.

16**17** 6,318,916.**20****21****d** Add: Line 27a total

0.

and line 27b total

e Public support (line 27c total minus line 27d total)**f** Total support for section 509(a)(2) test: Enter amount from line 23, column (e)**g** Public support percentage (line 27e (numerator) divided by line 27f (denominator))**h** Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

Part V Private School Questionnaire (See instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
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?			
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? If 'Yes,' please describe; if 'No,' please explain (If 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		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)				

33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	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		
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 nondiscrimination? If 'No,' attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table – <div style="display: flex; justify-content: space-between;"> <div> If the amount on line 40 is – Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 </div> <div> The lobbying nontaxable amount is – 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 </div> </div>	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4 -Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

BAA

Schedule A (Form 990 or 990-EZ) 2005

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule:

[illegible]

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2005

Attachment
Sequence No **67**

Name(s) shown on return

AMERICA-WORLD ADOPTION ASSOCIATION

Identifying number

54-1720006

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$105,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$420,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,932.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	56,620.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		123,299.	5.0 yrs	MQ	200DB	8,164.
c 7-year property		83,766.	7.0 yrs	MQ	200DB	4,494.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property	05/05	27,545.	39 yrs	MM	S/L	441.
	Various	76,111.	39.0yrs	MM	S/L	269.

Section C — Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	24,662.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	99,582.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?						<input checked="" type="checkbox"/> Yes		No		24b If 'Yes,' is the evidence written?		<input checked="" type="checkbox"/> Yes		No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost							
25 Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25								
26 Property used more than 50% in a qualified business use															
HONDA CIVIC	06/02/04	100.00	14,800.	14,800.	5.00	200DB/HY	4,736.								
FLORIDA HONDA	08/03/04	100.00	14,330.	14,330.	5.00	200DB/HY	4,586.								
See Additional Listed Property Statement							15,340.								
27 Property used 50% or less in a qualified business use:															
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		24,662.						
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29								

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are **not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions):					
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

Additional Information

PAGE FIVE, QUESTION 90 A, LIST OF STATES

AMERICA-CHINA ADOPTION FILES FORM 990 IN THE FOLLOWING STATES:

FLORIDA

TENNESSEE

CALIFORNIA

OHIO

MISSOURI

OREGON

NORTH CAROLINA

KANSAS

ARIZONA

PENNSYLVANIA

GEORGIA

KENTUCKY

MARYLAND

MONTANA

NEW JERSEY

NEW YORK

TEXAS

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
MISCELLENEOUS	33,713.	0.	33,713.	0.
OUTSIDE SERVICES	35,513.	0.	35,513.	0.
TAXES, LICENSES, & OTHER	15,264.	0.	15,264.	0.
PAYROLL SERVICE	6,148.	0.	6,148.	0.
TRAINING	1,050.	0.	1,050.	0.
INSURANCE	22,926.	0.	22,926.	0.
PROFESSIONAL FEES	98,235.	0.	98,235.	0.
CONTRIBUTIONS EXPENSE	560,684.	560,684.	0.	0.
CHARITABLE CONTRIBUTIONS	177,231.	177,231.	0.	0.
PROGRAM EXPENSE	833,930.	833,930.	0.	0.
SOCIAL SERVICE EXPENSE	557,883.	557,883.	0.	0.
SERVICE & FEE EXPENSE	1,776,285.	1,776,285.	0.	0.
MARKETING	468,712.	468,338.	374.	0.
Total	4,587,574.	4,374,351.	213,223.	0.

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances
RONALD GLUCK 6723 WHITTIER AVE, #202 MCLEAN, VA 22101	DIRECTOR 1	0.	0.	0.
RALPH RINALDI 6723 WHITTIER AVE, #202 MCLEAN, VA 22101	DIRECTOR 1	0.	0.	0.
TODD BRAMBLETT 6723 WHITTIER AVE, #202 MCLEAN, VA 22101	DIRECTOR 1	0.	0.	0.

Form 4562, line 26

Additional Listed Property Statement

(a) Type of property	(b) Date placed in service	(c) Business/ investmnt use %	(d) Cost or other basis	(e) Basis for deprecia- tion	(f) Re- covery period	(g) Method/ Con- vention	(h) Deprecia- tion deduction	(i) Elected section 179 cost
05 HONDA CIVIC-TN	09/16/05	100.00	15,878.	15,878.	5.00	200DB/MQ	2,382.	
2003 HONDA CIVIC-L	09/23/05	100.00	12,950.	12,950.	5.00	200DB/MQ	1,943.	
2004 HONDA CIVIC-T	09/25/05	100.00	14,985.	14,985.	5.00	200DB/MQ	2,248.	
2005 HONDA CIVIC-C	01/10/05	100.00	14,920.	14,920.	5.00	200DB/MQ	2,960.	
TELEPHONE EQUIPMEN	10/12/00	100.00	3,708.	3,708.	7.00	200DB/MQ	324.	
LCD PROJECTOR	04/30/03	100.00	1,939.	1,939.	7.00	200DB/MQ	325.	

Form 4562, line 26

Continued

Additional Listed Property Statement

(a) Type of property	(b) Date placed in service	(c) Business/ investmt use %	(d) Cost or other basis	(e) Basis for deprecia- tion	(f) Re- covery period	(g) Method/ Con- vention	(h) Deprecia- tion deduction	(i) Elected section 179 cost
PROJECTOR NECVT660	11/05/03	100.00	1,915.	1,915.	7.00	200DB/MQ	377.	
TELEPHONE SYSTEM	06/29/04	100.00	14,250.	14,250.	7.00	200DB/HY	3,490.	
BROTHER ITELLIFAX	07/30/04	100.00	325.	325.	7.00	200DB/HY	80.	
PHONE SYSTEM-HANDS	08/23/05	100.00	2,408.	2,408.	7.00	200DB/MQ	258.	
PHONE SYSTEM-IP PH	08/23/05	100.00	5,414.	5,414.	7.00	200DB/MQ	580.	
PHONE SYST-POWER S	08/23/05	100.00	336.	336.	7.00	200DB/MQ	36.	
PHONE SYSTEM-SOUND	11/15/05	100.00	573.	573.	7.00	200DB/MQ	20.	
PHONE SYSTEM	11/15/05	100.00	8,871.	8,871.	7.00	200DB/MQ	317.	

Total 15,340.

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
FIXED ASSETS & L/H IMPROVEMENTS	1,321,162.	288,661.	1,032,501.
Total	<u>1,321,162.</u>	<u>288,661.</u>	<u>1,032,501.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
REIMBURSEABLE EXPENSES	61.	24,037.
OFFICE SECURITY DEPOSIT	1,123.	0.
LOANS RECEIVABLE	1,000.	4,000.
DEPOSITS	0.	2,523.
OTHER-EDUCATIONAL AGREEMENTS	0.	37,778.
Total	<u>2,184.</u>	<u>68,338.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
CREDIT CARD PAYABLE	41,873.	33,351.
DUE TO RETIREMENT PLAN	449.	14,236.
EMPLOYEE BENEFIT LIABILITY	0.	3,567.
ETERNAL FAMILY DONATIONS		3,197.
NY DISABILITY		60.

Form 990, Page 4, Part IV, Line 65

Continued

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Total	<u>42,322.</u>	<u>54,411.</u>

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
PRIOR PERIOD ADJUSTMENT	447,996.
Total	<u>447,996.</u>

Supporting Statement of:

Form 990 p 2/Line 22-Cash

Description	Amount
AWAA-FL	20,000.
AWAA-KS	47,000.
AWAA-OH	12,000.
AWAA-OR	7,000.
AWAA-TN	7,000.
VISITING ORPHANS	15,000.
SHAOHANNAH'S HOPE	10,000.
OTHER	59,231.
Total	<u>177,231.</u>

Supporting Statement of:

Form 990 p 2/Line 39 column (B)

Description	Amount
MARKETING TRAVEL	6,461.
MISSION TRIP	1,500.
Total	<u>7,961.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (C)-7

Description	Amount
EMPLOYMENT AD	2,475.
OTHER	21,024.
MISC A/N 5660	9,149.
G & A OTHER	65.
FINES & PENALTIES	1,000.
Total	<u>33,713.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (C)-9

Description	Amount
BUSINESS TAXES	3,916.
LICENSES AND PERMITS	11,348.
Total	<u>15,264.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (C)-12

Description	Amount
INSURANCE-AUTO & PROF LIAB.	22,061.
WORKMEN'S COMP INSURANCE	865.
Total	<u>22,926.</u>

Supporting Statement of:

Form 990 p 4/Line 53, column (A)

Description	Amount
POSTAGE BY PHONE	6,494.
PREPAID EXPENSES	28,697.
Total	<u>35,191.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (B)

Description	Amount
SEABOARD LANE PROPERTY	175,035.
STONE RESIDENCE	139,083.
POST PLACEMENT DEPOSIT	592,327.
Total	<u>906,445.</u>

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	AMERICA-WORLD ADOPTION ASSOCIATION	54-1720006
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	6723 WHITTIER AVE, #202	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	MCLEAN VA 22101	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **MARY BOWMAN-GARRISON**
Telephone No. **(703) 891-3136** FAX No. **(703) 356-8973**
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **Nov 15**, 20 **06**.
- 5 For calendar year **2005**, or other tax year beginning **2005**, and ending **2006**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME REQUIRED TO COMPILE THE DATA NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.**
- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ **0.**
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ **0.**
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **0.**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **David C. Burkhardt** Title **CPA** Date **7/31/06**

Notice to Applicant – To be Completed by the IRS

- ☒ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other: _____

Director _____ By: _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name	DAVID C. BURKHARDT, CPA
	Number and street (include suite, room, or apartment number) or a P.O. box number	7525 PRESIDENTIAL LANE
	City or town, province or state, and country (including postal or ZIP code)	MANASSAS VA 20109

EXTENSION APPROVED
AUG 2 2 2006
LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN