· 990

Department of the Treasury Internal Revenue Service

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)

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

2005
Open to Public Inspection

Form **990** (2005) 2

OMB No 1545-0047

A	For the	2005 calendar year, or tax year beginning and ending	
В	Check if applicable	Please use IRS C Name of organization D Emp	ployer identification number
Г	Addres	- Inhalor	6-1584581
F	Name	type Number and street (or P.O. box if mail is not delivered to street address) Room/suite F. Tale	phone number
Ē	Initial	1 266 1 ' ' ' '	16-691-3300
Ē	Final	Instruc-	unting method Cash X Accrual
Ē	Ameno	WILLIAMSVILLE, NY 14221	Other (specify)
Ē	Applica	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts H and Large not applicable	to section 527 organizations
		must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return form	
G	Website	: NWW. ADOPTIONSTAR. COM H(b) If 'Yes,' enter number of	
		ation type (check only one) X 501(c) (3) (insert no) 4947(a)(1) or 527 H(c) Are all affiliates include	
K	Check h	ere In the organization's gross receipts are normally not more than \$25,000. The H(d) Is this a separate return	n filed by an or-
	organiza	tion need not file a return with the IRS; but if the organization chooses to file a return, be ganization covered by	a group ruling? Yes X No
	sure to f	lle a complete return. Some states require a complete return.	ber ► N/A
		M Check ► X if the o	rganization is not required to attach
<u>L_</u>	<u>Gross re</u>	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 845, 818. Sch. B (Form 990, 990	-EZ, or 990-PF).
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances	
	1	Contributions, gifts, grants, and similar amounts received:	
	a	Direct public support 1a 18,934.	
	b	Indirect public support 1b	
	C	Government contributions (grants)	
	d	Total (add lines 1a through 1c) (cash \$)	1d 18,934.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2 809,722.
	3	Membership dues and assessments	3
	4	Interest on savings and temporary cash investments	4 11,251.
	5	Dividends and interest from securities	5
	6 a	Gross rents 6a 6a	
	b	Less: rental expenses 6b	
	C	Net rental income or (loss) (subtract line 6b from line 6a)	6c
<u> </u>	7	Other investment income (describe	7
Revenue	8 a	Gross amount from sales of assets other (A) Securities (B) Other	
ě	1	than inventory 8a 1,035.	
_	b	Less: cost or other basis and sales expenses 8b 2,070.	
	C	Gain or (loss) (attach schedule) 8c -1,035.	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d -1,035.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here	
	a	Gross revenue (not including \$ of contributions	
		reported on line 1a)	
	Ь	Less: direct expenses other than fundraising expenses	
	C	Net income or (loss) from special events (subtract line 9b from line 9a)	_9c
		Gross sales of inventory, less returns and allowances	
	b	Less: cost of goods sold	
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	100
	11	Other revenue (from Part VII, line 103) Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	11 4,876.
	12	101	12 843,748.
S	13	Frogram services (non-line 44, colonin (6))	13 357,333.
, nS	14	Management and general (from line 44, column (C))	14 152,327.
Expenses	15	Fundraising (from line 44, column (D))	15 6,515.
ш	16	Payments to affiliates (attach schedule) Tatal expenses (add lines 16 and 44 column (A))	16 516,175.
—	17 18	Total expenses (add lines 16 and 44, column (A)) Excess or (deficit) for the year (subtract line 17 from line 12)	205 552
_ \$	19	Net assets or fund balances at beginning of year (from line 73, column (A))	
Net Assets	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	
As	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	20 14,253. 21 1,083,885.
		not dogoto or rand paramous at one or your (combine lines 10, 13, and 20)	711 T'003'003'

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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<u></u>					(D) are required for section trusts but optional for other	
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$ 0 • noncash \$	0.				
	If this amount includes foreign grants, check here	22				
23	Specific assistance to individuals (attach	,				
	schedule) _	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25	Compensation of officers, directors, etc.	25	92,657.	0.	92,657.	0.
26	Other salaries and wages	26	160,462.	147,617.	12,845.	
27	Pension plan contributions .	27	9,368.	4,115.	5,253.	
28	Other employee benefits	28				·
29	Payroil taxes	29	18,023.	10,765.	7,258.	
30	Professional fundraising fees	30				
31	Accounting fees	31	19,496.	15,834.	3,662.	
32	Legal fees	32	7,566.	7,566.		
33	Supplies	33	11,878.	9,823.	2,055.	
34	Telephone	34	12,345.	9,259.	3,086.	
35	Postage and shipping	35	9,200.	6,900.	2,300.	
36	Occupancy	36	16,087.	12,065.	4,022.	
37	Equipment rental and maintenance	37				
38	Printing and publications .	38	17,734.	13,300.	4,434.	
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach sched	ule) 42	14,997.	11,248.	3,749.	
43	Other expenses not covered above (item	ize).				
а	l	43a				
b	·	43b				
C	·	43c				
d	l					
е						
f		43f				
_	SEE STATEMENT 3	43g	126,362.	108,841.	11,006.	6,515.
44	Total functional expenses. Add lines 22	!				
	through 43. (Organizations completing			\		
	columns (B)-(D), carry these totals to lines	s				
	13-15)	44	516,175.	357,333.	152,327.	6,515.
	nt Costs. Check ▶ ☐ If you are follo	-			. —	- E
	any joint costs from a combined educational ca					Yes X No
	'es," enter (i) the aggregate amount of these join) the amount allocated to P		<u>N/A</u> ;
(iii)	the amount allocated to Management and gene	eral <u>\$</u>	N/A ; and (iv) the amount allocated to F	undraising \$	N/A

Form **990** (2005)

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Part III | Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>					
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.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)				
a ADOPTION S.T.A.R. INC. PROVIDES VARIOUS ADOPTION SERVICES ALLOWING PROSPECTIVE ADOPTIVE AND BIRTH PARENTS THE OPPORTUNITY FOR ALL TYPES OF ADOPTION. IN 2005, 41 BABIES WERE PLACED, INTO A POOL OF 58 POTENTIAL FAMILIES.					
(Grants and allocations \$) If this amount includes foreign grants, check here b	357,333.				
(Grants and allocations \$) If this amount includes foreign grants, check here ■ C					
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □					
(Grants and allocations \$) If this amount includes foreign grants, check here • Cher program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here • □					
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	357,333.				
Total of Frogram octatoe Expenses (should equal line 44, column (b), Frogram services)	Form 990 (2005)				

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Note	e: Whe	ere required, attached schedules and amounts will be for end-of-year amounts only.	ithin the description column	(A) Beginning of year		(B) End of year
	45	Cook and interest because		279,529.	45	404 067
	45 46	Cash - non-interest-bearing	·		45	494,967.
	40	Savings and temporary cash investments	<u> </u>		40	
	47 a	Accounts receivable	47a 5,832.		:	
	b	Less: allowance for doubtful accounts	47b	5,014.	47c	5,832.
	48 a	Pledges receivable	48a			
	Ь	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees,				
	ļ	and key employees			50	
Assets	51 a	Other notes and loans receivable	51a			
Ass	ь	Less. allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		8,331.	53	21,110.
	54	Investments securitieSTMT 5 STMT	6 ► Cost X FMV	209,963.	54	224,216.
	55 a	Investments - land, buildings, and				
		equipment basis	55a 379,829.		}	
	b	Less: accumulated depreciation	55b 26,020.	254,456.	55c	353,809.
	56	Investments - other	<u>L</u>		56	
	57 a	Land, buildings, and equipment basis	57a			
	b	Less accumulated depreciation .	57b		57c	
	58	Other assets (describe)	650.	58	
	59	Total assets (must equal line 74). Add lines 45	through 58	757,943.	59	1,099,934.
	60	Accounts payable and accrued expenses	triough 56	15,884.	60	16,049.
	61	Grants payable and accided expenses		13,001.	61	
	62	Deferred revenue	· · -		62	
es	63	Loans from officers, directors, trustees, and ke	v employees		63	
Lìabilities	l	Tax-exempt bond liabilities	y completes		64a	
jab	1	Mortgages and other notes payable			64b	
_	65	Other liabilities (describe	/-		65	
	••					
	66	Total liabilities. Add lines 60 through 65)		15,884.	66	16,049.
		nizations that follow SFAS 117, check here	X and complete lines			
		67 through 69 and lines 73 and 74.	·			
Ses	67	Unrestricted		742,059.	67	1,083,885.
ă	68	Temporanly restricted			68	
Ba	69	Permanently restricted			69	
ဋ	Orga	nizations that do not follow SFAS 117, check	here ▶ ☐ and			
Ę		complete lines 70 through 74.			1	
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds	. L		70	
set	71	Paid-in or capital surplus, or land, building, and	equipment fund		71	
As	72	Retained earnings, endowment, accumulated in	· · · · · · · · · · · · · · · · · · ·		72	
Net	73	Total net assets or fund balances (add lines 67 throi				
		column (A) must equal line 19; column (B) must equa	al line 21)	742,059.	73	1,083,885.
	74	Total liabilities and net assets/fund balances	. Add lines 66 and 73	757,943.	74	1,099,934.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	àccount and
MICHELE FRIED	PRESIDENT			
89 SANDHURST LANE	İ			
WILLIAMSVILLE, NY 14221	40.00	92,657.	2,273.	0.
PAULA HENDERSON	VICE-PRESIDEN	T		
77 MONA DRIVE				
AMHERST, NY 14228	0.00	0.	0.	0.
CHUCK FRIED	TREASURER			
89 SANDHURST LANE			1	
WILLIAMSVILLE, NY 14221	0.00	0.	0.	0.
TEDDIE GRANVILLE	SECRETARY		1	
145 HIGHLAND AVENUE				
BUFFALO, NY 14222	0.00	0.	0.	0.
TAMI VOGEL	DIRECTOR			
81 NEWBERRY LANE				
LANCASTER, NY 14086	0.00	0.	0.	0.
THERESA MILLER	DIRECTOR			
115 BROOKDALE AVENUE	,			
ROCHESTER, NY 14619	0.00	0.	0.	0.
			:	
	<u> </u>			

Add lines d1 and d2

Total expenses (Part I, line 17). Add lines c and d

	ADOPTION S.T.A.R., IN			16-1584	<u> 281</u>		age o
	rt V-A Current Officers, Directors, Trustees, and Ke		· · · · · · · · · · · · · · · · · · ·			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted meetings	to vote on organization bu	siness at board	0	i		
b	Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, related to each other through family or business relative individuals and explains the relationship(s)	d other independent cont	ractors listed in Sc	hedule A,	756		x
	, , , , , , , , , , , , , , , , , , , ,				7 <u>5</u> b	 -	
С	Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, receive compensation from any other organizations, organization through common supervision or common control?	d other independent conti	actors listed in Sc	hedule A,	75c		x
	Note. Related organizations include section 509(a)(3) supporting org		and the other organ	uzation(s) and			
	describes the compensation arrangements, including amounts paid to each in			,, and			
_	Does the organization have a written conflict of interest policy? rt V-B Former Officers, Directors, Trustees, and Ke	v Employees That F	Received Com	pensation o	75d	her	X
	Benefits (If any former officer, director, trustee, or key en the year, list that person below and enter the amount of col	nployee received compen-	sation or other ben	efits (describe	d belo	w) dui	
	(A) Name and address NONE	(B) Loans and Advances	(C) Compensation	(D) Contributions employee benefit plans & deferred compensation plan	à	E) Expe	and
	NONE			compensation plan	SOM	<u> </u>	anocs
- -							
					┼		
					+-		
			_				
					 -		<u>. </u>
					+-	-	 -
							-
					<u> </u>		
	t VI Other Information (See the instructions.)	the IDS2 If "Vee " ettech	a datailed			Yes	No
76	Did the organization engage in any activity not previously reported to description of each activity	the institutes, attach	a detailed	_	76		x
77	Were any changes made in the organizing or governing documents but "Yes," attach a conformed copy of the changes	out not reported to the IRS	; ?		77		<u>X</u>
78 a	Did the organization have unrelated business gross income of \$1,000	or more during the year	covered by this ret		78a		Х
- b 79	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contri	action during the vear? If '	Yes," attach a sta	N/A tement	78b 79		<u>x</u>
80 a	Is the organization related (other than by association with a statewish membership, governing bodies, trustees, officers, etc., to any other experiences.	e or nationwide organizati	on) through commo		80a		
b	If "Yes," enter the name of the organization N/A		exempt or	nonevernet	JUA		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions	and check whether it is L	exempt or 81a	nonexempt L		}	
	Did the organization file Form 1120-POL for this year?	· · · · · · · · · · · · · · · · · · ·			81b		<u> </u>
	/02-03-08				Form	990 (2005)

	990 (2005) ADOPTION S.T.A.R., INC.	16-158	4581	Р	age 7
Pa	rt VI Other Information (continued)			Yes	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	e or at substantially			
	less than fair rental value?		82a		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)	N/A	4		
	Did the organization comply with the public inspection requirements for returns and exemption application	ons?	83a	X	<u> </u>
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	•	83b	_X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	_	84a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions	•			
0.5	tax deductible?	N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	85a		_
U	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organiza waiver for proxy tax owed for the prior year	tion received a			
c		N/A			
ď	Dues, assessments, and similar amounts from members Section 162(e) lobbying and political expenditures 85d	N/A N/A	1		
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	1		ı
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g	İ	ı
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85		009		
	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	N/A		- 1	
b	Gross receipts, included on line 12, for public use of club facilities	N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A]	İ	
b	Gross income from other sources. (Do not net amounts due or paid to other sources			1	
	against amounts due or received from them.)	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation of	· ·			
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 30	01 7701-3?			
	If "Yes," complete Part IX		88		<u>X</u>
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 ▶	<u> </u>			
U	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?			l	
	If "Yes," attach a statement explaining each transaction		005		v
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	r	89b_		<u>X</u>
·	sections 4912, 4955, and 4958	.			0.
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization	5-			0.
	List the states with which a copy of this return is filed ▶NONE		_	•	
	Number of employees employed in the pay period that includes March 12, 2005	90Ь	_		6
		ne no. ► 716-63	<u> 19 – 39</u>	900	
	Located at ▶ 47 PLAZA DRIVE, WILLIAMSVILLE, NY	ZIP + 4 ▶ <u>1</u>			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authorized and the calendar year, did the organization have an interest in or a signature or other authorized and the calendar year.	onty			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	al		Yes	No
	account)?		91b		<u>X</u>
	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 Ban	k			
	and Financial Accounts.				
C	At any time during the calendar year, did the organization maintain an office outside of the United States?	•	91c		<u>X</u>
	If "Yes," enter the name of the foreign country N/A			. –	_
92	Section 4947(a)(1) nonexempt chantable 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	▶	N/A	<u>4</u> 990 (2	יייייייייייייייייייייייייייייייייייייי
			I UITH	(-UUJ)

Part V	II Analysis of Income	-Producing P			S.)		
Note: Er	nter gross amounts unless other	erwise	Unrelat (A) Business	ed business income (B)	(C) Exclu-	d by section 512, 513, or 514 (D) Amount	(E) Related or exempt
93 Prog	gram service revenue:		code	Amount	code	Amount	function income
a <u>P</u> F	ROGRAM FEE INCOM	IE					809,722.
b							<u></u>
c							
d							
e							
f Med	icare/Medicaid payments						
g Fees	and contracts from governme	ent agencies					
94 Men	nbership dues and assessment	ts .					
95 Inter	est on savings and temporary cash	ınvestments			14	11,251.	
96 Divid	lends and interest from securit	ties					
97 Net	rental income or (loss) from rea	ıl estate [.]					
a debt	-financed property						
b not o	debt-financed property						
98 Net	rental income or (loss) from pei	rsonal property					
	er investment income						
	or (loss) from sales of assets						4
	r than inventory				-+-+		1,035.
	income or (loss) from special e						
	ss profit or (loss) from sales of i	nventory					
	er revenue:						1 076
	HER REVENUE				-		4,876.
							
					- - -		
			-				
e	otal (add columns (B), (D), and	(E)			0.	11,251.	813,563.
	il (add line 104, columns (B), (D				<u>V •1 </u>	11,251.	824,814.
	e 105 plus line 1d, Part I, shoul		unt on line 12	2, Part I.		•	024,014.
	II Relationship of Acti				mpt Purp	OSES (See the instructi	ons.)
Line No. ▼	Explain how each activity for wheexempt purposes (other than by	ich income is repo	rted in column	(E) of Part VII contrib			
93A	ADOPTION S.T.A.	R. INC.	PROVIDI	ES VARIOUS	ADOPT	ION SERVICES	ALLOWING
	PROSPECTIVE ADO						
	TYPES OF ADOPTI						
103A	MISCELLANEOUS R		NCIDEN	TAL TO EXE	MPT PU	RPOSE.	
Part IX							ns)
Name, a	(A) ddress, and EIN of corporation, nership, or disregarded entity	(B) Percentage of ownership interes		(C) Nature of activities		(D) Total income	(E) End-of-year assets
parti	iciship, or disregarded entity		%				435013
	N/A		%				
			%			·····	
			%				
Part X	Information Regard			ed with Person	nal Benefi	t Contracts (See the	e instructions.)
	the organization, during the year, re						Yes X No
` '	the organization, during the year, p	• •	•		•		Yes X No
	"Yes" to (b), file Form 8870 an	•	•	•	iii oonii abti		
Please	Under penalties of perjury, I declare the correct, and complete Declaration of p				s and statements	, and to the best of my knowled	ge and belief, it is true,
Sign	Services, and complete Declaration of p		ا المعادد المع	9/10/01	Spares Hassariy Kr		rector
Here	Signature of officer	7		Date	Type or prin	it name and title.	<u> </u>
	Preparer's		. /.	/	Date	Check if	Preparer's SSN or PTIN
Paid	signature Unolp	1 R . M	and		9/1/0	self- employed >	
Preparer's	Firm's name (or RSM MC	GLADREY	INC			EIN ▶	
Use Only	self-employed), 800 LI	BERTY BL	-,-··	MAIN ST.			
623163 02-03-06	address, and ZIP + 4 BUFFAL			202-3508		Phone no > 7	16-847-2651

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

2005

Name of the organization					Employer identification number			
ADOPTION S.T.A.R., IN				<u>16 15845</u>				
Part I Compensation of the Five Highest Pair (See page 1 of the instructions. List each one. If there are			Officers, Dire	ctors, and T	rustees			
(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 othe allowances			
NONE								
Total number of other employees paid over \$50,000	•	0						
Part II-A Compensation of the Five Highest Paid (See page 2 of the instructions. List each one (whether inc		pendent Contractor		ional Service	es			
(a) Name and address of each independent contractor paid			(b) Type of s	service	(c) Compensation			
			.,,,,					
NONE								
Total number of others receiving over \$50,000 for professional services		0						
Part II-B Compensation of the Five Highest Paid		pendent Contractor		ervices				
(List each contractor who performed services other than p firms. If there are none, enter "None." See page 2 of the ins		•	als or 	·				
(a) Name and address of each independent contractor paid	more tha	n \$50,000	(b) Type of s	service (c) Compensation			
NONE	-							
	-							
Total number of other contractors receiving over \$50,000 for other services		0						

	rt III	Statements About Activities (See page 2 of the instructions.)	08438	Yes	No.
1	During th	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public op	inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the		ļ	
1	lobbying	activities 🕨 \$ \$ (Must equal amounts on line 38, Part VI-A, o	r	1	
	line i of P	art VI-B.)	1	ļ	X
1	Organizat	ions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations		1	
	checking	"Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	}	1	1
1	trustees, person is	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"			
		detailed statement explaining the transactions.)			٠,
a	Sale, exc	hange, or leasing of property?	_2a	 	X
		of annual provides a contract and 40	۱.,	ļ	3.5
b	Lending	of money or other extension of credit?	<u>2b</u>	 	X
e l	Furnishin	g of goods, services, or facilities?	2c		Х
•	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g or group, co. Hood, or had made	1		
d I	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART $V-A_{\star}$ FORM 990	2d	X	-
e ·	Transfer (of any part of its income or assets?	2e		X
		pake grants for scholarships, fellowships, student loans, etc.? (If "Yes." attach an explanation of how			
•		mine that recipients qualify to receive payments.)	3a		X
-		ave a section 403(b) annuity plan for your employees?	3b		X
		e year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
	-	naintain any separate account for participating donors where donors have the right to provide advice			
	•	e or distribution of funds?	4a	ĺ	x
	-	rovide credit counseling, debt management, credit repair, or debt negotiation services?	4b	ļ	X
			1 70		
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The c	rganızatı	on is not a private foundation because it is: (Please check only ONE applicable box.)			
5	\Box	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)(N	/).		
		(Also complete the Support Schedule in Part IV-A.)			
11a	لـــا	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	\mathbf{x}	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired			
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations designated	cribed in:		
		(1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that described the section 509(a)(2) above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).			
		the type of supporting organization: Type 1 Type 2 Type 3			
		Provide the following information about the supported organizations. (See page 6 of the instructions.)			
				e num	
		(a) Name(s) of supported organization(s)	fr -	om abo	ve
				-	
					-
	<u> </u>	As a second and a second do both for subhalacters Comment (Comment			
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			

Schedule A (Form 990 or 990-EZ) 2005

Page 3

	Note: You may use the	e worksheet in the instru	ictions for converting	from the accrual to the	e cash method	of acco	untina
	ndar year (or fiscal year	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	13,454.	8,112.	10,426.	7.8	25.	39,817.
16	Membership fees received	23/131	<u> </u>	10/1201			
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	633,953.	588,489.	445,795.	225,0	81.	1,893,318
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	6,763.	3,602.	1,717.		62.	12,744.
19	Net income from unrelated business						
	activities not included in line 18					- 1	
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			SEE STATEME			
	sale of capital assets	2,924.	4,913.	3,583.		30.	11,550.
23	Total of lines 15 through 22	657,094.	605,116.	461,521.	233,6		1,957,429.
24	Line 23 minus line 17	23,141.	16,627.	15,726.		17.	64,111.
25	Enter 1% of line 23	6,571.	6,051.	4,615.	2,3	37.	
26	Organizations described on lines 10	D or 11: a Enter 2% of ar	mount in column (e), line	24	>	26a	N/A
b	Prepare a list for your records to sho	ow the name of and amount	t contributed by each per	son (other than a govern	ımental		
	unit or publicly supported organization	on) whose total gifts for 20	01 through 2004 exceed	ed the amount shown in	lıne 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) to	est: Enter line 24, column (e)		>	26c	N/A
d	Add: Amounts from column (e) for li	nes: 18	19 _			1	
		22	26b _		▶	26d	<u>N/A</u>
е	Public support (line 26c minus line 2	?6d total)			>	26e	N/A
f	Public support percentage (line 266	e (numerator) divided by li	ne 26c (denominator))			26f	<u>N/A</u> %
27	Organizations described on line 12:	a For amounts included in	lines 15, 16, and 17 tha	t were received from a "d	squalified person	," prepar	re a list for your
	records to show the name of, and to	tal amounts received in eac	h year from, each "disqu	alified person." Do not fil	e this list with yo	ur retur	n. Enter the sum of
	such amounts for each year:						
	(2004)	• (2003)	0. (20	02)	0. (200	·1)	0.
b	For any amount included in line 17 th	nat was received from each	person (other than *disq	ualified persons"), prepai	re a list for your re	ecords t	o show the name of,
	and amount received for each year, t	hat was more than the larg	ger of (1) the amount on	line 25 for the year or (2	s) \$5,000. (Include	e in the l	list organizations
	described in lines 5 through 11b, as	well as individuals.) Do not	file this list with your re	eturn After computing th	e difference betw	een the	amount received and
	the larger amount described in (1) or	r (2), enter the sum of thes	e differences (the excess	amounts) for each year:			
	(2004)	• (2003)	0. (20	02)	0 • (200	1)	0.
C	Add: Amounts from column (e) for li	nes: 15	<u>39,817.</u>	16			
	17 <u>1,8</u>	93,318. 20		21		27c	<u>1,933,135.</u>
đ	Add: Line 27a total	0 . and	line 27b total		<u>0.</u> ►	27d	<u></u>
е	Public support (line 27c total minus	line 27d total)		1 1	•	27e	1,933,135.
f	Total support for section 509(a)(2) to	est: Enter amount on line 2	3, column (e)	► 27f 1,9	957 <u>,429</u> .		
g	Public support percentage (line	e 27e (numerator) divid	led by line 27f (denor	minator))	>	27g	98.7589%
_ <u>h</u>	Investment income percentage	e (line 18, column (e) (n	umerator) divided by	line 27f (denominate	or)) >	27h	.6511%
28 L	Inusual Grants: For an organization	described in line 10, 11, o	r 12 that received any un	usual grants during 200	1 through 2004, p	repare a	a list for your records to
S	how, for each year, the name of the co eturn. Do not include these grants in I	intributor, the date and am	ount of the grant, and a b	oriet description of the na	ture of the grant.	Do not f	nte this list with your

NONE

523121 02-03-08

N/A

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)
Doe	es the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		res	NO
	instrument, or in a resolution of its governing body?	29		
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?	30		
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			İ
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
				j
	•	_		Ì
		_		
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		
ď	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		ļ
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			1
		-		
20	Does the organization discriminate by race in any way with respect to:	-		
33		222		
a	Admissions policies?	33a 33b		
Þ	Employment of faculty or administrative staff?	33c		
c d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
a	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.)	3311		
	in you answered 100 to any or the above, please explaint (in you need more space, attach a separate statements)			
		_		
		-	l	
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		

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

		(10 be completed UNLY by	an eligible organization that	nieu Portii 5766)				
Ch	eck 🕨 a	if the organization belong	s to an affiliated group.	Ch <u>ec</u> k ▶	ь 🔲	ıf you che	cked "a" and "limited contr	ol" provisions apply.
			Lobbying Expendit				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 37 38 39 40 41	Total lobb Total lobb Other exe Total exer Lobbying If the amo	bying expenditures to influence bying expenditures to influence bying expenditures (add lines 36 mpt purpose expenditures (add nontaxable amount. Enter the abount on line 40 is -	public opinion (grassroots lo a legislative body (direct lobb 5 and 37) lines 38 and 39)	bbying) pying) ple - le amount is -		36 37 38 39 40	N/A	October of the second of the s
42 43 44	Over \$1,500 Over \$17,00 Grassroot Subtract I Subtract I	0,000 but not over \$1,500,000 0,000 but not over \$17,000,000 00,000 IS nontaxable amount (enter 25) Ine 42 from line 36. Enter -0- if Ine 41 from line 38. Enter -0- if	line 42 is more than line 36 line 41 is more than line 38	ess over \$1,500,000	J	42 43 44		

4-Year Averaging Period Under Section 501(h)

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

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount	_				0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did no	t complete Part VI-A) (See page 11 of the instructions.
--	---

N/A

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

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

Yes	No	Amount
	_	
		0.

				· _ · · · · · · · · · · · · · · · · · ·	<u> </u>	
Part		garding Transfers To and zations (See page 12 of the insti		Relationships With Nonchari	table	
51 D		lirectly or indirectly engage in any of		r organization described in section		
		section 501(c)(3) organizations) or i	• •	-		
	• •	ganization to a noncharitable exempt		miliour or gamzations.	ΓÝ	es No
	(i) Cash	gamzation to a nononanable exemp	t organization of		51a(i)	X
	ii) Other assets			-	a(ii)	X
	ther transactions:					
-		ets with a noncharitable exempt orga	nization		b(i)	X
	· · -	noncharitable exempt organization			b(ii)	X
	ii) Rental of facilities, equipme				b(iii)	X
•	v) Reimbursement arrangeme				b(iv)	X
•	v) Loans or loan guarantees				b(v)	X
(v	i) Performance of services or	membership or fundraising solicitat	tions		b(vi)	X
c S	haring of facilities, equipment,	mailing lists, other assets, or paid e	mployees		C	X
d If	the answer to any of the above	e is "Yes," complete the following scl	hedule. Column (b) should a	always show the fair market value of the		
g	oods, other assets, or services	given by the reporting organization.	. If the organization received	l less than fair market value in any		
tr	ansaction or sharing arrangen	nent, show in column (d) the value o	f the goods, other assets, or	r services received:	N	/ <u>A</u>
(a)	(b)	(c)		(d)		
Line no.	Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, and	sharing arran	gements
						
					···-	
				<u></u>		
Co	the organization directly or inc ode (other than section 501(c) "Yes," complete the following s	(3)) or in section 527?	one or more tax-exempt orga	anizations described in section 501(c) of the	Yes	X No
	(a) Name of org	one-retion	(b)	(c)	h.a	
	ivame of org	janization	Type of organization	Description of relations	nip	
						
						
						
			<u> </u>			
				<u> </u>		
						
			 _			
			 			
			 			
					<u>. </u>	
						
				ļ 		
			j l			

Adoption STAR Inc.

Form 990 Schedule A Accrual to Cash Basis Worksheet

		2005	2004
Gross i	receipts from services performed	809,722	620,057
Add:	Beginning Accounts Receivable	5,014	18,910
Less:	Ending Accounts Receivable	(5,832)	(5,014)
Line 17	Gross receipts from services performed	808,904	633,953
Line 15	Grants and Contributions received	18,934	13,454
Line 18	Interest & Dividends received	11,251	6,763
Line 22	Other income	4,876	2,924

CMI Education Institute, Inc. Form 990 Attachment For Tax Year ended 12/31/2005

Part II, Line 42: Depreciation

Part IV, Line 57: Land, Building, and Equipment

		Accumul Cost Deprecia			NBV
Land, Building, and Equipment @ 12/31/04	\$	266,514	\$	12,058	254,456
Additions, net: Disposals, net: Depreciation expense		115,385 (2,070)		- (1,035) 14,997	115,385 (1,035) (14,997)
Land, Building, and Equipment @ 12/31/05	<u> </u>	379,829	\$	26,020 \$	353,809

FORM 990 (
	GAIN (LOSS) FROM	M SALE OF OTI	HER ASSETS		STATEMENT	1
DESCRIPTION		DATI ACQUII			METHOD CQUIRED	
BUILDING		12/31,	703 12/3	1/05 PI	URCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPRE	NET G. C OR (L	
	1,035.	2,070.	0.		01,	035.
TO FM 990, PART I, I	LN 8 1,035.	2,070.	0.		01,	035.
FORM 990 OTHE	ER CHANGES IN NE	ET ASSETS OR	FUND BALA	NCES	STATEMENT	2
DESCRIPTION					AMOUNT	
UNREALIZED GAIN				_	14,	253.
TOTAL TO FORM 990, F	PART I, LINE 20			_	14,	253.
				=		
FORM 990	O	THER EXPENSES	3		STATEMENT	3
FORM 990 DESCRIPTION	(A) TATOT	THER EXPENSES (B) PROGRAM SERVICE)) AANAM I	= C) GEMENT GENERAL	STATEMENT (D) FUNDRAIS	3
DESCRIPTION ADVERTISING EXPENSE	(A)	(B) PROGRAM SERVICE	() MANA(ES AND (SEMENT	(D)	3
DESCRIPTION ADVERTISING EXPENSE MISCELLANEOUS EXPENSE	(A) TOTAL	(B) PROGRAM SERVICE	() MANA(ES AND (SEMENT	(D)	3
DESCRIPTION ADVERTISING EXPENSE MISCELLANEOUS EXPENSE DUES AND	(A) TOTAL 65,992 9,475	(B) PROGRAM SERVICE 2. 65,9	() MANA S AND () 992.	SEMENT	(D)	3
DESCRIPTION ADVERTISING EXPENSE MISCELLANEOUS EXPENSE DUES AND SUBSCRIPTIONS	(A) TOTAL 65,992 9,475 1,161	(B) PROGRAM SERVICE 2. 65,9 5. 9,4	MANAC S AND C 192.	GEMENT GENERAL	(D)	3
DESCRIPTION ADVERTISING EXPENSE MISCELLANEOUS EXPENSE DUES AND SUBSCRIPTIONS REPAIRS INSURANCE	(A) TOTAL 65,992 9,475	(B) PROGRAM SERVICE 2. 65,9 5. 9,4	() MANA S AND () 992.	SEMENT	(D)	3
DESCRIPTION ADVERTISING EXPENSE MISCELLANEOUS EXPENSE DUES AND SUBSCRIPTIONS REPAIRS INSURANCE MEALS &	(A) TOTAL 65,992 9,475 1,161 9,745 16,315	(B) PROGRAM SERVICE 2. 65,9 5. 9,4 1,1 7,3 7,7	MANAGES AND G	GEMENT GENERAL 2,436.	(D)	3
DESCRIPTION ADVERTISING EXPENSE MISCELLANEOUS EXPENSE DUES AND SUBSCRIPTIONS REPAIRS INSURANCE	(A) TOTAL 65,992 9,475 1,161 9,745	(B) PROGRAM SERVICE 2. 65,9 5. 9,4 7,3 7,7 9,1	MANACS AND CO.	GEMENT GENERAL 2,436.	(D)	3
DESCRIPTION ADVERTISING EXPENSE MISCELLANEOUS EXPENSE DUES AND SUBSCRIPTIONS REPAIRS INSURANCE MEALS & ENTERTAINMENT	(A) TOTAL 65,992 9,475 1,161 9,745 16,315	(B) PROGRAM SERVICE 2. 65,9 5. 9,4 7,3 7,7 9,1 8,0	MANACA AND CO.	GEMENT GENERAL 2,436.	(D)	3
DESCRIPTION ADVERTISING EXPENSE MISCELLANEOUS EXPENSE DUES AND SUBSCRIPTIONS REPAIRS INSURANCE MEALS & ENTERTAINMENT REFERRAL EXPENSE	(A) TOTAL 65,992 9,475 1,161 9,745 16,315 9,159 8,000 6,515	(B) PROGRAM SERVICE 2. 65,9 5. 9,4 1,1 7,3 7,7 9,1 8,0	MANAC S AND C 92. 75. 61. 699. 45.	GEMENT GENERAL 2,436.	(D)	51

FORM 990	STATEMENT (OF ORGANIZATION	'S PRIMARY	EXEMPT PURPOSE	STATEMENT	4		
PART III								

EXPLANATION

ADOPTION S.T.A.R. INC. PROVIDES VARIOUS ADOPTION SERVICES ALLOWING PARENTS THE OPPORTUNITY TO EXPLORE ALL TYPES OF ADOPTION.

FORM 990	NON-G	STATEMENT				
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV' SECURITIE	
CORPORATE BONDS	FMV		105,490.		105,49	0.
TO FORM 990, LINE 54,	COL B		105,490.		105,49	0.
FORM 990	ОТ	HER SECURITI	ES		STATEMENT	6
SECURITY DESCRIPTION			,	COST/FMV	OTHER SECURITIES	3
MUTUAL FUNDS MONEY MARKET FUNDS			-	FMV FMV	111,50	
TO FORM 990, LINE 54,	COL B			=	118,72	6.
SCHEDULE A		OTHER IN	COME		STATEMENT	7
DESCRIPTION		2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	
MISCELLANEOUS INCOME		2,924.	4,913	. 3,58	3. 13	0.
TOTAL TO SCHEDULE A,	LINE 22	2,924.	4,913	. 3,583	3. 13	0.

Form 8868	3 (Rev. 12-2004)			Page 2
• If you a	are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and	check this box	×	▶ X
	ly complete Part II if you have already been granted an automatic 3-month extension on a p			
• If you a	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 - Must file	Original a	nd One Copy	·
Type or	Name of Exempt Organization		Employer iden	tification number
print.	ADOPTION S.T.A.R., INC.		16-158	4581
File by the extended	Number, street, and room or suite no. If a P.O. box, see instructions.	33. 4.3.15	For IRS use ont	
due date for	47 PLAZA DRIVE			
filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILLIAMSVILLE, NY 14221			
Check ty	pe of return to be filed (File a separate application for each return):	1	· · · · · · · · · · · · · · · · · · ·	
X For		m 1041-A	Form 5227	Form 8870
For		m 4720	Form 6069	
STOP: Do	o not complete Part II if you were not already granted an automatic 3-month extension	on a previous	sly filed Form 88	68.
	ooks are in the care of MICHELE FRIED			
Teleph	one No. ► 716-639-3900 FAX No. ►	,		
	organization does not have an office or place of business in the United States, check this b			▶ 📖
[s for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_			group, check this
box 🕨	. If it is for part of the group, check this box and attach a list with the names a	and EINs of all	members the ext	ension is for.
	quest an additional 3-month extension of time until NOVEMBER 15, 2006.			
		and ending		 :
	· · · · · · · · · · · · · · · · · · ·	al return	Change in	accounting period
	te in detail why you need the extension	L MO BIT	E A COMP	. 1919
	DITIONAL TIME IS NEEDED TO GATHER INFORMATION D ACCURATE RETURN.	TO FIL	E A COMP	-E.T.E
8a If th non	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less refundable credits. See instructions	s any 	<u>\$</u>	
tax	is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and espayments made. Include any prior year overpayment allowed as a credit and any amount powously with Form 8868		\$	
	ance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required pon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructi		FTD \$	N/A
	Signature and Verification	<u> </u>	· · · · · · · · · · · · · · · · · · ·	21/22
Under pena	alties of perjury, I declare that I have examined this form, including accompanying schedules and staten brrect, and complete, and that I am authorized to prepare this form.	nents, and to the	best of my knowle	dge and belief,
Signature	► Title ►		Date -	
	Notice to Applicant - To Be Completed by the	ne IRS		
We	have approved this application. Please attach this form to the organization's return.			
	have not approved this application. However, we have granted a 10-day grace period from	the later of the	e date shown bel	ow or the due
	e of the organization's return (including any prior extensions). This grace period is considere			
othe	erwise 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 can	not grant your	request for an ex	tension of time to
file.	We are not granting a 10-day grace period.			
	cannot consider this application because it was filed after the extended due date of the re	turn for which	an extension wa	s requested.
U Oth	er			
	_			
Director	By:		Date	
	SA-18- Address Catalana de la contra dela contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra dela contra dela contra de la contra del la contra			
	Mailing Address - Enter the address if you want the copy of this application for an addition the one entered above.	onai 3-month e	xtension returned	to an address
	Name		<u>.</u>	
Tues	FREED MAXICK & BATTAGLIA, CPA'S, PC			
Type or print	Number and street (include suite, room, or apt. no.) or a P.O. box number 800 LIBERTY BUILDING			
523832 05-01-05	City or town, province or state, and country (including postal or ZIP code) BUFFALO, NY 14202			
00-01-00			·	