Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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) Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

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

OMB No 1545-1150

Open to Public Inspection

Α	For the	2007 calend	ar year	, or tax year beginning	January 1	, 2007, and end			, 20 07			
B	Check if ap				yer idei	ntification number						
\square	Address cl	I Jahel or Math Succe Adoption Science					0555730					
\mathbf{Z}	Name cha	*	print or	Number and street (or PO b		vered to street address) F	Room/suite E Telepi	none nu	ımber			
닏	Initial retur	return type. DO Poy 4591						17) 799-2522				
\vdash	Terminatio		See Specific	City or town, state or country	and 7IP + 4			oup Exemption				
H	Amended Application		Instruc- tions.	1 -	, and zii + +		P Group Numb		otion •			
ᆜ				Lancaster, PA 17604				<u> </u>	70 7 A			
	• Section	on 501(c)(3)		ations and 4947(a)(1) nonex npleted Schedule A (Form 9		rusts must attach	G Accounting me		✓ Cash			
_			a con	npietea Scriedule A (Form 9	90 01 990-EZ).		Other (specify)	<u> </u>				
							H Check ► 🔽		•			
•	Websit						is not required					
J	Organiz	ation type (d	check or	nly one)— 🔽 501(c) () ◀ (insert no) 49	947(a)(1) or 🔲 527	Schedule B (Fo	rm 990	, 990-EZ, or 990-PF)			
κ	Check ▶	✓ if the org	ganizatio	on is not a section 509(a)(3) su	pporting organizat	tion and its gross receip	ts are normally not	more th	an \$25,000. A return is			
	not requ	red, but if th	e organ	ization chooses to file a return	i, be sure to file a c	complete return.	•					
L	Add lines	5b, 6b, and	7b, to lii	ne 9 to determine gross receipt	s, if \$100,000 or m	ore, file Form 990 instead	d of Form 990-EZ.	▶ \$	0			
P	art I	Revenue.	Expe	ngage and Changes in	Net Assets of	r Fund Balances (See page 55 of	the in	structions.)			
_	1			s, grants, and sinfilly anoun				1	0			
	1							2	0			
2	2	Program s	ervice i	revenue including governm	ient iees and co			3	0			
8007	3		-	s and a Austiments 2008			• • • • •	4	0			
-	4	Investment	tincom	PATCHING LINE				4.	<u> </u>			
7 7	5a	Gross amo	ount fro	m sale occining tinit	an inventory .	<u>5a</u>	0	1.				
-	b	Less: cost	or other	er basis and sales expense	es	5b	0	السنة ا				
L.	С	Gain or (los:	s) from :	sale of assets other than inve	ntory. Subtract lin	e 5b from line 5a (attac	h schedule)	5c	0			
ກັ≅	6	Special eve	ents and	d activities (attach schedule)) If any amount is	s from gaming, check	here 🕨 🗌					
ē	а			ot including \$				* * * * * * * * * * * * * * * * * * * *				
ڥَ	_	reported o				6a	0					
誓	Ь	•		nses other than fundraising		6b	0	١,				
MCANNET Revenue	C			ss) from special events an			9 63	6c	0			
₹						7a	0	-	<u> </u>			
ي	7a			ventory, less returns and a	lliowances	· 7b	0					
D)	, –	Less. cost	_				<u>_</u>	7-	0			
	1 .			oss) from sales of inventor	y. Subtract line	7b from line 7a .		7c				
	8			escribe 0	7			8	0			
_	9			dd lines 1, 2, 3, 4, 5c, 6c,			<u></u>	9	0			
	10	Grants and	sımıla b	r amounts paid (attach sc	hedule)			10	0			
	11	Benefits pa	aid to d	or for members				11	0			
es	12	Salaries, o	ther co	empensation, and employe	e benefits			12	0			
S	13	Profession	al fees	and other payments to inc	dependent conti	ractors		13	0			
Expenses	- 14			utilities, and maintenance	•			14	0			
ũ	15	•	•	ons, postage, and shippin				15	0			
	16			describe ► 0	9			16	0			
	17			Add lines 10 through 16				17	0			
) for the year. Subtract line				18	0			
Net Assets	18							1				
SS	19			nd balances at beginning				19	0			
ţ				e reported on prior year's					0			
Š	20			net assets or fund balance				20	· · · · · · · · · · · · · · · · · · ·			
	21			d balances at end of year				21	0			
:	art II	Balance	Sheet	s—If Total assets on line 2	25, column (B) a	re \$250,000 or more						
			(5	See page 60 of the instruc	tions)	- 	(A) Beginning of		(B) End of year			
2	2 Cash	n, savings,	and inv	estments . POSTM	ARK	RECEIVED		0 22				
2		and buildi		FU3/110	MINIX			0 23	0			
2		er assets (de		▶ 0				0 24	0			
2	5 Tota	i assets		AUG 1.4	÷ '08	<u> </u>		0 25	0			
2	- 101a 6 Tata	ıl liabilities	 (descri	HUU I	🐱	P.00 - P. 177 .		0 26				
2	7 Net	assets or f	fund ba	alances (line 27 of column	(B) must agree	with line 21)		0 27				
_				rk Reduction Act Notice, se			Cat No 10642I		Form 990-EZ (2007)			

					. , _			<u> </u>
	rt III Statement of Program Service Accom		of the instruction	ns.)	ᆀ	Exper		
What is the organization's primary exempt purpose? Charitable Organization								(c)(3)
Des	cribe what was achieved in carrying out the organiza	er, and	d 4947(a tional for)(1) tru	usts,			
	No positivist in 2007, according to 2007					T		
20 .				-	-			
					-			
	Grants \$) If this amount inclu	ides foreign grants, check	here		j 28a	. [0
	The arrest men					1		
29 .					•	1		
					-			
,	Grants \$) If this amount inclu	ides foreign grants, check	here	. ▶ [,		
30 .	7 11 1110 2110 211							
30 .					-			
					-			
	(Grants \$) If this amount inclu	ides foreign grants, check	here	. ▶ [1		
	(Grants \$) If this amount inclu	ides foreign grants, check	here	. ▶ [] 31a	,		
32	Total program service expenses. Add lines 28a th				▶ 32			
Pa	rt IV List of Officers, Directors, Trustees, and Key I	Employees (List each one eve	n if not compensate	d. See pag	e 61 of	the instru	ctions)
	(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contrib employee ben			Expension ar	
	(A) Name and address	devoted to position	enter -0)	deferred con			allowar	
Eli	na Filippova							
623	34 Plymouth Avenue Richmond, CA 94805	President	0			,		0
:	Connie Hutchins							
55	Hill Dale Dr. Ephrata, PA 17522	Treasure	0		()		0
	Robert Mc Clenaghan							
65	W. Roseville Rd. Lancaster, PA 17601	Secretary	0)		0
- -				İ				
				<u></u>		<u> </u>		·
Pa	rt V Other Information (Note the statemen	it requirement in Genera	I Instruction V.)				Yes	No
33	Did the organization make a change in its activities	es or methods of conducting	ng activities? If "Y	es," attac	h a			
	detailed statement of each change					33		/
34	Were any changes made to the organizing or gov	erning documents but not	reported to the IF	RS? If "Ye	s,"			
	attach a conformed copy of the changes					34	-	1
35	If the organization had income from business activities, s				but not	4 %		 } ∳ હ:
	reported on Form 990-T, attach a statement explaining y	•				100	*	> 8 4
а	Did the organization have unrelated business gros	s income of \$1,000 or mor	e or 6033(e) notic	e, reportin	g, and			,
	proxy tax requirements?					35a	-	-
b	If "Yes," has it filed a tax return on Form 990-T for	•		•		35b	 	
36	Was there a liquidation, dissolution, termination, of	or substantial contraction d	luring the year? If	"Yes," at	tach a	26		,
	statement			اما		0	, i ===	<u> </u>
	Enter amount of political expenditures, direct or ind		structions. ► [37	a			-	
	Did the organization file Form 1120-POL for this		•			37b	1 1 1	V
38a	Did the organization borrow from, or make any loa				r were	20-	« », %»	· *
	any such loans made in a prior year and still unpa	·		return?		38a	7 4 4	V
b	If "Yes," attach the schedule specified in the line		r the amount	h		" ; *	3 2 3	2 * 1
00	involved					\dashv		-
39_	501(c)(7) organizations. Enter:	n line O	39	2		, ,	×	1: 1
	 Initiation fees and capital contributions included of Gross receipts, included on line 9, for public use 		. 39			\dashv		Ĭ.
	, ,	,	103	-		ı	1	1 5

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Page	·

Par	t V	Other Information (Note the statement requirement in Ge	eneral Instruct	tion V.) (Cor	itinued)				
40a	501(c) section	c)(3) organizations Enter amount of tax imposed on the organization 4911 \blacktriangleright 0 , section 4912 \blacktriangleright 0	on during the year ; section 4955	ear under: 5 ▶	0	ı	Se		
b	501(c)	n during the anation .	40b	Yes	NO ✓				
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958								
е	Enter amount of tax on line 40c reimbursed by the organization							√ ×	
41 42a	Compic Untohing								
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)?									
с 43	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:							<u>√</u> ▶ □	
Plea Sigr Here	1	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete. Declaration of preparer (other than Signature of officer Robert Mc Clenaghan, Secretary Type or print name and title	ccompanying schec officer) is based or	all information	nents, and to the of which prepar	best of mer has an	ny knov y know	vledge vledge	
Paid Preo:	arer's	Preparer's signature	Duice	Check if self- employed ▶	Preparer's SSN	or PTIN (S	ee Gen	Inst X)	
Use		Firm's name (or yours)							
					1	Form 99	0-EZ	(2007)	

SCHEDULE A (Form 990 or 990-EZ)

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.)

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Main Street A	doption Service		68	0555730	
Part I	Compensation of the Five High (See page 1 of the instructions. L	est Paid Employees O	ther Than Offic e none, enter "l	ers, Directors, None.")	and Trustees
(a) Name an	d 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	
	/		1 × 7	* * * * * , * , ,	
	f other employees paid over \$50,000 .			····	Same and the same
Part II-A	Compensation of the Five High	est Paid Independent (Contractors for	Professional S	ervices
	(See page 2 of the instructions. Lis				1 '
(a) Na	me and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
		W			
Total number professional	of others receiving over \$50,000 for services			*	<.b
Part II-B	Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No	ned services other than	professional sen	Other Services vices, whether in	ndıvıduals or
(a) Na	me and address of each independent contractor	r paid more than \$50,000	(b) Type	of service	(c) Compensation
			_		
·					<u> </u>
			-		
			_		
			-		
			-		
	r of other contractors receiving over other services		* * * * * * *		(,, , ,)

Page	1

Pa	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)		V
	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.		4.
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)	* * * * * * * * * * * * * * * * * * * *	, ,
а	Sale, exchange, or leasing of property?	 	1
b	Lending of money or other extension of credit?	,	1
c	Furnishing of goods, services, or facilities?	;	1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	3	1
e	Transfer of any part of its income or assets?	,	1
3a	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.)	1	1
b	Did the organization have a section 403(b) annuity plan for its employees?	,	1
С	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 30	;	1
q	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	1	✓
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		1
	Did the organization make a distribution to a donor, donor advisor, or related person?	<u>. </u>	1
d	Enter the total number of donor advised funds owned at the end of the tax year		0
е	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 tax 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 held in all funds or accounts included on line 4f at the end of the tax year		0

Pa	rt IV	Reason for Non-Private	Foundation S	status (See pages 4	through 8 of	the instruct	ions.)	
l cer	tıfy t	that the organization is not a private	e foundation beca	ause it is (Please check	only ONE app	olicable 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). (A	Also complete Pa	rt V.)				
7		A hospital or a cooperative hospital	al service organiz	ation Section 170(b)(1)(A)(III).			
8		A federal, state, or local government	ent or governmen	tal unit. Section 170(b)(1	I)(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 be (Also complete the Support Sched	_	or university owned or op	perated by a go	vernmental un	it Section 170(b)(1)(A)(iv)	
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 co	emplete the Support Scl	hedule in Part	IV-A)		
12	Ø	An organization that normally receives. (1) more than 33%% 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%% 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 control requirements of section 509(a)(3)					and otherwise meets the	
		☐ Type I ☐ Type II	☐Type I	II-Functionally Integrate	ed [Type III-Othe	er	
		Provide the following infor	mation about th	e supported organizati	i ons. (See pag	e 8 of the inst	ructions.)	
(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)	Is the su organization the sup organiz	d) upported on listed in upporting zation's documents?	(e) Amount of support	
					Yes	No		
Tota	al,	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
14		An organization organized and op	erated to test for	public safety. Section 5	509(a)(4) (See	page 8 of the	instructions)	

Par	rt IV-A Support Schedule (Complete onles: You may use the worksheet in the instructions	y if you checked	a box on line 10,	, 11, or 12) Use o	cash meth	od of a	accounting.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 20		(e) Total
15	Gifts, grants, and contributions received. (Do	(4) 2000	(5) 2000	(0) 2004	(4) 20	-	(e) Total
	not include unusual grants. See line 28.).	0	0	0		0	0
16	Membership fees received	0	0	0		0	0
17	Gross receipts from admissions, merchandise		<u></u>				
	sold or services performed, or furnishing of				:	- 1	
	facilities in any activity that is related to the organization's chantable, etc., purpose	O	0	0		o	0
18							
10	Gross income from interest, dividends, amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties,					- 1	
	income from similar sources, and unrelated						
	business taxable income (less section 511 taxes) from businesses acquired by the					}	
	organization after June 30, 1975	0	o	0		0	0
19	Net income from unrelated business						
	activities not included in line 18	o	o	0		o	0
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on			į			
	its behalf	o	0	o		o	0
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	o	0	0		o	0
22	Other income. Attach a schedule. Do not						
	include gain or (loss) from sale of capital assets	0	0	0		0	0
23	Total of lines 15 through 22	0	0	0		0	0
24	Line 23 minus line 17	0	0	0		0	0
25	Enter 1% of line 23	0	0	0		0	y gr '4 (-)
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	ın (e), line 24 .	. ▶	26a	0
ь	Prepare a list for your records to show the nar	ne of and amoun	t contributed by	each person (oth	er than a	/ ·	
	governmental unit or publicly supported organiz		-				<u> </u>
	amount shown in line 26a. Do not file this list w					26b	0
С	Total support for section 509(a)(1) test: Enter li	ne 24, column (e)			, ▶	26c	0
d	Add. Amounts from column (e) for lines 18	0	19			40 y	
	22	0	26b	<u> </u>	▶	26d	0
	Public support (line 26c minus line 26d total)				, ,▶	26e	0
f	Public support percentage (line 26e (numera	tor) divided by I	ine 26c (denomi	inator))	<u> ▶</u>	26f	0 %
27		or amounts includ	ded in lines 15, 1	6, and 17 that v	vere receiv	ed fron	n a "disqualified
	person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and	total amounts red	ceived in each yea	ar from, ead	ch "disq	ualified person."
			•				_
	(2006) (2005)						
b	For any amount included in line 17 that was recent	ved from each per	son (other than "c	lisqualified person	s"), prepare	a list fo	or your records to
	show the name of, and amount received for each (Include in the list organizations described in lines	year, that was mo	re than the larger	of (1) the amount	on line 25 f	or the y	ear or (2) \$5,000.
	the difference between the amount received and	the larger amount	t described in (1)	or (2), enter the s	um of these	e differe	nces (the excess
	amounts) for each vear:						
	(2006)		(2004)	0	. (2003)		0
		•		•			
С	Add: Amounts from column (e) for lines 15		16			1 1	•
_	Add: Amounts from column (e) for lines 15 20 Add Line 27a total 20	<u>U</u>	21	<u> </u>	. •	27c	0
				<u></u>	. •	27d	0
e	Public support (line 27c total minus line 27d to				. ▶	27e	0
f	Total support for section 509(a)(2) test. Enter a			▶ <u>27f</u>	0	- -	
g h	Public support percentage (line 27e (numera Investment income percentage (line 18, colu				. ► atorll ►	27g	0 %
						27h	0 %
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ea	ch vear the nam	or 12 that receive of the contribute	red any unusual (itor the date and	grants duri	ng 200	3 through 2006,
	description of the nature of the grant. Do not f	ile this list with	your return. Do	not include these	grants in	line 15.	an, and a bilei

Pa	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)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
30	other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	29		
	brochures, catalogues, and other written communications with the public dealing with student admissions,	20		ļ
31	programs, and scholarships?	30	Ü	
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	31	-	
	that makes the policy known to all parts of the general community it serves?	3.		
		'	9	
		,		»°
32	Does the organization maintain the following.	3 5	\$\frac{1}{2}\frac{1}{2}	
а	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		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32c		
d	with student admissions, programs, and scholarships?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		4 4	
		-	. 4	· · ·
33	Does the organization discriminate by race in any way with respect to:	. , ,	2.6	. 7 %
•	Students' rights or privileges?	33a	·, ·	
a	Students' rights or privileges?			-
b	Admissions policies?	33b		
С	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		
"	Other extracumicular activities?	3311	· , ,	. *
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	* 4		140
		5 dî • ~	 	\$ - 12 5 - 15
				<u></u>
34a	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	*	ļ
	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		

Pa	t VI-A Lobbying Expenditures by E (To be completed ONLY by a)
Che	k ▶ a ☐ if the organization belongs to an affili				ınd "limited control"	provisions apply.
	Limits on Lobby	-			(a) Affiliated group totals	(b) To be completed for all electing
	(The term "expenditures" mea	ans amounts paid	or incurred.)	1	· · · · · · · · · · · · · · · · · · ·	organizations
36	Total lobbying expenditures to influence public	c opinion (grassro	ots lobbying) .			
37	Total lobbying expenditures to influence a legi					
38	Total lobbying expenditures (add lines 36 and			1		
39	Other exempt purpose expenditures			ľ		
40	Total exempt purpose expenditures (add lines	•		40	, , , , , , , , , , , , , , , , , , , ,	
41	Lobbying nontaxable amount. Enter the amou		-	,	•	* .
		lobbying nontaxa				1 %
		of the amount on			4	, , ,
		,000 plus 15% of ti			****	
		,000 plus 10% of th		,00,000	-	,· , , , , , , , , , , , , , , , , , ,
		,000 plus 5% of the		I '		
40		00,000		42	* - **** - * - * - * - * - * - * - * -	<u> </u>
42	Grassroots nontaxable amount (enter 25% of Subtract line 42 from line 36. Enter -0- if line			43		 -
43 44	Subtract line 42 from line 38. Enter -0- if line 4			44		
44	Subtract line 41 from line 30. Enter -0-11 line	41 is more man in	16 30, , ,	- X-10	\$ / \$' P' ^- \$ / \$-~ /	
	Caution: If there is an amount on either line 4	3 or line 44, you r	must file Form 47		· · · · ·	
	See the instructions				ons.) ear Averaging Pe	eriod
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
	instal year beginning in F	2007	2000	2003	2004	Total
45	Lobbying nontaxable amount		***************************************	,	4.^^.*	
46	Lobbying ceiling amount (150% of line 45(e))	V-, '		, 6 , 6 & 1 w 3 - 2 %	* * * *	
47	Total lobbying expenditures					
48	Grassroots nontaxable amount	7 54 34 4 7 3 1 0	* 1		ļ.,,	
49	Grassroots ceiling amount (150% of line 48(e))		'	\$		
50	Grassroots lobbying expenditures					
	t VI-B Lobbying Activity by Nonele (For reporting only by organiz			Part VI-A) (See	page 14 of th	e instructions.)
	ng the year, did the organization attempt to inflinpt to inflinence public opinion on a legislative				any Yes No	Amount
			idili, ililodgii ilic	430 01		
a b	Paid staff or management (Include compensation		enorted on lines	c through b		* * * * * * *
C	Media advertisements		-	o anough iii)		
d	Mailings to members, legislators, or the public					
e	Publications, or published or broadcast stater					
f	Grants to other organizations for lobbying pur					
g	Direct contact with legislators, their staffs, go	•				
h	Rallies, demonstrations, seminars, convention		-	-		
i	Total lobbying expenditures (Add lines c through "Yes" to any of the above also attach a sta	•				

Sche	iule A	(Form 990 or 990-EZ)	2007				P	age 1
Par		Exempt Or	ganizations (See	e page 14 of the instruction				
51	Dıd 501	the reporting organ	nization directly or ner than section 50°	indirectly engage in any of the 1(c)(3) organizations) or in section	following with any other organization 527, relating to political organization	ion describe ations?		
а	Tra	nsfers from the repo	orting organization	to a noncharitable exempt orga	nization of		Yes	No
		Cash				51a(i)	ļ	✓
		Other assets				a(ii)		1
h	٠.	er transactions:						
			on of accets with a	noncharitable exempt organizati	tion	b(i)		✓
				table exempt organization .		b(ii)		1
						b(iii)		1
	• •			er assets	· · · · · · · · · · · · · · · · · · ·	b(iv)		1
	٠,	Reimbursement a	J			b(v)		1
		_	arantees			b(vi)		1
				thip or fundraising solicitations		C C	† <u> </u>	1
С				sts, other assets, or paid emplo		L		. (1)
d	goo	ds. other assets. o	r services given by	the reporting organization. If the	. Column (b) should always show the organization received less than is, other assets, or services received	fair market	value value	or the
(;	3)	(b)		(c)	(d)			
Line	no	Amount involved	Name of nonc	haritable exempt organization	Description of transfers, transactions,	and sharing arr	angem	ents
						•		
_								
			- "					
		<u> </u>						
							-	
		 						
		ļ						
			<u> </u>					
	des	scribed in section 5 Yes," complete the		other than section 501(c)(3)) or	ne or more tax-exempt organization section 527?		s v	∑ No
		(a) Name of organiz	zation	(b) Type of organization	(c) Description of rela	tionship		
						<u> </u>		
							-	
				-				
				-				
								

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MAIN STREET/MATER FOUNDATION", CHANGING ITS NAME FROM "MAIN STREET/MATER FOUNDATION" TO "MAIN STREET ADOPTION SERVICE", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2006, AT 11:30 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.

3664720 8100 A

060859827

Varriet Smila Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5083208

DATE: 10-02-06

State of Delaware Secretary of State Division of Corporations Delivered 11:30 AM 09/18/2006 FILED 11:30 AM 09/18/2006 SDV 060859827 - 3664720 FILE

STATE OF DELAWARE CERTIFICATION OF AMENDMENT (A CORPORATION WITHOUT CAPITAL STOCK)

The corporation, Main Street / Mater Foundation, organized and existing under the laws of the State of Delaware, hereby certifies as follows:

- (1) That at a meeting a vote of the members of the governing body was taken for and against the amendment to the Certificate of Incorporation, said Amendment being as follows: Article one (1) change of name of corporation to Main Street Adoption Service.
- (2) That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said corporation has caused this certificate to be

signed this 10th day of September, AD. 2006.

By: ///
Authorized Officer

Name: Nina V. Heller, President