

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)

OMB No. 1545-0047

2007**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning , 2007, and ending , 20		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MIRIAM'S PROMISE	D Employer identification number 62-1722505
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 522 RUSSELL STREET	E Telephone number (615) 292-3500
	City or town, state or country, and ZIP + 4 NASHVILLE TN 37206	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
	Please use IRS label or print or type. See Specific Instructions.	
* 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? (If "No," attach a list. See instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶ M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).
G Website: ▶		
J Organization type (check only one) <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.		
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 596,466		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

R e v e n u e	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	192,915	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ 192,915 noncash \$)	1e	192,915	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	196,203	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	2,752	
	5 Dividends and interest from securities	5		
E x p e n s e s	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 8a	(B) Other	
	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 <input type="checkbox"/> STM101			
	a Gross revenue (not including \$ of contributions reported on line 1b)	9a	203,259	
N e t A s s e t s	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	203,259	
	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	1,337	
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	596,466	
	13 Program services (from line 44, column (B))	13	331,609	
	14 Management and general (from line 44, column (C))	14	116,873	
	15 Fundraising (from line 44, column (D))	15	120,845	
16 Payments to affiliates (attach schedule)	16			
17 Total expenses. Add lines 16 and 44, column (A)	17	569,327		
N e t A s s e t s	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	27,139	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	179,705	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	206,844	

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. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	63,669	9,550	22,284	31,835
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
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 on lines 25a, b, and c	26	214,237	178,423	25,947	9,867
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28	33,675	22,776	5,845	5,054
29	Payroll taxes	29	21,808	14,749	3,785	3,274
30	Professional fundraising fees	30				
31	Accounting fees	31	4,200		4,200	
32	Legal fees	32	14,593	10,106	4,487	
33	Supplies	33	8,755	5,358	3,368	29
34	Telephone	34	4,793	3,019	863	911
35	Postage and shipping	35	4,108	2,588	739	781
36	Occupancy	36	21,095	13,290	3,796	4,009
37	Equipment rental and maintenance	37	10,796	6,802	1,943	2,051
38	Printing and publications	38	3,614	2,277	651	686
39	Travel	39	15,326	9,655	2,759	2,912
40	Conferences, conventions, and meetings	40	53,777			53,777
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	18,199		18,199	
43	Other expenses not covered above (itemize):					
a	OTHER	43a	8,792	2,203	6,589	
b	ADVERTISING	43b	19,391	19,391		
c	FAMILY AID	43c	10,675	10,675		
d	CONTRACTED SERVICES	43d	4,624	1,981	2,643	
e	INSURANCE	43e	26,144	16,471	4,706	4,967
f	TRAINING	43f	3,643	2,295	656	692
g	BANK CHARGES	43g	3,413		3,413	
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	569,327	331,609	116,873	120,845

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 \$ _____

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

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

What is the organization's primary exempt purpose? **▶ ASSIST BIRTH/ADOPTIVE PARENTS**

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) orgs., and 4947(a)(1) trusts; but optional for others.)

a See SERVICES

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

239,540

b See SERVICES

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

92,069

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 (attach schedule)

(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) **▶**

331,609

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A)		(B)		
		Beginning of year		End of year		
A s s e t s	45	Cash - non-interest-bearing	97,122	45	139,283	
	46	Savings and temporary cash investments		46		
	47 a	Accounts receivable	46,772			
	b	Less: allowance for doubtful accounts	2,300	31,248	47c	44,472
	48 a	Pledges receivable	3,337			
	b	Less: allowance for doubtful accounts		6,860	48c	3,337
	49	Grants receivable		49		
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51 a	Other notes and loans receivable (attach schedule)		51a		
	b	Less: allowance for doubtful accounts		51b	51c	
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges	4,335	53		
	54 a	Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b	Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a	Investments - land, buildings, and equipment: basis		55a			
b	Less: accumulated depreciation (attach schedule)		55b	55c		
56	Investments - other (attach schedule)		56			
57 a	Land, buildings, and equipment: basis	91,863				
b	Less: accumulated depreciation (attach schedule) STM116	38,987	67,447	57c	52,876	
58	Other assets, including program-related investments (describe ► STM117)		58			
59	Total assets (must equal line 74). Add lines 45 through 58	207,012	59	239,968		
L i a b i l i t i e s	60	Accounts payable and accrued expenses	27,307	60	33,124	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a	Tax-exempt bond liabilities (attach schedule)		64a		
	b	Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe ►)		65		
	66	Total liabilities. Add lines 60 through 65	27,307	66	33,124	
N e t A s s e t s o f F u n d s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	179,705	67	206,844	
	68	Temporarily restricted	0	68	0	
	69	Permanently restricted	0	69	0	
	Organizations that do not follow SFAS 117, check here <input 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		72		
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	179,705	73	206,844	
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	207,012	74	239,968	

instructions.)

Instructions		596,466
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
Subtract line b from line a		c
d	Amounts included on Part I, line 12, but not on line a:	596,466
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	596,466
Part V-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
a	Total expenses and losses per audited financial statements	569,327
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
Subtract line b from line a		c
d	Amounts included on Part I, line 17, but not on line a:	569,327
1	Investment expenses not included on Part I, line 6b	d1
2	Other (specify):	d2

Add lines c1 and d2	d	
Total expenses (Part I, line 17). Add lines c and d	e	569,327

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.)

[illegible]

Part V-A	Current Officers, Directors, Trustees, and Key Employees (continued)
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75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶	23		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶	75c		X
If "Yes," attach a statement that includes the information described in the instructions.	75d	X	
d Does the organization have a written conflict of interest policy?	75d	X	

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other
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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.)

[illegible]**Part VI** Other Information (See the instructions.)

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)		Yes	No
82a	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?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	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.			
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
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.)	87b	
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 meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	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 a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed ▶ TN		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	
91a	The books are in care of ▶ % DEBBIE ROBINSON Telephone no. ▶ 615-292-3500 Located at ▶ 522 RUSSELL STREET NASHVILLE TN ZIP + 4 ▶ 37206		
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)?	91b	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.			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ Yes ☒ No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year 92

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) B..siness code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a ADOPTION SERVICES					196,203
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments			14		2,752
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01		203,259
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a COUNCELING			03		1,337
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					403,551
105 Total (add line 104, columns (B), (D), and (E))					403,551

Note: Line 105 plus line 1e, 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	ASSISTANCE FOR INDIVIDUALS AS THEY CONSIDER AND PLAN FOR ADOPTION

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

(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? ☐ Yes ☒ No

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: Deborah H. Robinson Date: 10/31/08

Type or print name and title: Deborah H. Robinson Executive Director

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 10-20-2008 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X): 20009407

Firm's name (or yours if self-employed), address, and ZIP + 4: H A BEASLEY & COMPANY CPAS PC EIN:

237 W NORTHFIELD, SUITE 102 Phone no.: 6158955675

MURFREESBORO, TN 37129

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information -- (See separate instructions.)

OMB No 1545-0047

2007

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

Employer identification number

MIRIAM'S PROMISE

62-1722505

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.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(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	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations 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)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how 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	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a 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 4936?	4b		X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d Enter the total number of donor advised funds owned at the end of the tax year			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . .	190,385	203,829	194,033	331,693	919,940
16 Membership fees received	0	0	0	0	0
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	372,779	339,461	307,633	296,712	1,316,585
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	1,297	1,342	782	285	3,706
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	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	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	564,461	544,632	502,448	628,690	2,240,231
24 Line 23 minus line 17	191,682	205,171	194,815	331,978	923,646
25 Enter 1% of line 23	5,645	5,446	5,024	6,287	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 18,473
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 2003 through 2006 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 923,646
d Add: Amounts from column (e) for lines: 18 3,706 19 ▶					26d 3,706
22 26b ▶					26e 919,940
e Public support (line 26c minus line 26d total) ▶					26f 99.60 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					
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: (2006) (2005) (2004) (2003) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) (2005) (2004) (2003) c Add: Amounts from column (e) for lines: 15 16 17 20 21 ▶					27c
d Add: Line 27a total and line 27b total ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V 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)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/>		
<hr/>		
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.)		
<hr/>		
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.)		
<hr/>		
<hr/>		
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.		
<hr/>		
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 page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)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-		
	If the amount on line 40 is-		
	The lobbying nontaxable amount is-		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
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	0

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 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e)) .				
47	Total lobbying expenditures				
48	Grassroots nontaxable 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 page 14 of the 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:

Yes	No	Amount
		0
		0

- 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.)

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

Current Officers, Directors, Trustees, and Key Employees**1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.**

(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	(e) Expense account, other allowances
ANETHA GRANT	BOARD MEMBER			
5909 CROSS POINTE LA BRENTWOOD	TN 37027 0	0	0	0
PAUL GILLILAND	TREASURER			
1 VANTAGE WAY, SUITE NASHVILLE	TN 37228 0	0	0	0
JANICE H. BOYKO	SECRETARY			
9444 HIGHWOOD HILLS BRENTWOOD	TN 37027 0	0	0	0
ROBERT TUKE	LEGAL COUNSEL			
222 4TH AVE. N. NASHVILLE	TN 37219 0	0	0	0
BETTY ALEXANDER	BOARD MEMBER			
147 ALLEN DR HENDERSONVILLE	TN 37075 0	0	0	0
MARY COOPER	BOARD MEMBER			
626 GEN. GEORGE PATT NASHVILLE	TN 37221 0	0	0	0
DAN ELKINS	CHAIR			
211 BURNT LEAF LN BRENTWOOD	TN 37027 0	0	0	0
MIKE HENDREN	BOARD MEMBER			
1635 OAKHALL DR BRENTWOOD	TN 37027 0	0	0	0
DAVID HIGH	BOARD MEMBER			
6325 CANTEBURY CLOSE BRENTWOOD	TN 37027 0	0	0	0
BILLY JOE BRACK, JR	BOARD MEMBER			
5882 CLARKSVILLE HWY JOELTON	TN 37080 0	0	0	0
DEBBIE ROBINSON	EXEC DIRECTOR			
522 RUSSELL ST NASHVILLE	TN 37206 0	0	0	0
GARRY SPEICH	BOARD MEMBER			
3476 HIGHWAY 70E CROSSVILLE	TN 38555 0	0	0	0
SCOTT DICKSON	BOARD MEMBER			
727 BELL RD APT 1506 ANTIOCH	TN 37013 0	0	0	0
JAN VAN EYS	BOARD MEMBER			
3504 RULAND PL NASHVILLE	TN 37215 0	0	0	0
SUSAN VINCLER	BOARD MEMBER			
1512 KEMAH CT BRENTWOOD	TN 37027 0	0	0	0
MICHAEL WILLIAMS	2005 CHAIR			
4702 WYOMING AVE NASHVILLE	TN 37209 0	0	0	0
MORT HILL	BOARD MEMBER			
206 WILLIAMSBURG CIR BRENTWOOD	TN 37027 0	0	0	0
CHUCK COLLINS	CHAIR-ELECT			
300 BROADWAY NASHVILLE	TN 37201 0	0	0	0
ROBERT DODD	BOARD MEMBER			
261 SONTAG DR FRANKLIN	TN 37064 0	0	0	0
BETH HARMON	BOARD MEMBER			
3005 MELBOURNE COURT MT JULIET	TN 37122 0	0	0	0
GINNY HOLLEY	BOARD MEMBER			
206 COTTON LANE FRANKLIN	TN 37069 0	0	0	0
CONNIE KINNARD	BOARD MEMBER			
2012 HAMILTON GLEN D ANTIOCH	TN 37013 0	0	0	0
DONNA MATTICK	BOARD MEMBER			
1406 CALVIN AVE NASHVILLE	TN 37206 0	0	0	0
KATHRYN STEPHENSON	BOARD MEMBER			
222 4TH AVE N NASHVILLE	TN 37219 0	0	0	0
		0	0	0
NANCY CHILTON	BOARD MEMBER			
3506 BYRON AVE NASHVILLE	TN 37205 0	0	0	0
NIKKI HIGHTOWER	BOARD MEMBER			
5732 KNOB ROAD NASHVILLE	TN 37209 0	0	0	0

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

Form 990-OfOv (2007)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

2007Attachment
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MIRIAM'S PROMISE

FORM 990 - 1

62-1722505

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	
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	
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	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
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 2006 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2008. 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 qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	17,461

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 2007	17	
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		

Section B - Assets Placed in Service During 2007 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 STATEMENT # 50						362
c 7-year property						
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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2007 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	
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 instr.	22	17,823
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	

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

Your Social Security Number

MIRIAM'S PROMISE

62-1722505

FORM 990, PART I, LINE 9 SPECIAL EVENTS SCHEDULE

Statement #10

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income
FUNDRAISING	<u>203,259</u>		<u>203,259</u>		<u>203,259</u>
TOTAL	<u><u>203,259</u></u>		<u><u>203,259</u></u>		<u><u>203,259</u></u>

Statement of Program Service Accomplishments**2007 01**

Name(s) as shown on return

Your Social Security Number

MIRIAM'S PROMISE

62-1722505

FORM 990, PART III (b)

Grants and Allocations	\$0
Program Service Expenses	\$91657
Includes Foreign Grants	NO

Explanation

PREGNANCY COUNSELING

Statement of Program Service Accomplishments**2007 01**

Name(s) as shown on return

Your Social Security Number

MIRIAM'S PROMISE

62-1722505

FORM 990, PART III (a)

Grants and Allocations	\$0
Program Service Expenses	\$239904
Includes Foreign Grants	NO

Explanation

ADOPTION COUNSELING AND SERVICES