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GOVERNMENT COPY

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)

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 2006 calendar year, or tax year beginning 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
ASSOCIATION FOR GUIDANCE, AID, PLACEMENT AND EMPATHY

D Employer identification number
62-0760716

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4555 TROUSDALE DRIVE

E Telephone number
(615) 781-3000

City or town, state or country, and ZIP + 4
NASHVILLE, TN 37204

F Accounting method: Cash Accrual
 Other (specify) ▶ **MODIFIED AC**

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

G Website: ▶ **WWW.AGAPENASHVILLE.ORG**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here ▶ 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 ▶ **7,062,919.**

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 ▶ **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ **N/A**
M Check ▶ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		Revenue		Expenses		Net Assets	
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	1,296,126.				
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 \$ 1,254,845. noncash \$ 41,281.)	1e				1,296,126.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2				1,408,533.	
3	Membership dues and assessments	3					
4	Interest on savings and temporary cash investments	4					
5	Dividends and interest from securities	5				123,022.	
6 a	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					
8 a	Gross amount from sales of assets other than inventory	(A) Securities	4,233,731.	8a	(B) Other		
b	Less: cost or other basis and sales expenses		4,018,395.	8b			
c	Gain or (loss) (attach schedule)		215,336.	8c			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)		STMT 1	8d		215,336.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
a	Gross revenue (not including \$ 172,273. of contributions reported on line 1b)	9a					
b	Less: direct expenses other than fundraising expenses	9b			42,465.		
c	Net income or (loss) from special events. Subtract line 9b from line 9a				SEE STATEMENT 2	9c	<42,465.>
10 a	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				1,507.	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12				3,002,059.	
13	Program services (from line 44, column (B))	13				2,602,941.	
14	Management and general (from line 44, column (C))	14				126,648.	
15	Fundraising (from line 44, column (D))	15				184,324.	
16	Payments to affiliates (attach schedule)	16					
17	Total expenses. Add lines 16 and 44, column (A)	17				2,913,913.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18				88,146.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19				5,147,168.	
20	Other changes in net assets or fund balances (attach explanation)	20			SEE STATEMENT 3	100,786.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21				5,336,100.	

**ASSOCIATION FOR GUIDANCE, AID, PLACEMENT
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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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule) STATEMENT 6	23	374,110.	374,110.		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 5	25a	136,100.	115,685.	20,415.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under 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	1,122,816.	1,064,423.	17,330.	41,063.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	177,038.	169,622.	1,411.	6,005.
29 Payroll taxes	29	90,721.	85,079.	2,667.	2,975.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	506,344.	456,444.	13,900.	36,000.
33 Supplies	33	21,546.	19,925.	<575.>	2,196.
34 Telephone	34	16,072.	13,818.	645.	1,609.
35 Postage and shipping	35	12,208.	8,618.	3,275.	315.
36 Occupancy	36				
37 Equipment rental and maintenance	37	27,875.	26,141.	820.	914.
38 Printing and publications	38				
39 Travel	39	56,265.	42,071.	9,108.	5,086.
40 Conferences, conventions, and meetings ...	40	8,259.	6,825.	1,434.	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	45,030.	42,229.	1,324.	1,477.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 4	43g	319,529.	177,951.	54,894.	86,684.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,913,913.	2,602,941.	126,648.	184,324.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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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? ▶	Program Service Expenses
ADOPTION AGENCY; FOSTER CARE PLACEMENT; AND COUNSELING SERVICES 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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a COUNSELING - PROFESSIONAL COUNSELORS ARE AVAILABLE FOR FAMILY, MARRIED COUPLES AND INDIVIDUALS WHO NEED HELP TO STRENGTHEN THEIR SPIRITUAL, PSYCHOLOGICAL, SOCIAL, AND PHYSICAL POTENTIAL. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,046,927.
b MATERNITY ASSISTANCE AND ADOPTION - CONTINUING EDUCATION, FINANCIAL PLANNING AND COUNSELING ARE OFFERED TO WOMEN WHOSE PREGNANCY HAS BROUGHT ON ADDITIONAL COMPLICATIONS AND PROBLEMS. SERVICES ARE PROVIDED TO FIND PERMANENT HOMES FOR CHILDREN. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	597,884.
c FOSTER CARE AND PARENTAL EDUCATION - STABLE AND NURTURING HOMES ARE SOUGHT FOR CHILDREN WHO ARE SEPARATED FROM THEIR NATURAL PARENTS. ADDITIONAL COUNSELING AND SEMINARS ARE USED TO HELP EXPOSE POTENTIAL AND ADOPTIVE PARENTS TO THE SPECIAL NEEDS OF THESE CHILDREN. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	958,130.
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	2,602,941.

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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) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	239,860.	45	316,259.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	34,309.			
	b Less: allowance for doubtful accounts	24,369.	53,703.	47c	9,940.
	48 a Pledges receivable	11,525.			
	b Less: allowance for doubtful accounts		1,525.	48c	11,525.
	49 Grants receivable		79,909.	49	89,237.
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		27,283.	53	30,877.
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		4,258,486.	54a	4,407,398.
	b Investments - other securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		4,957.	54b	4,381.
	55 a Investments - land, buildings, and equipment: basis STMT 7				
	b Less: accumulated depreciation			55c	
56 Investments - other			56		
57 a Land, buildings, and equipment: basis	1,183,437.				
b Less: accumulated depreciation	504,737.	681,334.	57c	678,700.	
58 Other assets, including program-related investments (describe ▶ _____)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		5,347,057.	59	5,548,317.	
Liabilities	60 Accounts payable and accrued expenses	133,327.	60	146,042.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶ ANNUITY PAYABLE)		66,562.	65	66,175.
66 Total liabilities. Add lines 60 through 65		199,889.	66	212,217.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	4,268,438.	67	4,181,476.	
	68 Temporarily restricted		68	189,007.	
	69 Permanently restricted	878,730.	69	965,617.	
	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)		5,147,168.	73	5,336,100.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		5,347,057.	74	5,548,317.	

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

a Total revenue, gains, and other support per audited financial statements		a 3,134,936.
b Amounts included on line a but not on Part I, line 12:		
1 Net unrealized gains on investments	b1 100,786.	
2 Donated services and use of facilities	b2 30,466.	
3 Recoveries of prior year grants	b3	
4 Other (specify): <u>SEE STATEMENT 10</u>	b4 42,465.	
Add lines b1 through b4	b	173,717.
c Subtract line b from line a	c	2,961,219.
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): <u>SEE STATEMENT 12</u>	d2 40,840.	
Add lines d1 and d2	d	40,840.
e Total revenue (Part I, line 12). Add lines c and d	e	3,002,059.

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

a Total expenses and losses per audited financial statements		a 2,946,004.
b Amounts included on line a but not on Part I, line 17:		
1 Donated services and use of facilities	b1 30,466.	
2 Prior year adjustments reported on Part I, line 20	b2	
3 Losses reported on Part I, line 20	b3	
4 Other (specify): <u>SEE STATEMENT 11</u>	b4 42,465.	
Add lines b1 through b4	b	72,931.
c Subtract line b from line a	c	2,873,073.
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): <u>SEE STATEMENT 13</u>	d2 40,840.	
Add lines d1 and d2	d	40,840.
e Total expenses (Part I, line 17). Add lines c and d	e	2,913,913.

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 & deferred compensation plans	(E) Expense account and other allowances
----- SEE STATEMENT 14		109,606.	26,494.	0.

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Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>15</u>			
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.				
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 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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions.)</i>			Yes	No
76 a	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 but not reported to the IRS?	77		X
If "Yes," attach a conformed copy of the changes.				
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 ▶ <u>N/A</u>			
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.)	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X

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Part VI Other Information <i>(continued)</i>		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?	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 <u>30,466.</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
	N/A		
85	501(c)(4), (5), or (6) organizations. a 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	
	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	
	N/A		
d	Section 162(e) lobbying and political expenditures	85d	
	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
	N/A		
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) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	
	N/A		
b	Gross receipts, included on line 12, for public use of club facilities	86b	
	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	
	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	<u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	<u>0.</u>		
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
90 a	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, 2006	90b	28
91 a	The books are in care of TOM BURTON Telephone no. 615-781-3000 Located at 4555 TROUSDALE DRIVE, NASHVILLE, TN ZIP + 4 37204		
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 N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

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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		<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country	N/A		
	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	92		N/A

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a FOSTER CARE SUPPORT					43,072.
b ADOPTION FEES					79,884.
c PROF COUNSELING FEES					567,902.
d COUNSELING FEES					711,742.
e ABSTINENCE PROJECT					5,933.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	123,022.	
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			18	215,336.	
101 Net income or (loss) from special events			01	<42,465.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME				1,507.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		297,400.	1,408,533.
105 Total (add line 104, columns (B), (D), and (E))					1,705,933.

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).
▼	SEE STATEMENT 15

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
N/A	%			
	%			
	%			
	%			

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).		

**ASSOCIATION FOR GUIDANCE, AID, PLACEMENT
AND EMPATHY**

Form 990 (2006)

62-0760716 Page 9

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). **N/A**

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.

	Yes	No

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

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.

	Yes	No

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

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

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 _____	Date _____	
	Type or print name and title _____		
Paid Preparer's Use Only	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 LATTIMORE BLACK MORGAN & CAIN, P.C. 5250 VIRGINIA WAY, P.O. BOX 1869 BRENTWOOD, TN 37024-1869	EIN _____	Preparer's SSN or PTIN (See Gen. Inst. X)
		Phone no. (615) 377-4600	

Form **990** (2006)

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

2006

Name of the organization **ASSOCIATION FOR GUIDANCE, AID, PLACEMENT AND EMPATHY** Employer identification number **62 0760716**

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

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

(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
ARTHUR WOODS 4555 TROUSDALE LANE, NASHVILLE, TN 37	DEVELOPMENT DIRECTOR 40.00	88,991.	0.	0.
TERRY CASEY 4555 TROUSDALE LANE, NASHVILLE, TN 37	CLINICAL DIRECTOR 40.00	56,056.	18,018.	0.
STANLEY D. CLARK, JR. 4555 TROUSDALE LANE, NASHVILLE, TN 37	COUNSELOR 40.00	58,819.	6,967.	0.
JUDY RISTER 4555 TROUSDALE LANE, NASHVILLE, TN 37	SOCIAL SERVICES DIRE 40.00	58,657.	6,207.	0.
LEZLIE OWSLEY 4555 TROUSDALE LANE, NASHVILLE, TN 37	THERAPIST 40.00	51,187.	0.	0.
Total number of other employees paid over \$50,000 ▶	0			

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 ▶	0	

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 ▶	0	

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

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.) 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.	1	X
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-A, FORM 990	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 4966?	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		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 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 7 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 7 of the instructions.)

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,334,586.	1,305,589.	1,382,687.	1,268,289.	5,291,151.
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	1,059,243.	899,468.	909,985.	984,778.	3,853,474.
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	96,082.	103,007.	80,090.	79,545.	358,724.
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	2,489,911.	2,308,064.	2,372,762.	2,332,612.	9,503,349.
24 Line 23 minus line 17	1,430,668.	1,408,596.	1,462,777.	1,347,834.	5,649,875.
25 Enter 1% of line 23	24,899.	23,081.	23,728.	23,326.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 112,998.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 30,950.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 5,649,875.
d Add: Amounts from column (e) for lines: 18 <u>358,724.</u> 19 _____ 22 _____ 26b <u>30,950.</u>					26d 389,674.
e Public support (line 26c minus line 26d total)					26e 5,260,201.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.1030%
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: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶	27f	N/A			
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A	%		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A	%		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(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?		
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.)		

34 a	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 page 10 of the instructions.)

N/A

(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
		N/A	
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		

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				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

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
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 .)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the 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:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
MERRILL LYNCH ACCOUNT	1,360,698.	1,303,552.	0.	57,146.	
AMSOUTH/REGIONS ACCOUNT	2,832,432.	2,673,562.	0.	158,870.	
HCA	4,982.	5,079.	0.	<97.>	
HCA	24,789.	25,168.	0.	<379.>	
WELLS FARGO	4,009.	4,044.	0.	<35.>	
TRIAD HOSPITAL	2,005.	2,076.	0.	<71.>	
CREDIT SUISSE	4,816.	4,914.	0.	<98.>	
TO FORM 990, PART I, LINE 8	4,233,731.	4,018,395.	0.	215,336.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES			STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	172,273.	172,273.		42,465.	<42,465.>
TO FM 990, PART I, LINE 9	172,273.	172,273.		42,465.	<42,465.>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	3
DESCRIPTION				AMOUNT
UNREALIZED GAIN ON VALUATION OF SECURITIES				100,786.
TOTAL TO FORM 990, PART I, LINE 20				100,786.

FORM 990

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING FEES	8,777.	3,450.	5,327.	
UTILITIES	15,906.	14,917.	467.	522.
INSURANCE	78,098.	73,240.	2,297.	2,561.
BAD DEBT EXPENSE	24,369.	24,369.	0.	0.
DUES AND SUBSCRIPTIONS	12,176.	9,072.	2,720.	384.
CONTRACT SERVICES	25,715.	25,715.	0.	0.
MISCELLANEOUS	14,771.	11,139.	3,243.	389.
AWARDS DINNER EXPENSES	30,024.	30,024.	0.	0.
BANK FEES	5,683.	5,491.	0.	192.
DONATED SERVICES	<30,466.>	<30,466.>	0.	0.
DIRECT MAIL COSTS	90,173.	11,000.	0.	79,173.
INVESTMENT FEES	40,840.	0.	40,840.	0.
OTHER EXPENSES - FUNDRAISING	3,463.	0.	0.	3,463.
TOTAL TO FM 990, LN 43	319,529.	177,951.	54,894.	86,684.

FORM 990	OFFICER COMPENSATION ALLOCATION PART II, LINE 25A	STATEMENT	5
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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JAMES T. BURTON	109,606.	26,494.		136,100.
A. PROGRAM SERVICES	93,165.	22,520.		115,685.
B. MANAGEMENT AND GENERAL	16,441.	3,974.		20,415.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				115,685.
TOTAL MANAGEMENT AND GENERAL				20,415.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>136,100.</u>

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	6
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DESCRIPTION	AMOUNT
SUPPORT PAYMENTS FOR FOSTER CARE	374,110.
TOTAL TO FORM 990, PART II, LINE 23	<u>374,110.</u>

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
TRUST-MUTUAL FUNDS	FMV			169,074.	169,074.
TRUST-CASH INVESTMENTS	FMV			214,222.	214,222.
TRUST-STOCK	FMV	2,741,038.			2,741,038.
TRUST - CORPORATE BONDS	FMV		174,893.		174,893.

TRUST - DEBT SECURITIES	FMV	742,813.		742,813.
TO FORM 990, LINE 54A, COL B		<u>2,741,038.</u>	<u>917,706.</u>	<u>383,296.</u>
				<u>4,042,040.</u>

FORM 990	GOVERNMENT SECURITIES	STATEMENT	8
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
TRUST - GOVERNMENT SECURITIES	FMV	365,358.		365,358.
TOTAL TO FORM 990, LINE 54A, COL B		<u>365,358.</u>		<u>365,358.</u>

FORM 990	OTHER SECURITIES	STATEMENT	9
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
TRUST - OTHER	FMV	4,381.
TO FORM 990, LINE 54B, COL B		<u>4,381.</u>

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
SPECIAL EVENTS DIRECT EXPENSES RECLASSIFIED TO PAGE 1, LINE 9B	42,465.
TOTAL TO FORM 990, PART IV-A	<u>42,465.</u>

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	11
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DESCRIPTION	AMOUNT
SPECIAL EVENTS DIRECT EXPENSES RECLASSIFIED TO PAGE 1, LINE 9B	42,465.
TOTAL TO FORM 990, PART IV-B	<u>42,465.</u>

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	12
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DESCRIPTION	AMOUNT
INVESTMENT FEES NETTED AGAINST INVESTMENT INCOME RECLASSIFIED TO EXPENSES	40,840.
TOTAL TO FORM 990, PART IV-A	40,840.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	13
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DESCRIPTION	AMOUNT
RECLASS INVESTMENT FEES NETTED AGAINST INVESTMENT INCOME FOR F/S PURPOSES	40,840.
TOTAL TO FORM 990, PART IV-B	40,840.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	14
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES T. BURTON 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	EXEC. DIR. 40.00	109,606.	26,494.	0.
WENDY COX 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 4.00	0.	0.	0.
ALLEN BRADLEY 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD VICE CHAIR 4.00	0.	0.	0.
CONNIE ELLIOT 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	SECRETARY 4.00	0.	0.	0.
ANGELA CHRISTIAN 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 4.00	0.	0.	0.

GREG HARDEMAN 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD CHAIR 4.00	0.	0.	0.
DON LEDFORD 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 4.00	0.	0.	0.
BILL BROOKS 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 4.00	0.	0.	0.
JEFF FOX 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 4.00	0.	0.	0.
RONALD HUNTER, DDS 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 4.00	0.	0.	0.
CHICQUITA MARTIN 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 4.00	0.	0.	0.
JOHN ROBINSON 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	TREASURER 4.00	0.	0.	0.
TIM PARTLOW 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 4.00	0.	0.	0.
KEVIN GANNON 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 4.00	0.	0.	0.
H.C. STINSON 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 4.00	0.	0.	0.
DALE MCCULLOCH 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 4.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>109,606.</u>	<u>26,494.</u>	<u>0.</u>

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 15

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	THE ORGANIZATION OPERATES AS AN ADOPTION AGENCY AND AS A FOSTER CARE PLACEMENT SERVICE. THESE ACTIVITIES PROVIDE STABLE AND NURTURING HOMES TO DEPENDENT CHILDREN.
93	THE ORGANIZATION PROVIDES PROFESSIONAL COUNSELING FOR FAMILIES, MARRIED COUPLES, AND INDIVIDUALS FOR THE STRENGTHENING OF FAMILY LIFE.
93	THE ORGANIZATION HOSTED AN AWARDS DINNER IN HONOR OF THE FOSTER PARENTS AND SPONSORS.
93	THE ORGANIZATION ALSO PROVIDES MATERNITY COUNSELING TO WOMEN WHO FEEL UNPREPARED TO PARENT DUE TO LACK OF FINANCIAL AND/OR EMOTIONAL SUPPORT AND FOR OTHER REASONS AND ASSISTS THEM IN FINDING PARENTING ALTERNATIVES.