

**Return of Organization Exempt From Income Tax**

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

**2006**

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 2006 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 print or type See Specific Instructions	<b>C Name of organization</b>		<b>D Employer identification number</b>
		INDEPENDENT ADOPTION CENTER		90-0215404
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 391 TAYLOR BLVD., #100		<b>E Telephone number</b> 925-827-2229
City or town, state or country, and ZIP + 4 PLEASANT HILL, CA 94523		<b>F Accounting method:</b> <input checked="" type="checkbox"/> Cash <input 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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **4,236,797.**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	10,553.		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e Total</b> (add lines 1a through 1d) (cash \$ <b>10,553.</b> noncash \$ _____)	<b>1e</b>		10,553.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		4,205,260.	
	<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>		6.	
	<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	<b>(A) Securities</b>		<b>(B) Other</b>		
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>				
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>				
<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8c</b>				
<b>8d</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 1b)	<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>		20,978.		
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		4,236,797.		
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	3,769,809.		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	444,945.		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	42,527.		
	<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>	4,257,281.		
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<20,484.>		
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	132,430.		
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	0.		
	<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20	<b>21</b>	111,946.		

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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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A <b>STMT 3</b>	144,390.	108,292.	28,878.	7,220.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	1,765,328.	1,482,875.	247,146.	35,307.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	210,320.	178,772.	31,548.	
<b>29</b> Payroll taxes	147,247.	125,160.	22,087.	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees	25,000.	25,000.		
<b>33</b> Supplies				
<b>34</b> Telephone	50,136.	42,615.	7,521.	
<b>35</b> Postage and shipping	55,020.	46,766.	8,254.	
<b>36</b> Occupancy	293,901.	293,901.		
<b>37</b> Equipment rental and maintenance	29,090.	29,090.		
<b>38</b> Printing and publications	9,079.		9,079.	
<b>39</b> Travel	90,291.	90,291.		
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	9,145.		9,145.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	12,948.	11,006.	1,942.	
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 2</b>	1,415,386.	1,336,041.	79,345.	
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,257,281.	3,769,809.	444,945.	42,527.

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

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? ► <u>SEE STATEMENT 4</u>	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"/>	2,898,353.
<b>b 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.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	871,456.
<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</b> (should equal line 44, column (B), Program services) ►	3,769,809.

**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	123,255.	45	101,808.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
	55 a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation	55b	55c		
	56 Investments - other	SEE STATEMENT 5	104.	56	45.
	57 a Land, buildings, and equipment: basis	57a 278,636.			
b Less: accumulated depreciation	57b 261,061.	35,118.	57c	17,575.	
58 Other assets, including program-related investments (describe ► <u>DEPOSITS</u> )		19,323.	58	21,301.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		177,800.	59	140,729.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61	28,783.	
	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		38,370.	64b	
	65 Other liabilities (describe ► _____)		7,000.	65	
66 <b>Total liabilities.</b> Add lines 60 through 65		45,370.	66	28,783.	
<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	132,430.	67	111,946.	
	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 and column (B) must equal line 21)		132,430.	73	111,946.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		177,800.	74	140,729.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Total revenue (line e) is 4,236,797.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Total expenses (line e) is 4,257,281.

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.)

Table with 5 columns: (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. Row 1: SEE STATEMENT 8, 144,390, 7,450, 0.

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

Table with 4 columns: Question (75a-d), Yes, No. 75a: 12 meetings. 75b: X. 75c: X. 75d: X.

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

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 4 columns: Question (76-81b), Yes, No. 76: X. 77: X. 78a: X. 78b: N/A. 79: X. 80a: X. 81a: 0. 81b: X.

**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	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
<b>b</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.)		
	<b>82b</b> N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		
	N/A		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?		
	N/A		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b> N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b> N/A		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b> N/A		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b> N/A		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
<b>h</b>	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		
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
	<b>86a</b> N/A		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b> N/A		
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders		
	<b>87a</b> N/A		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>87b</b> N/A		
<b>88 a</b>	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
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> 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
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	<b>89g</b>		
<b>90 a</b>	List the states with which a copy of this return is filed <u>CA, IN, GA, NC</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 <b>90b</b> <u>46</u>		
<b>91 a</b>	The books are in care of <u>INDEPENDENT ADOPTION CENTER</u> Telephone no <u>925-827-2229</u> Located at <u>391 TAYLOR BLVD., #100, PLEASANT HILL, CA</u> ZIP + 4 <u>94523</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
	<b>91b</b>		

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 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 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 9					4,205,260.
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	6.	
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					20,978.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		6.	4,226,238.
105 Total (add line 104, columns (B), (D), and (E))					4,226,244.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 10

**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) Natur	(D)	(E)
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with**

(a) Did the organization, during the year, receive any funds, directly or indirectly, from a taxable subsidiary or disregarded entity?  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a contract with a taxable subsidiary or disregarded entity?  
**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



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

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

Yes	No

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

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

Yes	No

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

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

Yes	No

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

Please Sign Here

Signature of officer: Ann Wrixon Date: 11-13-07  
 Type or print name and title: Ann Wrixon Executive Director

Paid Preparer's Use Only

Preparer's signature: Patricia A. Wintroath Date: 11/02/07 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: PATRICIA A. WINTROATH  
2121 N. CALIFORNIA BLVD., SUITE 290  
WALNUT CREEK, CA 94596  
 EIN: \_\_\_\_\_ Phone no: (925) 926-6448

**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

**2006**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KATHLEEN SILBER 391 TAYLOR BLVD., SUITE 100, PLEASANT	ASSOC EXEC DIR 40.00	94,041.	2,322.	
SHARON FITZGERALD 391 TAYLOR BLVD., SUITE 100, PLEASANT	MARKETING DIRECTOR 40.00	63,490.	3,577.	
KAREN DEMIGUEL 391 TAYLOR BLVD., SUITE 100, PLEASANT	ADOPTION COORDINATOR 40.00	57,772.	1,238.	
REGAN CORYELL 391 TAYLOR BLVD., SUITE 100, PLEASANT	BOOKKEEPER 40.00	56,667.	1,692.	
MARCY TAJKEF 391 TAYLOR BLVD., SUITE 100, PLEASANT	BRANCH DIRECTOR 40.00	55,174.	1,772.	
Total number of other employees paid over \$50,000 ▶	0			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DENNIS ROSE & ASSOCIATES	EVALUATION OF DATA & REPORT WRI	61,993.
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
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.	3c	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.	4a	X
	b Did the organization make any taxable distributions under section 4966?	4b	X
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
	d Enter the total number of donor advised funds owned at the end of the tax year ▶		0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		0.
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.

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

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

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

Provide the following information about the supported organizations. (See page 7 of the instructions )

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

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	57,123.	739,088.	72,569.	268,501.	1,137,281.
<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	4,262,673.	3,486,139.	3,478,844.	3,401,433.	14,629,089.
<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	2,624.		<41.>		2,583.
<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	29,727.	34,345.	SEE STATEMENT 11 27,127.	3,150.	94,349.
<b>23</b> Total of lines 15 through 22	4,352,147.	4,259,572.	3,578,499.	3,673,084.	15,863,302.
<b>24</b> Line 23 minus line 17	89,474.	773,433.	99,655.	271,651.	1,234,213.
<b>25</b> Enter 1% of line 23	43,521.	42,596.	35,785.	36,731.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 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	(2005) 0.	(2004) 0.	(2003) 0.	(2002) 0.	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	(2005) 0.	(2004) 0.	(2003) 0.	(2002) 0.	0.
c Add Amounts from column (e) for lines 15 <u>1,137,281.</u> 16 _____ 17 <u>14,629,089.</u> 20 _____ 21 _____					27c 15,766,370.
d Add Line 27a total <u>0.</u> and line 27b total <u>0.</u>					27d 0.
e Public support (line 27c total minus line 27d total)					27e 15,766,370.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 15,863,302.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.3890%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .0163%

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

NONE

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following.		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to.		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions )

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group

Check  b  if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
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		
<b>The lobbying nontaxable amount is -</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

N/A

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

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

Yes	No	Amount
		0.

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

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

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

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

(i) Cash

(ii) Other assets

**b** Other transactions

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

(ii) Purchases of assets from a noncharitable exempt organization

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

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

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

	Yes	No
<b>51a(i)</b>		<input checked="" type="checkbox"/>
<b>a(ii)</b>		<input checked="" type="checkbox"/>
<b>b(i)</b>		<input checked="" type="checkbox"/>
<b>b(ii)</b>		<input checked="" type="checkbox"/>
<b>b(iii)</b>		<input checked="" type="checkbox"/>
<b>b(iv)</b>		<input checked="" type="checkbox"/>
<b>b(v)</b>		<input checked="" type="checkbox"/>
<b>b(vi)</b>		<input checked="" type="checkbox"/>
<b>c</b>		<input checked="" type="checkbox"/>

N/A

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

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule N/A

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



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

SUSIDIARIES:

INDEPENDENT ADOPTION CENTER OF GEORGIA, INC., EIN: 58-2222365  
INDEPENDENT ADOPTION CENTER - NO. CAROLINA ,EIN: 26-0071971  
INDEPENDENT ADOPTION CENTER - INDIANA ,EIN: 26-0071972  
INDEPENDENT ADOPTION CENTER - LOS ANGELES ,EIN: 26-0071973

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	706,555.	673,870.	32,685.	
ADVERTISING	278,676.	278,676.		
INSURANCE	101,180.	86,003.	15,177.	
SMIS EXPENSE	0.			
WEEKEND INTENSIVE EXPENSE	4,912.	4,912.		
BOARD EXPENSE	1,130.		1,130.	
CLIENT EDUCATION	6,014.	6,014.		
BIRTH PARENT EXPENSE	34,376.	34,376.		
OFFICE EXPENSE	126,341.	107,390.	18,951.	
PAYROLL, BANK, OTHER FEES	21,395.	21,395.		
ANSWERING, PAGING SERVICES	5,888.	5,888.		
COMPUTER EXPENSES	18,829.	16,004.	2,825.	
STAFF EDUCATION & TRAINING	4,021.	4,021.		
STAFF APPRECIATION	3,912.		3,912.	
MISCELLANEOUS	11,692.	11,692.		
IAATP EXPENSES	3,717.	3,717.		
AGENCY SERVICES	9,476.	9,476.		
OUTREACH	83,947.	83,947.		
LEGAL COSTS - JUDGEMENTS	<50,318.>	<50,318.>		
AIS EXPENSE	7,783.	7,783.		
LATE FEES	4,665.		4,665.	
BAD DEBT	31,195.	31,195.		
TOTAL TO FM 990, LN 43	1,415,386.	1,336,041.	79,345.	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3  
PART II, LINE 25A

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BRUCE RAPAPORT	107,722.	7,015.		114,737.
A. PROGRAM SERVICES	80,792.	5,261.		86,053.
B. MANAGEMENT AND GENERAL	21,544.	1,403.		22,947.
C. FUNDRAISING	5,386.	351.		5,737.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ANN WRIXSON	36,668.	435.		37,103.
A. PROGRAM SERVICES	27,501.	326.		27,827.
B. MANAGEMENT AND GENERAL	7,334.	87.		7,421.
C. FUNDRAISING	1,833.	22.		1,855.

TOTAL PROGRAM SERVICES				113,880.
TOTAL MANAGEMENT AND GENERAL				30,368.
TOTAL FUNDRAISING				7,592.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				151,840.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
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	5
<u>DESCRIPTION</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>	
INVESTMENTS	COST		45.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B			45.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	6
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
ADJUSTMENT FROM ACCRUAL TO CASH BASIS FOR TAX PURPOSES			40,727.
TOTAL TO FORM 990, PART IV-A			40,727.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	7
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
ADJUSTMENT FROM ACCRUAL TO CASH BASIS FOR TAX PURPOSES			75,250.
TOTAL TO FORM 990, PART IV-B			75,250.

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

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	107,722.	7,015.	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.
ANN WRIXSON 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	EXECUTIVE DIRECTOR 40.00	36,668.	435.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>144,390.</u>	<u>7,450.</u>	<u>0.</u>

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 9

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
GOVERNMENT CONTRACT					983,722.
CLIENT FEES					2,744,816.
DOMESTIC & INTERNATIONAL HOME STUDY FEES					417,600.
COUNSELING FEES					97,400.
POST ADOPTION FEES					24,900.
BIRTH PARENT EXPENSE FUNDING					34,707.
CLIENT REFUNDS					<97,885.>
TO FORM 990, PART VII, LINE 93					<u>4,205,260.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 10

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 11

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
OTHER INCOME	29,727.	34,345.	27,127.	3,150.
TOTAL TO SCHEDULE A, LINE 22	29,727.	34,345.	27,127.	3,150.

Independent Adoption Center  
 Fixed asset Schedule  
 December 31, 2006

FEIN 90-0215404

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

Item Description	Purchase Date	Useful Life	Total Cost	Monthly Depreciation	Asset acquisition	Asset Disposal	2005 Total Cost	2005 Accumulated Depreciation	2006 Depreciation Expense	2006 Disposals	2006 Accumulated Depreciation
Pre-2003 assets			\$ 238,257 95	\$ 3 970 97			238,257 95	238 257 95			238,257 95
Pre-2003 assets-LA			\$ 5,000 00	\$ 83 33			5,000 00	5 000 00			5,000 00
1998 Toyota Rav 4	1/17/2003	5 yrs	\$ 22,042 09	\$ 387 37		22 042 09	0 00	13 225 32	2,938 96	16,164 28	0 00
Computer Server for PH Office	04/07/2003	5 yrs	\$ 2,029 20	\$ 33 82			2,029 20	1 082 24	405 84		1,488 08
Bruce s computer	10/09/2003	5 yrs	\$ 1 591 23	\$ 26 52		1 591 23	0 00	689 52	318 24	1,007 76	0 00
Fireproof file cabinet	10/30/2003	5 yrs	\$ 815 33	\$ 10 26			615 33	266 76	123 12		389 88
iMac for GA office	03/18/2004	3 yrs	\$ 596 18	\$ 16 56		596 18	0 00	347 76	198 72	548 48	0 00
iMac for LA office	03/25/2004	3 yrs	\$ 596 18	\$ 16 56		596 18	0 00	347 76	198 72	548 48	0 00
eMac for NC office	05/27/2004	4 yrs	\$ 993 61	\$ 20 70			993 61	393 30	248 40		641 70
eMac for GA office	05/27/2004	4 yrs	\$ 990 67	\$ 20 64			990 67	392 16	247 68		639 84
eMac for IN office	05/27/2004	4 yrs	\$ 986 31	\$ 20 55			986 31	390 45	246 60		637 05
eMac for LA office	05/27/2004	4 yrs	\$ 1,001 43	\$ 20 88			1,001 43	396 34	250 32		646 68
Fireproof file cabinet	07/27/2004	5 yrs	\$ 560 43	\$ 9 34			560 43	158 78	112 08		270 88
iMac for LA office	08/04/2004	3 yrs	\$ 639 37	\$ 17 76		639 37	0 00	284 16	213 12	497 28	0 00
eMac for Bruce	08/13/2004	4 yrs	\$ 1,009 77	\$ 21 04			1,009 77	336 84	252 48		589 12
eMac for LA office	09/24/2004	4 yrs	\$ 793 26	\$ 16 53			793 26	247 89	198 32		446 21
eMac for PH office-IAATP	09/28/2004	4 yrs	\$ 1 076 35	\$ 22 42			1 076 35	338 30	269 04		605 34
iBook for Patti Colston-IAATP	10/07/2004	3 yrs	\$ 1,304 47	\$ 36 24			1 304 47	507 36	434 88		942 24
eMac for PH office	10/19/2004	4 yrs	\$ 1 794 37	\$ 37 38			1 794 37	523 32	448 56		971 88
eMac for PH office-IAATP	10/19/2004	4 yrs	\$ 811 90	\$ 16 91			811 90	236 74	202 92		439 66
eMac for PH office-IAATP	10/19/2004	4 yrs	\$ 811 90	\$ 16 91			811 90	236 74	202 92		439 66
eMac for PH office-IAATP	10/28/2004	4 yrs	\$ 811 76	\$ 16 91			811 76	236 74	202 92		439 66
eMac for PH office-IAATP	10/28/2004	4 yrs	\$ 811 75	\$ 16 91			811 75	236 74	202 92		439 66
eMac for PH	12/03/2004	4 yrs	\$ 806 79	\$ 16 81			806 79	201 72	201 72		403 44
eMac for GA office	02/01/2005	4 yrs	\$ 1,016 74	\$ 21 18			1,016 74	211 80	254 16		465 96
eMac for Sharon	02/23/2005	4 yrs	\$ 803 25	\$ 16 73			803 25	167 30	200 76		368 06
eMac for GA office	02/23/2005	4 yrs	\$ 803 25	\$ 16 73			803 25	167 30	200 76		368 06
iBook for Pam Steele-IAATP	03/10/2005	3 yrs	\$ 1,299 59	\$ 36 10			1,299 59	324 90	433 20		758 10
eMac for Pam Steele-IAATP	03/24/2005	4 yrs	\$ 793 26	\$ 16 53			793 26	148 77	198 36		347 13
eMac for Indy office	04/18/2005	4 yrs	\$ 727 53	\$ 15 16			727 53	121 28	181 92		303 20
eMac for Indy office	04/18/2005	4 yrs	\$ 727 53	\$ 15 16			727 53	121 28	181 92		303 20
eMac for Indy office	04/18/2005	4 yrs	\$ 727 53	\$ 15 16			727 53	121 28	181 92		303 20
Camcorder for IAATP	04/19/2005	5 yrs	\$ 949 99	\$ 15 83			949 99	126 56	189 96		316 52
eMac for PH office-Lyn Dawn	04/22/2005	4 yrs	\$ 793 26	\$ 16 53			793 26	132 24	198 36		330 60
Laser printer	05/18/2005	4 yrs	\$ 1 657 55	\$ 34 53			1 657 55	241 73	414 39		656 11
Powerbook for Bruce-IAATP	06/17/2005	3 yrs	\$ 2,746 29	\$ 76 29			2,746 29	457 72	915 43		1,373 15
Computer for North Carolina office	08/08/2005	3 yrs	\$ 880 50	\$ 24 46			880 50	97 83	293 50		391 33
eMac for Sacto Office-IAATP	08/23/2005	4 yrs	\$ 793 83	\$ 16 54			793 83	66 16	198 48		264 64
iBook for trainers-IAATP	11/08/2005	3 yrs	\$ 1,341 86	\$ 37 27			1,341 86	37 27	447 24		484 51
Mac for GA office	01/25/2006	4 yrs	\$ 508 00	\$ 10 58			508 00		116 38		116 38
Macbook for PH	08/08/2006	3 yrs	\$ 1 599 00	\$ 44 42			1 599 00		222 10		222 10
<b>Total Assets</b>			<b>\$ 304,101 26</b>		<b>\$ -</b>	<b>25 465 05</b>	<b>\$ 278 638 21</b>	<b>\$ 268,876 11</b>	<b>\$ 12 947 31</b>	<b>\$ 18 762 28</b>	<b>\$ 261 061 14</b>