

**Return of Organization Exempt From Income Tax**

**2005**

Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2005 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or pntt or type See Specific Instructions	<b>C Name of organization</b> <b>INDEPENDENT ADOPTION CENTER</b>	<b>D Employer identification number</b> 90-0215404
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>391 TAYLOR BLVD., #100</b>	<b>E Telephone number</b> 925-827-2229
		City or town, state or country, and ZIP + 4 <b>PLEASANT HILL, CA 94523</b>	<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

H and I are not applicable to section 527 organizations

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

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

H(c) Are all affiliates included? (If "No," attach a list)  Yes  No

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

I Group Exemption Number **4207**

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

**G Website:** WWW.ADOPTIONHELP.ORG

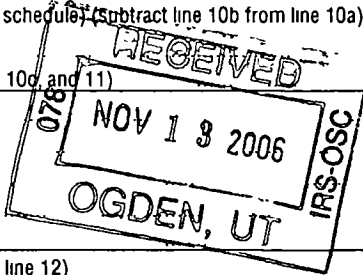
**J Organization type** (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

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

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **4,352,147.**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received			
	<b>a</b> Direct public support	<b>1a</b>	57,123.	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d Total</b> (add lines 1a through 1c) (cash \$ <b>57,123.</b> noncash \$ _____)	<b>1d</b>		57,123.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		4,262,673.
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		
	<b>5</b> Dividends and interest from securities	<b>5</b>		2,624.
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe _____)	<b>7</b>			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>8a</b>			
	<b>8b</b> Less cost or other basis and sales expenses	<b>8b</b>		
	<b>8c</b> Gain or (loss) (attach schedule)	<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		29,727.	
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		4,352,147.	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	4,018,532.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	472,506.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	66,292.	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		4,557,330.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<205,183.>	
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	340,713.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	<b>20</b>	<3,100.>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		132,430.



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**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$165,786 • noncash \$ 0 • If this amount includes foreign grants, check here <input type="checkbox"/>	22 165,786.	165,786.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc. * *	25 126,898.	95,174.	25,380.	6,344.
26	Other salaries and wages	26 1,962,479.	1,638,085.	280,489.	43,905.
27	Pension plan contributions	27			
28	Other employee benefits	28 342,549.	290,346.	43,965.	8,238.
29	Payroll taxes	29 158,233.	134,498.	19,930.	3,805.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34 54,755.	46,542.	8,213.	
35	Postage and shipping	35 63,879.	54,297.	9,582.	
36	Occupancy	36 288,222.	288,222.		
37	Equipment rental and maintenance	37 64,994.	64,994.		
38	Printing and publications	38 6,665.		6,665.	
39	Travel	39 159,828.	159,828.		
40	Conferences, conventions, and meetings	40			
41	Interest	41 10,622.		10,622.	
42	Depreciation, depletion, etc. (attach schedule)	42 21,731.	18,471.	3,260.	
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g	SEE STATEMENT 3	43g 1,130,689.	1,062,289.	64,400.	4,000.
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 4,557,330.	4,018,532.	472,506.	66,292.

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

\*\* SEE STATEMENT 4

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? ► SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others )
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.)	
<b>a PROVIDES COMPREHENSIVE COUNSELING AND EDUCATIONAL SERVICES TO OVER 800 PROSPECTIVE ADOPTIVE PARENTS PER YEAR AND OVER 1,200 BIRTH PARENTS AND FACILITATES OVER 300 LICENSED AGENCY ADOPTIONS ANNUALLY.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,012,560.
<b>b SEE STATEMENT 6</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,005,972.
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	4,018,532.

Form 990 (2005)

**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
<b>Assets</b>	45	Cash - non-interest-bearing	310,287.	45	123,255.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable			
		b Less: allowance for doubtful accounts		47c	
	48 a	Pledges receivable			
		b Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	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		53	
	54	Investments - securities <span style="float: right;">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>		54	
	55 a	Investments - land, buildings, and equipment: basis			
		b Less: accumulated depreciation		55c	
56	Investments - other <span style="float: right;">SEE STATEMENT 8</span>	0.	56	104.	
57 a	Land, buildings, and equipment: basis	301,994.			
	b Less: accumulated depreciation	266,876.	57c	35,118.	
58	Other assets (describe ▶ <u>DEPOSITS</u> )	75,231.	58	19,323.	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	415,095.	59	177,800.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses		60	
	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	<6,943.	64b	38,370.
65	Other liabilities (describe ▶ <u>EMPLOYEE LOAN PAYABLE</u> )	81,325.	65	7,000.	
66	<b>Total liabilities.</b> Add lines 60 through 65)	74,382.	66	45,370.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	340,713.	67	132,430.
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	340,713.	73	132,430.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	415,095.	74	177,800.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	4,389,211.
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): <u>SEE STATEMENT 9</u>	b4	37,064.	
	Add lines b1 through b4		<b>b</b>	37,064.
<b>c</b>	Subtract line b from line a		<b>c</b>	4,352,147.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines c and d		<b>e</b>	4,352,147.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	4,530,521.
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		<b>b</b>	0.
<b>c</b>	Subtract line b from line a		<b>c</b>	4,530,521.
<b>d</b>	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 10</u>	d2	26,809.	
	Add lines d1 and d2		<b>d</b>	26,809.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines c and d		<b>e</b>	4,557,330.

**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 11		126,898.	8,256.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 0
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)
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 this organization through common supervision or common control?
Note. Related organizations include section 509(a)(3) supporting organizations.
If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization
d Does the organization have a written conflict of interest policy?

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.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
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.
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If 'Yes,' has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement
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?
b If 'Yes,' enter the name of the organization
81 a Enter direct or indirect political expenditures. (See line 81 instructions.)
b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

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?
82 b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
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?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0, section 4912 0, section 4955 0.
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
90 a List the states with which a copy of this return is filed CA, IN, GA, NC
90 b Number of employees employed in the pay period that includes March 12, 2005 52
91 a The books are in care of INDEPENDENT ADOPTION AGENCY Telephone no 925-827-2229
Located at 391 TAYLOR BLVD., #100, PLEASANT HILL, CA ZIP + 4 94523
91 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
91 c At any time during the calendar year, did the organization maintain an office outside of the United States?
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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 12					4,262,673.
b					
c					
d					
e					
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	2,624.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER REVENUE					29,727.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,624.	4,292,400.
105 Total (add line 104, columns (B), (D), and (E))					4,295,024.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 13

**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**

- (a) Did the organization, during the year, receive any funds, directly or indirectly,
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on
- 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 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 furnished to him.

Signature of officer: *Ann Wixson* Date: 11-0

Paid Preparer's Use Only

Preparer's signature: *Patricia A. Wintroath*

Firm's name (or yours if self-employed), address, and ZIP + 4: PATRICIA A. WINTROATH, 2121 N. CALIFORNIA BLVD, WALNUT CREEK, CA 94596

523163 02-03-06



**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 4947(a)(1) Nonexempt Charitable Trust

**2005**

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

INDEPENDENT ADOPTION CENTER

Employer identification number

90 0215404

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

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KATHLEEN SILBER 391 TAYLOR BLVD., SUITE 100, PLEASANT	ASSOC EXEC DIR 40.00	94,820.	2,620.	
MICHELLE SCHILLER 391 TAYLOR BLVD., SUITE 100, PLEASANT	IT DIRECTOR 40.00	57,905.	7,169.	
GREG MACK 391 TAYLOR BLVD., SUITE 100, PLEASANT	SOUTHEAST BRANCH DIR 40.00	57,172.	6,976.	
SHARON FITZGERALD 391 TAYLOR BLVD., SUITE 100, PLEASANT	MARKETING DIRECTOR 40.00	55,484.	3,658.	
PATTI MCGEE-COLSTON 391 TAYLOR BLVD., SUITE 100, PLEASANT	GRANT DIR/IAATP 40.00	54,986.	5,785.	
Total number of other employees paid over \$50,000	▶ 2			

**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	

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

	Yes	No
<b>1</b> 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 <b>▶</b> \$ _____ \$ _____ (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		X
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets?		X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )		X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

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

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization **▶**  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

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

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	739,088.	72,569.	268,501.	203,203.	1,283,361.
<b>16</b> Membership fees received					
<b>17</b> 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	3,486,139.	3,478,844.	3,401,433.	3,096,474.	13,462,890.
<b>18</b> 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.	2,960.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	34,345.	27,127.	SEE STATEMENT 14 3,150.	7,250.	71,872.
<b>23</b> Total of lines 15 through 22	4,259,572.	3,578,499.	3,673,084.	3,309,928.	14,821,083.
<b>24</b> Line 23 minus line 17	773,433.	99,655.	271,651.	213,454.	1,358,193.
<b>25</b> Enter 1% of line 23	42,596.	35,785.	36,731.	33,099.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					<b>26a</b> N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A
e Public support (line 26c minus line 26d total)					<b>26e</b> N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> N/A %
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add Amounts from column (e) for lines 15 1,283,361. 16 _____ 17 13,462,890. 20 _____ 21 _____					<b>27c</b> 14,746,251.
d Add Line 27a total 0. and line 27b total 0.					<b>27d</b> 0.
e Public support (line 27c total minus line 27d total)					<b>27e</b> 14,746,251.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					<b>27f</b> 14,821,083.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 99.4951%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> .0200%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 )		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	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 )		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	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		
<b>35</b>	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 page 9 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

<b>Limits on Lobbying Expenditures</b> (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 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	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
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 11 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



FOOTNOTES

STATEMENT 1

STATEMENT A, FORM 990, LINE D AND LINE H

THE EMPLOYER IDENTIFICATION NUMBER FOR THIS FORM 990 IS 90-0215404 (LINE D). THE EMPLOYER IDENTIFICATION NUMBERS FOR THE PARENT AND SUBSIDIARIES (LINE H(C)) ARE AS FOLLOWS:

PARENT: INDEPENDENT ADOPTION CENTER, EIN:94-2867221

SUSIDIARY: INDEPENDENT ADOPTION CENTER OF GEORGIA, INC.,  
EIN: 58:2222365

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT AS A RESULT OF AUDIT	<3,100.>
TOTAL TO FORM 990, PART I, LINE 20	<3,100.>

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	220,770.	200,966.	19,804.	
ADVERTISING	288,790.	288,790.		
INSURANCE	73,913.	52,169.	21,744.	
SMIS EXPENSE	11,689.	11,689.		
WEEKEND INTENSIVE EXPENSE	6,161.	6,161.		
BOARD EXPENSE	678.		678.	
CLIENT EDUCATION	9,496.	9,496.		
BIRTH PARENT EXPENSE	35,039.	35,039.		
OFFICE EXPENSE	53,942.	40,309.	9,633.	4,000.
PAYROLL, BANK, OTHER FEES	27,568.	27,568.		
ANSWERING, PAGING SERVICES	6,580.	6,580.		
COMPUTER EXPENSES	38,323.	32,574.	5,749.	
STAFF EDUCATION & TRAINING	8,029.	8,029.		
STAFF APPRECIATION	3,259.		3,259.	
MISCELLANEOUS	4,408.	4,408.		
IAATP EXPENSES	12,059.	12,059.		
AGENCY SERVICES	9,258.	9,258.		
OUTREACH	126,368.	126,368.		
LEGAL COSTS - JUDGEMENTS	65,568.	65,568.		
CAR	84,628.	84,628.		
LATE FEES	3,533.		3,533.	
BAD DEBT	40,630.	40,630.		
TOTAL TO FM 990, LN 43	1,130,689.	1,062,289.	64,400.	4,000.



FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 4  
 PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BRUCE RAPPAPORT	126,898.	8,256.		135,154.
A. PROGRAM SERVICES	95,174.	6,192.		101,366.
B. MANAGEMENT AND GENERAL	25,380.	1,651.		27,031.
C. FUNDRAISING	6,344.	413.		6,757.
TOTAL PROGRAM SERVICES				101,366.
TOTAL MANAGEMENT AND GENERAL				27,031.
TOTAL FUNDRAISING				6,757.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				135,154.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
ADOPTION TRAINING AND EDUCATION	TEAMWORK FOR CHILDREN	85444 TEAGUE LOOP, EUGENE, OR 97405-9536	NONE	165,786.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				165,786.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE TWO

PROVIDES TRAINING AND EDUCATION MATERIALS, TEACHER TRAINING, CONSELING 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.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		1,005,972.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7  
PART III

EXPLANATION

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.

FORM 990 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENTS	COST	104.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		104.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
ADJUSTMENT FROM ACCRUAL TO CASH BASIS FOR TAX PURPOSES		37,064.	
TOTAL TO FORM 990, PART IV-A		37,064.	

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
ADJUSTMENT FROM ACCRUAL TO CASH BASIS FOR TAX PURPOSES		26,809.	
TOTAL TO FORM 990, PART IV-B		26,809.	

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	11
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRUCE RAPAPORT 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	EXECUTIVE DIRECTOR 40.00	126,898.	8,256.	0.
GREG KUHL 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	PRESIDENT 4.00	0.	0.	0.
TAHIR SHEIKH 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	TREASURER 2.00	0.	0.	0.
JAMES FRANCIS 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	SECRETARY 2.00	0.	0.	0.
TERESA LOPEZ ENNS 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.	0.	0.

SUSAN SPARLING 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.	0.	0.
CAMILLE KING 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.	0.	0.
DAN MAYFIELD 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.	0.	0.
CAROLINA ECHEVERRIA 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.	0.	0.
SALVADOR ACEVEDO 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.	0.	0.
ROY CHASTAIN 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.	0.	0.
RITA SWENCIONIS 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.	0.	0.
BETH REIMELS 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>126,898.</u>	<u>8,256.</u>	<u>0.</u>

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 12

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
GOVERNMENT CONTRACT					950,000.
CLIENT FEES					2,958,317.
DOMESTIC & INTERNATIONAL					
HOME STUDY FEES					323,100.
COUNSELING FEES					90,367.
POST ADOPTION FEES					12,750.
BIRTH PARENT EXPENSE					
FUNDING					34,329.
CLIENT REFUNDS					<106,190.>
TO FORM 990, PART VII, LINE 93					<u>4,262,673.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 13  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	CONTRACT TO PROVIDE INFANT ADOPTION TRAININGS
93B	ADOPTION FEE RECEIVED FROM PROSPECTIVE ADOPTIVE PARENTS
93C	HOMESTUDY FEES PAID BY ADOPTIVE PARENTS AS PART OF THE ADOPT. PROCESS
93D	COUNSELING PROVIDED AS PART OF THE ADOPTION PROCESS
93E	FEE CHARGED AS PART OF THE ADOPTION PROCESS FOR POST ADOPTION SERVICES
93E	FUNDS RECEIVED FROM ADOPTIVE PARENTS TO HELP THE BIRTH MOTHER
93E	REFUNDS OF ADOPTION FEES WHEN PARENTS DECIDE NOT TO COMPLETE THE ADOPTION PROCESS
103A	OTHER REVENUE GENERATED BY PROVIDING ADDITIONAL COUNSELING HOURS AND OTHER SERVICES RELATED TO THE EXEMPT PURPOSE

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER INCOME	34,345.	27,127.	3,150.	7,250.
TOTAL TO SCHEDULE A, LINE 22	34,345.	27,127.	3,150.	7,250.

Independent Adoption Center  
 Fixed asset Schedule  
 December 31, 2005

Form 990, Part IV, Lines 57a & b  
 Form 199, Schedule L, Lines 10a & b

Item Description	Purchase Date	Useful Life	Total Cost	Asset Acquisition	Asset Disposal	2005 Total Cost	2004 Accumulated Depreciation	2005 Depreciation Expense	2005 Disposals	2005 Accumulated Depreciation
Pre-2003 assets			\$ 238,257 95			238,257 95	228,658 58	9,599 37		238,257 95
Pre-2003 assets-LA			\$ 5,000 00			5,000 00	5,000 00			5,000 00
1998 Toyota Rav 4	1/17/2003	5 yrs	\$ 20,940 96	1101 13		22,042 09	18,912 20	4,408 44	10,095 32	13,225 32
Computer Server for PH Office	04/07/2003	5 yrs	\$ 2,029 20			2,029 20	676 40	405 84		1,082 24
Bruce's computer	10/09/2003	5 yrs	\$ 1,591 23			1,591 23	371 28	318 24		689 52
Fireproof file cabinet	10/30/2003	5 yrs	\$ 615 33			615 33	143 64	123 12		266 76
iMac for GA office	03/18/2004	3 yrs	\$ 596 18			596 18	149 04	198 72		347 76
iMac for LA office	03/25/2004	3 yrs	\$ 596 18			596 18	149 04	198 72		347 76
eMac for NC office	05/27/2004	4 yrs	\$ 993 61			993 61	144 90	248 40		393 30
eMac for GA office	05/27/2004	4 yrs	\$ 990 67			990 67	144 48	247 68		392 16
eMac for IN office	05/27/2004	4 yrs	\$ 986 31			986 31	143 85	246 60		390 45
eMac for LA office	05/27/2004	4 yrs	\$ 1,001 43			1,001 43	146 02	250 32		396 34
Fireproof file cabinet	07/27/2004	5 yrs	\$ 560 43			560 43	46 70	112 08		158 78
iMac for LA office	08/04/2004	3 yrs	\$ 639 37			639 37	71 04	213 12		284 16
eMac for Bruce	08/13/2004	4 yrs	\$ 1,009 77			1,009 77	84 16	252 48		336 64
eMac for LA office	09/24/2004	4 yrs	\$ 793 26			793 26	49 58	198 32		247 89
eMac for PH office-IAATP	09/28/2004	4 yrs	\$ 1,076 35			1,076 35	67 26	269 04		336 30
iBook for Patti Colston-IAATP	10/07/2004	3 yrs	\$ 1,304 47			1,304 47	72 48	434 88		507 36
eMac for PH office	10/19/2004	4 yrs	\$ 1,794 37			1,794 37	74 76	448 56		523 32
eMac for PH office-IAATP	10/19/2004	4 yrs	\$ 811 90			811 90	33 82	202 92		236 74
eMac for PH office-IAATP	10/19/2004	4 yrs	\$ 811 90			811 90	33 82	202 92		236 74
eMac for PH office-IAATP	10/28/2004	4 yrs	\$ 811 76			811 76	33 82	202 92		236 74
eMac for PH office-IAATP	10/28/2004	4 yrs	\$ 811 75			811 75	33 82	202 92		236 74
eMac for PH	12/03/2004	4 yrs	\$ 806 79			806 79		201 72		201 72
eMac for GA office	02/01/2005	4 yrs	\$ 1,016 74			1,016 74		211 80		211 80
eMac for Sharon	02/23/2005	4 yrs	\$ 803 25			803 25		167 30		167 30
eMac for GA office	02/23/2005	4 yrs	\$ 803 25			803 25		167 30		167 30
Ibook for Pam Steele-IAATP	03/10/2005	3 yrs	\$ 1,299 59			1,299 59		324 90		324 90
eMac for Pam Steele-IAATP	03/24/2005	4 yrs	\$ 793 26			793 26		148 77		148 77
eMac for Indy office	04/18/2005	4 yrs	\$ 727 53			727 53		121 28		121 28
eMac for Indy office	04/18/2005	4 yrs	\$ 727 53			727 53		121 28		121 28
eMac for Indy office	04/18/2005	4 yrs	\$ 727 53			727 53		121 28		121 28
Camcorder for IAATP	04/19/2005	5 yrs	\$ 949 99			949 99		126 56		126 56
eMac for PH office-Lyn Dawn	04/22/2005	4 yrs	\$ 793 26			793 26		132 24		132 24
Laser printer	05/18/2005	4 yrs	\$ 1,657 55			1,657 55		241 73		241 73
Powerbook for Bruce-IAATP	06/17/2005	3 yrs	\$ 2,746 29			2,746 29		457 72		457 72
Computer for North Carolina office	08/08/2005	3 yrs	\$ 880 50			880 50		97 83		97 83
eMac for Sacto Office-IAATP	08/23/2005	4 yrs	\$ 793 83			793 83		66 16		66 16
Ibook for trainers-IAATP	11/08/2005	3 yrs	\$ 1,341 86			1,341 86		37 27		37 27
<b>Total Assets</b>			<b>\$ 301,401 13</b>	<b>\$ 1,101 13</b>	<b>\$ 508 00</b>	<b>\$ 301,994 26</b>	<b>\$ 255,240 69</b>	<b>\$ 21,730 74</b>	<b>\$ 10,095 32</b>	<b>\$ 266,876 11</b>