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CLIENT'S COPY

NOVEMBER 5, 2007

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

DEAR ANN,

ENCLOSED ARE THE ORGANIZATION'S 2006 EXEMPT ORGANIZATION RETURNS. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2007.

MAIL TO - INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

FORM 990-T RETURN:

FORM 990-T HAS AN OVERPAYMENT OF \$1 AND THE ENTIRE AMOUNT WILL BE REFUNDED.

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2007.

MAIL TO - INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

CALIFORNIA FORM 199 RETURN:

MAIL TO - FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0700

PLEASE SIGN AND MAIL FORM 199 ON OR BEFORE DECEMBER 17, 2007.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM RRF-1:

PLEASE SIGN AND MAIL FORM RRF-1 ON OR BEFORE NOVEMBER 15,
2007.

MAIL TO - REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S
REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE
REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION
NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. I
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

PATRICIA A. WINTROATH, CPA

Form 990

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: INDEPENDENT ADOPTION CENTER D Employer identification number: 90-0215404 E Telephone number: 925-827-2229

G Website: WWW.ADOPTIONHELP.ORG H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

J Organization type: 501(c)(3) 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 4,236,797. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

I Group Exemption Number: 4207

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

Hand I are not applicable to section 527 organizations.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 3	144,390.	108,292.	28,878.	7,220.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,765,328.	1,482,875.	247,146.	35,307.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	210,320.	178,772.	31,548.	
29 Payroll taxes	147,247.	125,160.	22,087.	
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees	25,000.	25,000.		
33 Supplies				
34 Telephone	50,136.	42,615.	7,521.	
35 Postage and shipping	55,020.	46,766.	8,254.	
36 Occupancy	293,901.	293,901.		
37 Equipment rental and maintenance	29,090.	29,090.		
38 Printing and publications	9,079.		9,079.	
39 Travel	90,291.	90,291.		
40 Conferences, conventions, and meetings				
41 Interest	9,145.		9,145.	
42 Depreciation, depletion, etc. (attach schedule)	12,948.	11,006.	1,942.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	1,415,386.	1,336,041.	79,345.	
44 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? ► SEE STATEMENT 4	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.)	
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.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,898,353.
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.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	871,456.
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	3,769,809.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	123,255.	101,808.
	46 Savings and temporary cash investments		
	47 a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other	SEE STATEMENT 5	104.	45.
57 a Land, buildings, and equipment: basis	278,636.		
b Less: accumulated depreciation	261,061.	35,118.	17,575.
58 Other assets, including program-related investments (describe ► DEPOSITS)		19,323.	21,301.
59 Total assets (must equal line 74). Add lines 45 through 58		177,800.	140,729.
Liabilities	60 Accounts payable and accrued expenses		
	61 Grants payable		28,783.
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	38,370.	
	65 Other liabilities (describe ►)	7,000.	
66 Total liabilities. Add lines 60 through 65		45,370.	28,783.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	132,430.	111,946.
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	132,430.	111,946.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	177,800.	140,729.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
	N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
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
88b			
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.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
89g			
90 a	List the states with which a copy of this return is filed ▶ CA, IN, GA, NC		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	46
91 a	The books are in care of ▶ INDEPENDENT ADOPTION CENTER Telephone no. ▶ 925-827-2229		
	Located at ▶ 391 TAYLOR BLVD., #100, PLEASANT HILL, CA ZIP + 4 ▶ 94523		
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)?		X
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
91b			

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) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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

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

Yes	No

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

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

Yes	No

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

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

Yes	No

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

Please Sign Here	Signature of officer _____ Date _____ Type or print name and title _____			
Paid Preparer's Use Only	Preparer's signature _____ 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	Date 11/02/07	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) EIN _____ Phone no. (925) 926-6448

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization 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
<u>KATHLEEN SILBER</u> 391 TAYLOR BLVD., SUITE 100, PLEASANT	ASSOC EXEC DIR 40.00	94,041.	2,322.	
<u>SHARON FITZGERALD</u> 391 TAYLOR BLVD., SUITE 100, PLEASANT	MARKETING DIRECTOR 40.00	63,490.	3,577.	
<u>KAREN DEMIGUEL</u> 391 TAYLOR BLVD., SUITE 100, PLEASANT	ADOPTION COORDINATOR 40.00	57,772.	1,238.	
<u>REGAN CORYELL</u> 391 TAYLOR BLVD., SUITE 100, PLEASANT	BOOKKEEPER 40.00	56,667.	1,692.	
<u>MARCY TAJKEF</u> 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
<u>DENNIS ROSE & ASSOCIATES</u>	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
<u>NONE</u>		

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.) 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
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	
Total					▶

- 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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	57,123.	739,088.	72,569.	268,501.	1,137,281.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	4,262,673.	3,486,139.	3,478,844.	3,401,433.	14,629,089.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,624.		<41.>		2,583.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	29,727.	34,345.	SEE STATEMENT 11 27,127.	3,150.	94,349.
23 Total of lines 15 through 22	4,352,147.	4,259,572.	3,578,499.	3,673,084.	15,863,302.
24 Line 23 minus line 17	89,474.	773,433.	99,655.	271,651.	1,234,213.
25 Enter 1% of line 23	43,521.	42,596.	35,785.	36,731.	
26 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 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 0. (2004) 0. (2003) 0. (2002) 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.					
c Add: Amounts from column (e) for lines: 15 1,137,281. 16 _____ 17 14,629,089. 20 _____ 21 _____					27c 15,766,370.
d Add: Line 27a total 0. and line 27b total 0.					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.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

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

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

SUBSIDIARIES:

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
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DESCRIPTION	VALUATION METHOD	AMOUNT
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
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DESCRIPTION	AMOUNT
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
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DESCRIPTION	AMOUNT
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.

INDEPENDENT ADOPTION CENTER

90-0215404

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		144,390.	7,450.	0.

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					4,205,260.

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	<u>29,727.</u>	<u>34,345.</u>	<u>27,127.</u>	<u>3,150.</u>

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2006

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2006 or other tax year beginning , and ending

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions for Block D on page 9.)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

INDEPENDENT ADOPTION CENTER

90-0215404

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.

391 TAYLOR BLVD., #100

E Unrelated business activity codes (See instructions for Block E on page 9.)

City or town, state, and ZIP code

PLEASANT HILL, CA 94523

C Book value of all assets at end of year 140,729.

F Group exemption number (see instructions for Block F.) 4207

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. SEE STATEMENT 12

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of INDEPENDENT ADOPTION CENTER Telephone number 925-827-2229

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows 14-34.

Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 35 (Organizations Taxable as Corporations), 36 (Trusts Taxable at Trust Rates), 37 (Proxy tax), 38 (Alternative minimum tax), and 39 (Total).

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 40a-40e (Credits), 41-42 (Taxes), 43 (Total tax), 44a-44g (Payments), 45 (Total payments), 46 (Estimated tax penalty), 47 (Tax due), 48 (Overpayment), and 49 (Refunded).

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 1, 2, and 3 regarding foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Line number, Description, and Amount. Includes lines 1-5 (Inventory and Costs) and line 6 (Inventory at end of year). Includes question 8 regarding section 263A costs.

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.

Signature area with fields for Signature of officer, Date, Title, and a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with Yes/No options.

Preparer information section including Preparer's signature, Date (11/02/07), Check if self-employed (checked), Preparer's SSN or PTIN (P00430440), Firm's name (PATRICIA A. WINTROATH), and Phone no. ((925) 926-6448).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 20)

1 Description of property

Table with 4 rows for property description (1-4).

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income.

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3(a) Straight-line depreciation, 3(b) Other deductions.

Table with 5 columns: 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals. Enter here and on page 1, Part I, line 7, column (A) 0. Enter here and on page 1, Part I, line 7, column (B) 0.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income.

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income.

Totals. Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0. Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 22)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Totals row shows 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 22)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income (loss), 5 Gross income from activity, 6 Expenses attributable, 7 Excess exempt expenses. Totals row shows 0.

Schedule J - Advertising Income (see instructions on page 23)

Part I: Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or loss, 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Totals row shows 0.

Part II: Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or loss, 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Totals row shows 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Total row shows 0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	12
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ORGANIZATION IS FILING FORM 990-T IN ORDER TO FILE FORM 8913 TO RECEIVE A REFUND OF THE EXCESS FEDERAL EXCISE TAX PAID.

TO FORM 990-T, PAGE 1

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization INDEPENDENT ADOPTION CENTER	Employer identification number 90-0215404
	Number, street, and room or suite no. If a P.O. box, see instructions. 391 TAYLOR BLVD., #100	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PLEASANT HILL, CA 94523	

Check type of return to be filed (File a separate application for each return):

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **INDEPENDENT ADOPTION CENTER**
Telephone No. **925-827-2229** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **4207**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until **NOVEMBER 15, 2007**.
- 5** For calendar year **2006**, or other tax year beginning _____, and ending _____.
- 6** If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7** State in detail why you need the extension

THE ORGANIZATION REQUESTS ADDITIONAL TIME FOR FILING IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **C.P.A.** Date

Notice to Applicant. (To Be Completed by the IRS)

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name PATRICIA A. WINTROATH
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2121 N. CALIFORNIA BLVD., SUITE 290
	City or town, province or state, and country (including postal or ZIP code) WALNUT CREEK, CA 94596

623832
02-07-07

Department of the Treasury
Internal Revenue Service

▶ **Attach to your income tax return.**

Name(s) as shown on your income tax return INDEPENDENT ADOPTION CENTER	Identifying number 90-0215404
--	---

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

Caution. See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

Amount of federal excise tax on long distance or bundled service only

(a) Bills dated during:	(b) Long distance service	(c) Bundled service	(d) Tax credit or refund (add columns (b) and (c))	(e) Interest (see instructions)
1 March, April, and May 2003	\$	\$	\$	\$
2 June, July, and August 2003				
3 September, October, and November 2003				
4 December 2003; January and February 2004				
5 March, April, and May 2004				
6 June, July, and August 2004				
7 September, October, and November 2004				
8 December 2004; January and February 2005				
9 March, April, and May 2005				
10 June, July, and August 2005				
11 September, October, and November 2005				
12 December 2005; January and February 2006				
13 March, April, and May 2006				
14 June and July 2006		1.	1.	
15 Add lines 1 - 14 in columns (d) and (e)			\$ 1.	\$
16 Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1041-N, line 17; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns				\$ 1.

LHA **For Paperwork Reduction Act Notice, see the instructions.**

Form **8913** (2006)

YEAR
2006

California Exempt Organization Annual Information Return

199

For calendar or fiscal year beginning MONTH DAY YEAR and ending MONTH DAY YEAR
For calendar or fiscal year beginning **JANUARY 1 2006** , and ending **DECEMBER 31 2006** .

IMPORTANT: Your number is required.

California corporation number
1126599

Federal employer identification number (FEIN)
90-0215404

Corporation/Organization name
INDEPENDENT ADOPTION CENTER

Address including Suite, Room, or PMB no.
391 TAYLOR BLVD., #100
City State ZIP Code
PLEASANT HILL, CA 94523

A Final return? Check applicable box. Yes No

Dissolved Withdrawn Merged/Reorganized (attach explanation)

If a box is checked, enter date

B Check forms filed this year: State: 109 100 100S 100W
Federal: 990 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.**

D Is this a group filing? See General Instruction N Yes No

E Accounting method used **CASH**

F Type of organization Exempt under Section 23701 **d** (insert letter)
 IRC Section 4947(a)(1) trust

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	4,226,244.
	2	Gross dues and assessments from members and affiliates	•	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	•	3	10,553.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	•	4	4,236,797.
	5	Cost of goods sold		5	
	6	Cost or other basis, and sales expenses of assets sold		6	
	7	Total costs. Add line 5 and line 6		7	
	8	Total gross income. Subtract line 7 from line 4		8	4,236,797.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18		9	4,257,281.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	<20,484.>
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F		11	N/A
	12	Penalty for failure to file on time. See General Instruction L		12	
	13	Use tax. See "General Instruction M"	•	13	
	14	Balance due. Add line 11, line 12, and line 13		14	

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
If "Yes," enter amount of total income reported \$ _____
- 19** The financial records are in care of **INDEPENDENT ADOPTION CENTER** Daytime telephone **925-827-2229**
located at **391 TAYLOR BLVD., #100, PLEASANT HILL, CA 94523**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title _____ Daytime telephone _____

Paid Preparer's Use Only

Paid Preparer's signature _____ Date **11/02/07** Check if self-employed Paid preparer's SSN or PTIN **P00430440**

Firm's name (or yours, if self-employed) and address **PATRICIA A. WINTROATH**
2121 N. CALIFORNIA BLVD., SUITE 290
WALNUT CREEK, CA 94596

FEIN _____ Daytime telephone **(925) 926-6448**

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

628951/12-21-06

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	
	3	Dividends	3	6.
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income SEE STATEMENT 2	7	4,226,238.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	4,226,244.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	144,390.
	12	Other salaries and wages	12	1,765,328.
	13	Interest	13	9,145.
	14	Taxes	14	147,247.
	15	Rents	15	322,991.
	16	Depreciation and depletion	16	12,948.
	17	Other SEE STATEMENT 4	17	1,855,232.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	4,257,281.

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)
1 Cash		123,255.		101,808.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans)				
9 Other investments STMT 5		104.		45.
10 a Depreciable assets	301,994.		278,636.	
b Less accumulated depreciation	(266,876.)	35,118. (261,061.)	17,575.
11 Land				
12 Other assets STMT 6		19,323.		21,301.
13 Total assets		177,800.		140,729.
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				28,783.
16 Bonds and notes payable STMT 7		38,370.		
17 Mortgages payable				
18 Other liabilities STMT 8		7,000.		
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		132,430.		111,946.
22 Total liabilities and net worth		177,800.		140,729.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	<20,484.>	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	<20,484.>
6 Total. Add line 1 through line 5	<20,484.>		

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 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
OTHER REVENUE	20,978.
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.>
TOTAL TO FORM 199, PART II, LINE 7	<u>4,226,238.</u>

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BRUCE RAPAPORT 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	EXECUTIVE DIRECTOR 40.00	107,722.
GREG KUHL 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	PRESIDENT 4.00	0.
TAHIR SHEIKH 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	TREASURER 2.00	0.
JAMES FRANCIS 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	SECRETARY 2.00	0.
TERESA LOPEZ ENNS 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.
SUSAN SPARLING 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.
CAMILLE KING 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.

DAN MAYFIELD 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.
CAROLINA ECHEVERRIA 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.
SALVADOR ACEVEDO 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.
ROY CHASTAIN 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.
RITA SWENCIONIS 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.
BETH REIMELS 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	DIRECTOR 2.00	0.
ANN WRIXSON 391 TAYLOR BLVD., SUITE 100 PLEASANT HILL, CA 94523	EXECUTIVE DIRECTOR 40.00	36,668.
TOTAL TO FORM 199, PART II, LINE 11		<u>144,390.</u>

FORM 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
CONSULTANTS	706,555.
ADVERTISING	278,676.
INSURANCE	101,180.
SMIS EXPENSE	0.
WEEKEND INTENSIVE EXPENSE	4,912.
BOARD EXPENSE	1,130.
CLIENT EDUCATION	6,014.
BIRTH PARENT EXPENSE	34,376.
OFFICE EXPENSE	126,341.
PAYROLL, BANK, OTHER FEES	21,395.
ANSWERING, PAGING SERVICES	5,888.
COMPUTER EXPENSES	18,829.
STAFF EDUCATION & TRAINING	4,021.
STAFF APPRECIATION	3,912.
MISCELLANEOUS	11,692.
IAATP EXPENSES	3,717.

AGENCY SERVICES	9,476.
OUTREACH	83,947.
LEGAL COSTS - JUDGEMENTS	<50,318.>
AIS EXPENSE	7,783.
LATE FEES	4,665.
BAD DEBT	31,195.
OTHER EMPLOYEE BENEFITS	210,320.
LEGAL FEES	25,000.
TELEPHONE	50,136.
POSTAGE AND SHIPPING	55,020.
PRINTING AND PUBLICATIONS	9,079.
TRAVEL	90,291.
TOTAL TO FORM 199, PART II, LINE 17	<u>1,855,232.</u>

FORM 199	OTHER INVESTMENTS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVESTMENTS	104.	45.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	<u>104.</u>	<u>45.</u>	

FORM 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEPOSITS	19,323.	21,301.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	<u>19,323.</u>	<u>21,301.</u>	

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
OTHER NOTES PAYABLE	38,370.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 16	<u>38,370.</u>	<u>0.</u>	

FORM 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
EMPLOYEE LOAN PAYABLE		7,000.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		7,000.	0.

FORM 199	FUND BALANCES	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		132,430.	111,946.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		132,430.	111,946.

MAIL TO:
 Registry of Charitable Trusts
 P. O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 49320 INDEPENDENT ADOPTION CENTER <small>Name of Organization</small> 391 TAYLOR BLVD., #100 <small>Address (Number and Street)</small> PLEASANT HILL, CA 94523 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1126599</u> Federal Employer I.D. No. <u>90-0215404</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2006 ending 12/31/2006) list:
 Gross annual revenue \$ 4,236,797. Total assets \$ 140,729.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 10	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 925-827-2229

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer _____	Printed Name _____	Title _____	Date _____
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FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 10

ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
PROJECT TITLE: INJFANT ADOPTION AWARENESS TRAINING
330 C STREET, SW, ROOM 2428
WASHINGTON, D.C. 29447
TELEPHONE: 202-205-8549
CONTRACT PERSON: LASANDRA BROWN