

Return of Organization Exempt from Income Tax

2004

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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 2004 calendar year, or tax year beginning 2004, 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.

INDEPENDENT ADOPTION CENTER 391 TAYLOR BLVD. #100 PLEASANT HILL, CA 94523

D Employer Identification Number 90-0215404 SEE STATEMENT A
E Telephone number (925) 827-2229
F Accounting method: [X] Cash [] Accrual [] Other (specify)

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

H and I are not applicable to section 527 organizations SEE STATEMENT A

H (a) Is this a group return for affiliates? [X] Yes [] No

H (b) If 'Yes,' enter number of affiliates 2

H (c) Are all affiliates included? [X] Yes [] No (If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

G Web site: WWW.ADOPTIONHELP.ORG

J Organization type (check only one) [X] 501(c) 3 (insert no) [] 4947(a)(1) or [] 527

I Group Exemption Number 4207

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4,259,572.

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

1 Contributions, gifts, grants, and similar amounts received

Table with 2 columns: Description and Amount. Rows include 1a Direct public support (57,607), 1b Indirect public support (700), 1c Government contributions (grants) (680,781), 1d Total (739,088).

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 3,486,139.

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5

6a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Investment income (describe)

7

8a Gross amount from sales of assets other than inventory

(A) Securities (B) Other

b Less: cost or other basis and sales expenses

8a

c Gain or (loss) (attach schedule)

8b

8d Net gain or (loss) (combine line 8c, columns (A) and (B))

8c

8d

9 Special events and activities (attach schedule) If any amount is from gaming, check here []

a Gross revenue (not including \$ of contributions reported on line 1a)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11 34,345.

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 4,259,572.

13 Program services (from line 44, column (B))

13 3,523,337.

14 Management and general (from line 44, column (C))

14 484,719.

15 Fundraising (from line 44, column (D))

15 17,699.

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 4,025,755.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 233,817.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 106,896.

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)

21 340,713.

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EXPENSES ASSETS

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 1 (cash \$ 399,988. non-cash \$)	399,988.	399,988.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	217,430.	186,990.	29,366.	1,074.
26	Other salaries and wages	1,525,270.	1,311,731.	206,001.	7,538.
27	Pension plan contributions	43,870.	37,728.	6,142.	
28	Other employee benefits	208,942.	179,691.	29,248.	3.
29	Payroll taxes	132,105.	113,610.	18,495.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	35,683.	30,687.	4,996.	
34	Telephone	62,876.	54,074.	8,802.	
35	Postage and shipping	57,994.	49,875.	8,119.	
36	Occupancy	275,964.	237,329.	38,635.	
37	Equipment rental and maintenance	59,427.	51,107.	8,320.	
38	Printing and publications	9,549.	8,212.	1,337.	
39	Travel	67,930.	59,720.	8,210.	
40	Conferences, conventions, and meetings	54,217.	45,096.	172.	8,949.
41	Interest	16,066.		16,066.	
42	Depreciation, depletion, etc (attach schedule)	16,533.	14,219.	2,314.	
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	841,911.	743,280.	98,496.	135.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	4,025,755.	3,523,337.	484,719.	17,699.

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

What is the organization's primary exempt purpose? SEE STATEMENT 3	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 4 _____ _____ _____ (Grants and allocations \$ _____)	3,523,337.
b _____ _____ _____ (Grants and allocations \$ _____)	
c _____ _____ _____ (Grants and allocations \$ _____)	
d _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,523,337.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	188,860.	45	310,287.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
	48a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch.)		51a	
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment basis		55a	
	b Less: accumulated depreciation (attach schedule)		55b	55c
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment basis	284,831.	57a	
	b Less: accumulated depreciation (attach schedule)	STATEMENT 5 255,254.	57b	57c
58 Other assets (describe ► SEE STATEMENT 6)	29,714.	58	29,577.	
59 Total assets (add lines 45 through 58) (must equal line 74)	17,760.	59	75,231.	
LIABILITIES	60 Accounts payable and accrued expenses	236,334.	60	415,095.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	-3,385.	64b	-6,943.
	65 Other liabilities (describe ► SEE STATEMENT 7)	132,823.	65	81,325.
66 Total liabilities (add lines 60 through 65)	129,438.	66	74,382.	
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	106,896.	67	340,713.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	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, column (B) must equal line 21)	106,896.	73	340,713.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	236,334.	74	415,095.	

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.

BAA

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

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

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4) . .	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2) . . .	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 . . . \$		
(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4) . .	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2) . . .	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 8		217,430.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If 'Yes,' attach schedule — see instructions

Part VI Other Information (See instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a	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?		X
81a	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		
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	0.
81b	b Did the organization file Form 1120-POL for this year?		X
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?		X
82b	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	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85c	c Dues, assessments, and similar amounts from members.	85c	N/A
85d	d Section 162(e) lobbying and political expenditures	85d	N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
87b	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	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		X
89a	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>		
89b	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.	
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.	
90a	List the states with which a copy of this return is filed <u>CALIFORNIA, INDIANA, GEORGIA, NORTH CAROLINA</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	44
91	The books are in care of <u>REGAN BARRETT</u> Telephone number <u>(925) 827-2229</u> Located at <u>391 TAYLOR BLVD. #100, PLEASANT HILL, CA</u> ZIP + 4 <u>94523</u>		
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	N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a ADOPTION CLIENT FEES					3,206,689.
b HOME STUDIES					279,450.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.			14		
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER INCOME					34,345.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					3,520,484.
105 Total (add line 104, columns (B), (D), and (E))					3,520,484.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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	0%			
	0%			
	0%			
	0%			

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

Please Sign Here
 Under penalties of perjury, I declare that I have examined this return, including the preparer's signature, and the information is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.
 Signature of officer: *[Signature]*
 Type or print name and title: Bruce Rappaport, Executive

Paid Preparer's Use Only
 Preparer's signature: *[Signature]*
 Firm's name (or yours if self-employed), address, and ZIP + 4: BERGER/LEWIS ACCOUNTANCY CORP, 99 ALMADEN BLVD, SUITE 600, SAN JOSE, CA 95113

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

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

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

Name of the organization

Employer identification number

INDEPENDENT ADOPTION CENTER

900215404

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
COLBY BEKHOR ----- 391 TAYLOR BLVD #100, PLEASANT HILL	LA BRANCH DIR. 40	50,464.	0.	0.
PAM STEELE ----- 391 TAYLOR BLVD.#100, PLEASANT HILL	COUNSELOR 40	51,246.	0.	0.
GREG MACK ----- 391 TAYLOR BLVD.#100, PLEASANT HILL	GA. BRANCH DIR. 40	55,603.	0.	0.
----- ----- -----				
Total number of other employees paid over \$50,000 ▶	0			

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

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE ----- ----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions)

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation...; 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts...; 3a. Do you make grants for scholarships, fellowships, student loans, etc?; 3b. Do you have a section 403(b) annuity plan for your employees?; 4a. Did you maintain any separate account for participating donors...; 4b. Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

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

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

- 5 [] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 [] A school Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 [] A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 [] A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v) (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 [X] An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Multiple rows for listing organizations.

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

Part IVA 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	72,569.	268,501.	203,203.	194,893.	739,166.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	3,478,844.	3,401,433.	3,096,474.	3,447,427.	13,424,178.
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	-41.		3,001.	14,545.	17,505.
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 SEE STMT. 10	27,127.	3,150.	7,250.	65,478.	103,005.
23 Total of lines 15 through 22	3,578,499.	3,673,084.	3,309,928.	3,722,343.	14,283,854.
24 Line 23 minus line 17.	99,655.	271,651.	213,454.	274,916.	859,676.
25 Enter 1% of line 23.	35,785.	36,731.	33,099.	37,223.	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 N/A ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c

d Add. Amounts from column (e) for lines: 18 _____ 19 _____ ▶ 26d
 22 _____ 26b _____

e Public support (line 26c minus line 26d total) ▶ 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.
 (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, 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.
 (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0.

c Add. Amounts from column (e) for lines: 15 _____ 739,166. 16 _____ ▶ 27c 14,163,344.
 17 _____ 13,424,178. 20 _____ 21 _____ ▶ 27d 0.

d Add. Line 27a total _____ 0. and line 27b total _____ 0. ▶ 27e 14,163,344.

e Public support (line 27c total minus line 27d total) ▶ 27e 14,163,344.

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f 14,283,854.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 99.16 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 0.12 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32a	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? 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		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	Has the organization's right to such aid ever been revoked or suspended? 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		

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

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table —		
If the amount on line 40 is —		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is —		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$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)

	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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.)			

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

INDEPENDENT ADOPTION CENTER

900215404

STATEMENT 1
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME: TEAMWORK FOR CHILDREN
DONEE'S ADDRESS: 85444 TEAGUE LOOP
EUGENE, OR 97405-9536

AMOUNT GIVEN: \$ 399,988.

TOTAL GRANTS AND ALLOCATIONS \$ 399,988.

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	364,974.	364,974.		
AGENCY SERVICE	11,705.	11,705.		
BAD DEBT, FEES, OTHER CHARGES	63,066.		63,066.	
BANK FEES	7,050.		7,050.	
COMPUTER RELATED EXPENSE	29,732.	25,568.	4,164.	
CONSULTANTS	155,833.	145,462.	10,236.	135.
CREDIT UNION-EE PR	18,343.	15,775.	2,568.	
DUES AND SUBSCRIPTION	478.	411.	67.	
EDUCATION AND APPRECIATION	4,558.	3,920.	638.	
INSURANCE	68,301.	68,301.		
LT DISABILITY AND LIFE INSURAN	13,034.	11,210.	1,824.	
MISCELLANEOUS	8,530.	7,336.	1,194.	
NOTARY	215.		215.	
OFFICE SERVICES	17,138.	14,739.	2,399.	
OTHER FEES	6,850.	5,891.	959.	
OUTREACH	24,210.	24,210.		
PAYROLL FEES	5,868.	5,046.	822.	
STAFF FINGERPRINTING	1,238.	1,238.		
SUBCONTRACTOR EXPENSE	17,259.	17,259.		
WORKER'S COMPENSATION	23,529.	20,235.	3,294.	
TOTAL	\$ <u>841,911.</u>	\$ <u>743,280.</u>	\$ <u>98,496.</u>	\$ <u>135.</u>

STATEMENT 3
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE SPECIFIC PURPOSE OF THE ORGANIZATION IS TO OFFER GUIDANCE AND COUNSELING IN THE FIELD OF PARENT-INITIATED ADOPTIONS. SPECIFICALLY, THE INDEPENDENT ADOPTION CENTER WILL PROVIDE GROUP AND PRIVATE COUNSELING TO PROSPECTIVE PARENTS WHO SEEK TO RESOLVE INFERTILITY PROBLEMS, CONSIDER ADOPTION POSSIBILITIES AND PROCEDURES, AND COPE WITH LEGAL EMOTIONAL AND LOGISTICAL PROBLEMS GENERATED BY AN ADOPTION.

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
PROVIDES COMPREHENSIVE COUNSELING AND EDUCATIONAL SERVICES TO 800 PROSPECTIVE ADOPTIVE PARENTS PER YEAR AND OVER 1200 BIRTH PARENTS AND FACILITATES OVER 300 LICENSED AGENCY ADOPTIONS ANNUALY.		2,642,503.
PROVIDES TRAINING AND EDUCATION MATERIALS, TEACHER TRAINING, COUNSELING IN-SERVICES AND EDUCATIONAL SERVICES TO PREGNANCY RELATED EDUCATIONAL MEDICAL PROGRAMS FOR YOUNG MEN AND WOMEN AT RISK FOR UNPLANNED PREGNANCIES ACROSS THE UNITED STATES.		880,834.
	<u>\$ 0.</u>	<u>\$ 3,523,337.</u>

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 284,831.	\$ 255,254.	\$ 29,577.
TOTAL	<u>\$ 284,831.</u>	<u>\$ 255,254.</u>	<u>\$ 29,577.</u>

STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS

SECURITY DEPOSIT	\$ 17,761.
UNDEPOSITED FUNDS	57,470.
TOTAL	<u>\$ 75,231.</u>

STATEMENT 7
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

LINE OF CREDIT	\$ 88,630.
PAYROLL TAX LIABILITY	-5,669.
PAYROLL WITHOLDING	-1,636.
TOTAL	<u>\$ 81,325.</u>

INDEPENDENT ADOPTION CENTER

900215404

STATEMENT 8
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GREG KUHL 391 TAYLOR BLVD. #100 PLEASANT HILL, CA 94523	PRESIDENT 4	\$ 0.	\$ 0.	\$ 0.
TAHIR SHEIKH 391 TAYLOR BLVD. #100 PLEASANT HILL, CA 94523	TREASURER 2	0.	0.	0.
JAMES FRANCIS 391 TAYLOR BLVD. #100 PLEASANT HILL, CA 94523	BOARD MEMBER 2	0.	0.	0.
TERESA LOPEZ ENNS 391 TAYLOR BLVD. #100 PLEASANT HILL, CA 94523	BOARD MEMBER 2	0.	0.	0.
ROY CHASTAIN 391 TAYLOR BLVD. #100 PLEASANT HILL, CA 94523	BOARD MEMBER 2	0.	0.	0.
RITA SWENCIONIS 391 TAYLOR BLVD. #100 PLEASANT HILL, CA 94523	BOARD MEMBER 2	0.	0.	0.
DAN MAYFIELD 391 TAYLOR BLVD. #100 PLEASANT HILL, CA 94523	BOARD MEMBER 2	0.	0.	0.
SUSAN SPARLING 391 TAYLOR BLVD. #100 PLEASANT HILL, CA 94523	BOARD MEMBER 2	0.	0.	0.
LORRAINE MORTON-FEAZELL 391 TAYLOR BLVD. #100 PLEASANT HILL, CA 94523	BOARD MEMBER 2	0.	0.	0.
BETH REIMELS 391 TAYLOR BLVD. #100 PLEASANT HILL, CA 94523	BOARD MEMBER 2	0.	0.	0.
BRUCE RAPPAPORT 391 TAYLOR BLVD. #100 PLEASANT HILL, CA 94523	EXECUTIVE DIREC 40	125,494.	0.	0.
KATHLEEN SILBER 391 TAYLOR BLVD. #100 PLEASANT HILL, CA 94523	EXECUTIVE DIREC 40	91,936.	0.	0.
TOTAL		\$ 217,430.	\$ 0.	\$ 0.

STATEMENT 9
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	ADOPTION CLIENT FEES - INCOME GENERATED BY PROVIDING PROFESSIONAL COUNSELING AND SUPPORT GROUPS FOR BIRTHPARENTS DURING THE OPEN ADOPTION PROCESS AND AFTER PLACEMENTS, AND FOR ADOPTIVE PARENTS DURING ALL PHASES OF THE OPEN ADOPTION PROCESS.
93B	HOME STUDIES - INCOME GENERATED BY PROVIDING ADOPTIVE PARENT HOME STUDIES AND UPDATE, WHICH RELATES TO EXEMPT PURPOSE.
103B	OTHER INCOME - OTHER REVENUE GENERATED BY PROVIDING ADDITIONAL COUNSELING HOURS AND OTHER SERVICES RELATED TO EXEMPT PURPOSE.

STATEMENT 10
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2003	(B) 2002	(C) 2001	(D) 2000	(E) TOTAL
OTHER INCOME	\$ 27,127.	\$ 3,150.	\$ 7,250.	\$ 65,478.	\$ 103,005.
TOTAL	<u>\$ 27,127.</u>	<u>\$ 3,150.</u>	<u>\$ 7,250.</u>	<u>\$ 65,478.</u>	<u>\$ 103,005.</u>

**Independent Adoption Center
Statement A, for Line D and Line H of Form 990
FYE 12/31/04**

Per conversation with Kim Meridith of IRS, ID # 2973568, Employer Identification Number (EIN) for the Form 990 is 90-0215404 (line D of Form 990). We also need to list all the EINs of all the parents and subsidiaries (Line H (c) of Form 990)

Parent: Independent Adoption Center, EIN: 94-2867221

Subsidiary: Independent Adoption Center of Georgia, Inc., EIN: 58-2222365