Form *990

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

2004

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public inspection

	A	For the	2004 calendar year, or tax year beginning 11/01/04, and ending 10/31/05							
			applicable Please C Name of organization	D	Employer identification no.					
		1	use IRS		39-2034953					
}		1	Name change PAUQUETTE ADOPTION SERVICES, INC. E Telephone number							
		i	al return type. Number and street (or P O box if mail is not delivered to street address) Room/suite 608-742-8004							
		Final re	sturn See 315 W. CONANT STREET, PO BOX 162	F	Accounting method: Cas					
		Ameno	Specific Instruc- City or town, state or country, and ZIP + 4	\mathbf{X}	Accrual Other (specify)					
		Applica	tion pending tions. PORTAGE WI 53901	<u> </u>						
			Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to set	ction 52	27 organizations					
			trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for							
	G	Websit	e: N/A H(b) If "Yes," enter number of	affiliate	es 🕨					
	J	Organi	zation type H(c) Are all affiliates included	,	Yes No					
		(check	only one) ▶ 🕱 501(c) (3) < (insert no) 4947(a)(1) or 527 (If *No,* att. a list. See in	str)						
	ĸ	Check I	nere In the organization's gross receipts are normally not more than \$25,000 H(d) is this a separate return	filed by						
		The org	anization need not file a return with the IRS, but if the organization received a organization covered by	a group	ruling? Yes X No					
		Form 9	90 Package in the mail, it should file a return without financial data. Some states I Group Exemption Nu	mber	>					
		require	a complete return. M Check ▶ X if the	orgar	nization is not required					
	<u> </u>	Gross r	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12 424, 840 to attach Sch B (Form	п 990	, 990-EZ, or 990-PF)					
	P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 o	f the	instructions.)					
		1	Contributions, gifts, grants, and similar amounts received:							
		а	Direct public support							
		ь	Indirect public support 1b							
		С	Government contributions (grants)]						
		d	Total (add lines 1a through 1c) (cash \$ noncash \$)	1d	0					
		2	2	410,106						
		3	3							
		4	4							
		5	5	14,116						
	5 Dividends and interest from securities 5 14,									
O		ь	Less: rental expenses 6b]						
\mathcal{O}		С	Net rental income or (loss) (subtract line 6b from line 6a)	6c						
>	R	7	Other investment income (describe	7						
SCANNE	8 V	8a	Gross amount from sales of assets other (A) Secunties (B) Other							
ī	e		than inventory 8a	_						
O	ü	ь	Less cost or other basis and sales expenses 8b	╛						
	8	С	Gain or (loss) (attach schedule)	_}						
A		d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	<u> </u>					
-		9	Special events and activities (attach schedule). If any amount is from gaming, check here							
₩.		a	Gross revenue (not including \$ of	j						
1			contributions reported on line 1a)							
inn,		ь	Less: direct expenses other than fundraising expenses	╛						
		С	Net income or (loss) from special events (subtract line 9b from line 9a)	9с						
		10a	Gross sales of inventory, less returns and allowances 10a	_						
		b	Less cost of goods sold 10b	╛						
		С	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from time 10a) Other revenue (from Part VII, line 103)	10c						
		11	Other revenue (from Part VII, line 103)	11						
	_	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12						
	E	13	Program services (from line 44, column (B)) JAN 1 7 2006 O	13	307,407					
	X P	14	Management and general (from line 44, column (C))	14						
	e	15	Fundraising (from line 44, column (D))	15						
	S	16	Payments to affiliates (attach schedule) OGDEN, UT	16						
	<u>s</u>	17	Total expenses (add lines 16 and 44, column (A))	17						
	A	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18						
	N S	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19						
	tt	20	Other changes in net assets or fund balances (attach explanation) See Statement 1	20						
	S	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	278,176					

Statement of

Part II

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

,Functional Expenses and section 4947(a	a)(1) non	exempt chantable trusts bu	ut optional for others (See	page 22 of the instruction	ns)
Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.	 	(A) FOLAR	services	and general	(5) rundraising
22 Grants and allocations (attach schedule)					
(cash \$)	22				
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24	70.000			
25 Compensation of officers, directors, etc	25	73,920	73,920		
26 Other salaries and wages	26	41,758	41,758		
27 Pension plan contributions	27				
28 Other employee benefits	28				<u> </u>
29 Payroli taxes	29	8,873	8,873		
30 Professional fundraising fees	30				
31 Accounting fees	31	6,376	6,376		ļ
32 Legal fees	32				
33 Supplies	33	8,870	8,870		
34 Telephone	34	7,044	7,044		
35 Postage and shipping	35	7,523	7,523		
36 Occupancy	36	30,093	30,093		
37 Equipment rental and maintenance	37	1,301	1,301	-	<u> </u>
38 Printing and publications	38	2,851	2,851		
39 Travel	39	6,936	6,936		
40 Conferences, conventions, and meetings	40				<u> </u>
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	2,097	2,097		
43 Other expenses not covered above (itemize) a	43a				
b See Statement 2	43b	109,765	109,765		
С	43c			<u> </u>	
d	43d				
8	43e				<u> </u>
44 Total functional expenses (add lines 22 - 43) Organizations					
completing columns (B)-(D), carry these totals to lines 13-15	44	307,407	307,407	0	0
Joint Costs. Check ▶ ☐ if you are following SOP 98-2.					
Are any joint costs from a combined educational campaign and f	undrais	ing solicitation reported	in (B) Program service	es?	Yes X No
if "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amou	nt allocated to Program ser	vices \$	<u> </u>
(Ili) the amount allocated to Management and general \$			int allocated to Fundraising		
Part III Statement of Program Service Acco	mplis	shments (See pa	ge 25 of the instru	ctions.)	· · · · · · · · · · · · · · · · · · ·
What is the organization's primary exempt purpose? To provide adoption services All organizations must describe their exempt purpose achievement of clients served, publications issued, etc. Discuss achievements	s that a	re not measurable (Se	ction 501(c)(3) and (4)		Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for
organizations and 4947(a)(1) nonexempt chantable trusts must a	also ent	er the amount of grants	s and allocations to other	ers.)	others.)
a See Statement 3					
					1
		<u>.</u>			207 407
		(Grants and all	ocations \$		307,407
b		•	•		
· · · · · · · · · · · · · · · · · · ·		(Grants and all	ocations \$		
C					
				•	
		(Grants and all	ocations \$)	
d					
				•	
					1
		(Grants and all	ocations\$)	
Other program services (attach schedule)		(Grants and all)	L
f Total of Program Service Expenses (should equal line 44,	colum	n (B), Program services	3)		307,407
DAA					Form 990 (2004)

<u> </u>	Note:	Where required, attached schedules and amounts wi		(A)		(B)
		column should be for end-of-year amounts only		Beginning of year		End of year
_	45	Cash-non-interest-bearing		17,072	45	40,531
	46	Savings and temporary cash investments		128,340	46	211,090
	470	A acquiste recoviable	47a			
	47a	Accounts receivable Less allowance for doubtful accounts	47b		47c	
		Less allowance for doubtful accounts	7.0		4,0	<u> </u>
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and ke	y employees			
A		(attach schedule)	-		50	
S	51a	Other notes and loans receivable (attach	1 1			
\$		schedule)	51a			
е	-	Less: allowance for doubtful accounts	51b		51c	
t	52	Inventories for sale or use	-		52	
S	53	Prepaid expenses and deferred charges	Cost FMV		53 54	
	54	Investments-securities	Cost FMV	·· · · · · · · · · · · · · · · · · · ·	34	
	55a	Investments-land, buildings, and	55a			
		equipment: basis Less accumulated depreciation (attach	334			
	0	schedule)	55b		55c	
	56	Investments-other (attach schedule)	(308)		56	
	57a	Land, buildings, and equipment, basis	57a 211,845			
	Ь	Less: accumulated depreciation (attach				
		schedule) See Statement 4	57b 184,793	29,149	57c	27,052
	58	Other assets (describe > See Stateme:		500		400
	59	Total assets (add lines 45 through 58) (must equal li	ne 74)	175,061	59	279,073
	60	Accounts payable and accrued expenses			60	
ī	61	Grants payable			61	
a	62	Deferred revenue	_		62	
b	63	Loans from officers, directors, trustees, and key emp		0.555		
i		schedule)	See Worksheet	8,757	63	
i	1	Tax-exempt bond liabilities (attach schedule)	See Worksheet	1 000	64a	
t i	1	Mortgages and other notes payable (attach schedule	,	1,000 1,296		897
8	65	Other liabilities (describe See Stateme	ent 6)	1,290	65	
S	66	Total liabilities (add lines 60 through 65)	i	11,053	66	897
_	_	anizations that follow SFAS 117, check here	and complete lines			· · · · · · · · · · · · · · · · · · ·
	O.g.	67 through 69 and lines 73 and 74.	and complete miles			
NF	67	Unrestricted			67	
e u	68	Temporarily restricted			68	
t n	1 60	Permanently restricted			69	
A	Orga	anizations that do not follow SFAS 117, check here	▶ X and			
s E	1	complete lines 70 through 74.	_			
s a	70	Capital stock, trust principal, or current funds		200		
e I t a	71	Paid-in or capital surplus, or land, building, and equip	ment fund	28,198		
s n	70	Retained earnings, endowment, accumulated income		135,610	72	277,976
C		Total net assets or fund balances (add lines 67 thr	ough 69 or lines			
0 8		70 through 72;	!	4.64.000	_	050 150
•		column (A) must equal line 19, column (B) must equ	ı	164,008		<u>278,176</u>
	74	Total liabilities and net assets / fund balances (ac	ld lines 66 and 73)	175,061	74	279,073

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.

Form	990 (2004)	PAUQUETTE ADOP	TI	ON SERVICES	, IN	<u> </u>	<u>. 39</u> .	<u>-20:</u>	34953			Page 4
	rt IV-A"	Reconciliation of Rev Financial Statements		-	P	ar	t IV-B		onciliation of ancial Stateme	-		
N/	' TA	Return (See page 27		-	N	i/ 2	A	Ret			With Exp	moco po
		e, gains, and other support	<u> </u>	ic matidations j	a		Total expense					····
а		nancial statements	а				audited financ		·	>	a	
b	•	uded on line a but not on	Ť	······································	Ь				on line a but not			
J	line 12, Form						on line 17, Fo					
(1)	Net unrealize				(1	1) [Donated serv	vices ai	nd use			
(.,	investments				'		of facilities	\$				
(2)	Donated sen				(2	2) F	Prior year adj]justme	nts			
ν-,	of facilities	\$				r	eported on li	ine 20,				
(3)	Recovenes of	of prior	1	•		F	Form 990	\$				
(-,	year grants	\$			(3	3) L	osses repor	rted on	line 20,			
(4)	Other (specif	fy)	}	ı		F	Form 990	\$				
` '	, ,				(4	4) (Other (specif	fy)				
	•	\$										
	Add amounts	s on lines (1) through (4)	b					\$				
						A	Add amounts	s on line	es (1) through (4)		ь	
С	Line a minus	line b	С		c	l	ine a minus	line b		>	С	
d	Amounts incl	luded on line 12,	-		d	P	Amounts incli	luded o	on line 17,			
	Form 990 bu	t not on line a:	r			F	Form 990 but	t not or	n line a:			
(1)	Investment e	expenses	ŀ		(1	1)	nvestment e	expense	es			
	not included	on line			ł	ſ	not included o	on line				
	6b, Form 996	0 \$	ļ				6b, Form 990					
(2)	Other (speci	fy)			(2	2) (Other (specif	fy)				
			Į									
		\$	1					<u>\$</u>				
	Add amounts	s on lines (1) and (2)	d						es (1) and (2)		<u>a</u>	
8	Total revenu	e per line 12, Form 990			e		•	•	line 17, Form 990			
	(line c plus li	ne d)	<u>e</u>	4	Farante		line c plus lir				e	27 of
Pa		ist of Officers, Director	S, I	rustees, and Ney	Empi	оує	es (List ea	acn one	e even if not compe	ensale	o, see page	27 01
	th	e instructions)			(B)	Titl	e and average		C) Compensation	(D)	Contrib to	(E) Expense
		(A) Name and address			hours		week devoted position	to	(If not paid, enter -0-)	plan co	oyee benefit s & deferred inpensation	account and other allowances
B	rian To	ool			Dia	re	ctor					_
5	35 Winn	ebago Ave. Por	tag	re WI 53901			<u>.</u>		36,960		0	0
Ŀ	ynn Toc)1			Sur	рe	rvisor	:	j		_	_
5	35 Winn	ebago Ave. Por	tag	re WI 53901					36,960		0	0
-												
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		•										
								-+				
		•										
								-				
75	Dud any offic	cer, director, trustee, or key em	nlov	e receive andredate of	mpensa	atio	n of more tha	an \$10	0.000 from your			<u> </u>
75	organization	cer, director, trustee, or key eir and all related organizations,	of wi	nich more than \$10.000	was pro	ovid	ed by the rel	lated o	rganizations?		>	Yes X No
		ach schedule-see page 28 of the					,		•			
	11 165, dlla	an someonie-see page 20 01 u	J 1116			_						
												Form 990 (2004)

	990 (2004) PAUQUETTE ADOPTION SERVICES, INC. 39-2034953 rt VI ' Other Information (See page 28 of the instructions.)	-	Yes	Page 5
<u>. F₹</u> 76	Did the organization engage in any activity not previously reported to the iRS? If "Yes," attach a detailed description of	Τ	162	140
	each activity	76		x
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes." attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a			
	statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions.			
þ	Did the organization file Form 1120-POL for this year?	81b		X
82a	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?	82a		X
ь	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)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to guid pro quo contributions? N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions			
-	or gifts were not tax deductible?	84b		ĺ
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
-	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.			İ
С	Dues, assessments, and similar amounts from members 85c			ĺ
d	Section 162(e) lobbying and political expenditures 85d	1]		Ĺ
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			ĺ
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1 1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		İ
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	009		
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	55		
b	Gross receipts, included on line 12, for public use of club facilities 86b	1 1	:	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	1 1	:	
o, b	Gross income from other sources. (Do not net amounts due or paid to other	†		ĺ
U	sources against amounts due or received from them.)			ĺ
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1 1		İ
00	partnership, or an entity disregarded as separate from the organization under Regulations sections			
		88		х
89a	301 7701-2 and 301 7701-3? If "Yes," complete Part IX 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	- 00	:	
034	section 4911 O , section 4912 O , section 4915 O , section 4955			į
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	1		ĺ
Ü	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			į
		89b		х
_	a statement explaining each transaction	090		
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			0
	sections 4912, 4955, and 4958			
d -00	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90a	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, 2004 (See instructions)			Δ
b oa	, , , , , , , , , , , , , , , , , , ,	742	-80	04
91	The books die in care of the c	, 24	50	J -3
^^	about the first of			<u> </u>
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 92			
	and enter the amount of tax-exempt interest received or accrued during the tax year 92			(2004)

Indicated. 93 Program service revenue ADOPTION FEES b c d 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 a debt-financed property b not 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 sales of inventory 8 Net rend income or (loss) from sales of inventory 102 Gross profit or (loss) from sales of inventory	Last Air	Analysis of meome-in	Codeing Activities					
a ADOPTION FEES Months Mo		gross amounts unless otherwise						(E) Related or
a ADD'TION FIELS ADD'TION FIELS			Bu	(A) usiness code	(B) Amount	(C) Exclusion	(D) Amount	
f Medicare/Medicaid payments g Fess and contracts from government agencies g Fess and contracts from government ag			<u> -</u>			code		
f Medicare/Medicaid payments g Frees and contracts from government agencies 4 Membership dues and assessments 5 Interest on savings and temporary cush investments 6 Dividends and inferest from securities 7 Met rental income or (loss) from real estate a debt-financed property b not dept-financed property 9 Net rental income or (loss) from measurable property 90 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from sales of reventory 102 Other reventient income 103 Gain or (loss) from sales of assets other than inventory 104 The income or (loss) from sales of reventory 105 Other reventient income 106 Gain or (loss) from sales of reventory 107 The income or (loss) from sales of reventory 108 The income or (loss) from sales of reventory 109 Other reventient income 109 Gain or (loss) from sales of reventory 109 Other revenue: a 100 FUNDRAISING 1 1 602 1 1 16 1 16 1 16 1 16 1 17 1 16 1 16 1	a ADC	OPTION FEES						410,106
f Medicare/Medicaid payments g Fees and contracts from government agences 9 Hembership dues and assessments 9 Hembership dues and assessments 9 Hembership dues and assessments 9 Hembership dues and assessments 9 Interest on savings and temporary cash investments 9 Net rental income or (loss) from real estate a debt-financed property be not debt-financed property 9 Other investment in roome 100 Gain or (loss) from parsonal property 101 Net income or (loss) from passes of assets other than inventory 102 Gross profit or (loss) from sales of asvets other than inventory 103 Other revenue a 104 Subtotal (add columns (8), (0), and (E)) 105 Other revenue a 106 Subtotal (add columns (8), (0), and (E)) 106 Subtotal (add columns (8), (0), and (E)) 107 Intervenue a 108 Subtotal (add columns (8), (0), and (E)) 109 Tart VIII Relationship of Activities to the Accomplishment of Exempt Purposes 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 109 Tee Providing Intervenue a 100 Tee	ь					_		
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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) 93a TO PROVIDE ADOPTION SERVICES, EDUCATION AND TRAINING REGARDING ADOPTION ISSUES Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Name, address, and EIN of corporation, percentage of ownership, or disregarded entity ownership interest N/A Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Ves X No Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions) Under penalties of perpury, I declare that it have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behelf, girstrue, correct, and/configure Disclaration of preparer (other than officer) is based on all information of which preparer has any fnowledge. Preparer's SSN or PTIN					Exempt Purr	oses (See	e page 34 of the	instructions.)
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N/A % Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions) Under penalties of perjury, I declars that I have examinate this return, including accompanying schedules and statements, and to the best of my knowledge and belief, the true, correct, and complete Declarators of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Sign Check if Preparer's SSN or PTIN	Name, add	dress, and EIN of corporation,	Percentage of	Nati	ure of activities	1	otal income	
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Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, the true, correct, and compliese Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Sign Date Check if Preparer's SSN or PTIN					personal benefit	contract?	• •	Yes A No
Please Sign and belief, this true, correct, and compliate Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 1 9 2 0 0 6	Note: If "Y							
Please Sign President 1/9/2006 Date Check if Preparer's SSN or PTIN		Under penalties of perjury, I declare t	that I have examined this retu	m, including acco	ompanying schedule	es and statement	s, and to the best of my k	nowledge
Sign President Check if Preparer's SSN or PTIN	Please	and belief, the true, correct, and com	plate Declaration of preparer	(other than office	er) is based on all in	ntormation of which	cn preparer has any know	1/2 -20/2
Preparer's SSN or PTIN		2) wanc	100	- <u> </u>			1/0/	12000
Check if Preparer's SSN or PTIN	~'J''			$\blacksquare \mathcal{P}_{\mathcal{D}}$	eside it		Date	
				1 100	wic en			
					_ +	· _ · ·		
					1			reparer's SSN or PTIN

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 Section 4947(a)(1) Nonexempt Charitable Trust

Employer identification number

2004

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

39-2034953 PAUQUETTE ADOPTION SERVICES, INC. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl ben plans & account and other (c) Compensation than \$50,000 per week devoted to position deferred comp allowances NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Sche	tule A	(Form 990 or 990-EZ) 2004 PAUQUETTE ADOPTION SERVICES, INC. 39-2034953			Page
Pa	ırt il	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	Dur	ing the year, has the organization attempted to influence national, state, or local legislation, including any	$\overline{}$		
	atte	mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
		ncurred in connection with the lobbying activities > \$ (Must equal amounts on line 38,	-		
		t VI-A, or line i of Part VI-B.)	1_1_	ļ	X
	-	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	•	anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities			
2		ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
-		stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
		any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
	owr	ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
	tran	sactions)			
_	Col	a evaluation of learning of property?	2a	•	x
a b		e, exchange, or leasing of property? ding of money or other extension of credit?	2b		X
c		nishing of goods, services, or facilities?	2c	-	X
d		rment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	2d	X	
	•				
е	Trai	nsfer of any part of its income or assets?	2ө		X
3a	Do	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	•	determine that recipients qualify to receive payments)	_3a		X
b		you have a section 403(b) annuity plan for your employees?	3b		X
4a		you maintain any separate account for participating donors where donors have the right to provide advice	4-		X
ь		he use or distribution of funds? you provide credit counseling, debt management, credit repair, or debt negotiation services?	4a 4b		X
	urt \	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	organ	nization is not a private foundation because it is. (Please check only ONE applicable box.)			
5	$\overline{}$	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).			
6	$\overline{}$	A school. Section 170(b)(1)(A)(II). (Also complete Part V)			
7	H	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8 9	Н	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
3	Ш	A medical research organization operated in conjunction with a hospital Section 175(b), 1), A), iii, Enter the hospital's name, only,			
		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)(i	v).		
		(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	X	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	A	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired			
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations			
		described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See			
		section 509(a)(3))			
		Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s)	(b) Line r		r
			from a	oove	—
	_				
14		An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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.

	dar year (or fiscal year beginning in)						(a) Total	
		(a) 2003	(b) 2002	(c) 2001	(d) 2000		(e) Total	
15	Gifts, grants and contributions received (Do						0	
	not include unusual grants. See line 28.)						0	
16	Membership fees received							
17	Gross receipts from admissions, merchandise							
	sold or services performed, or furnishing of		1			1		
	facilities in any activity that is related to the	220 202	220 504				677 067	
	organization's charitable, etc., purpose	338,383	339,584				677,967	
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	3,628	316				3,944	
19	Net income from unrelated business					ŀ		
	activities not included in line 18						0	
20	Tax revenues levied for the organization's							
	benefit and either paid to it or expended on					1		
	its behalf						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.						0	
22	Other income Attach a schedule Do not							
	sale of capital assets Stmt 7	2,206	1,285				3,491	
23	Total of lines 15 through 22	2,206 344,217	341,185				685,402	
24	Line 23 minus line 17	5,834	1,601				7,435	
25	Enter 1% of line 23	3,442	3,412					
26	Organizations described on lines 10 or	11: a Enter 2% of a	mount in column (e), li	ne 24	>	26a	0	
b	Prepare a list for your records to show the	name of and amount co	ontributed by each per	son (other than a				
	governmental unit or publicly supported or	ganization) whose total	gifts for 2000 through	2003 exceeded the	ļ			
	amount shown in line 26a. Do not file this	s list with your return.	Enter the total of all the	ese excess amounts	▶ [26b		
С	Total support for section 509(a)(1) test Er	nter line 24, column (e)			>	26c		
d	Add. Amounts from column (e) for lines.	18	19					
		22	26b		▶	26d		
8	Public support (line 26c minus line 26d tot	al)			▶	26e		
f	Public support percentage (line 26e (nu	merator) divided by li	ne 26c (denominator))		26f	%	
27	Organizations described on line 12:	a For amounts includ	ed in lines 15, 16, and	17 that were received for	rom a "disqualifie	: d		
b	person," prepare a list for your records to Do not file this list with your return. Ent (2003) (2 For any amount included in line 17 that washow the name of, and amount received for	ter the sum of such amo 002) as received from each p	unts for each year: (2001) erson (other than "disc	ualified persons"), prep	(2000) are a list for your	r records		
	(Include in the list organizations described							
	the difference between the amount receive amounts) for each year:	ed and the larger amour		?), enter the sum of thes		e excess		
_	•	002) 15	16	•	(2000)			
Ü	Add. Amounts from column (e) for lines 677, 9				. I	27c	677,967	
d		and line 27b t				27d		
и е	677 067							
f	50F 402							
g	Public support percentage (line 27e (nu					27g	98.9152%	
_	Investment income percentage (line 18				▶	27h	0.5754%	
28	Unusual Grants: For an organization des				00 through 2003.			
-	prepare a list for your records to show, for							
	description of the nature of the grant Do							

0069390 01/06/2006 2:13 PM Schedule A (Form 990 or 990-EZ) 2004 PAUQUETTE ADOPTION SERVICES, INC. 39-2034953 Page 4 Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, No 29 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 30 brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 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? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory hasis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c 32d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to 33a Students' rights or privileges? 33b Admissions policies? 33c Employment of faculty or administrative staff? Scholarships or other financial assistance? 33d Educational policies? 33f Use of facilities? 33g Athletic programs? 33h Other extracumcular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

Does the organization receive any financial aid or assistance from a governmental agency?

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

If you answered "Yes" to either 34a or b, please explain using an attached statement.

Has the organization's right to such aid ever been revoked or suspended?

Schedule A (Form 990 or 990-EZ) 2004

34a

34b

Sch	nedule A (Form 990 or 990-EZ) 2004 PA	UQUETTE ADOR	TION SERVI	CES, II	NC.	39-2034953	Page 5
	Part VI-A Lobbying Expen					of the instructions.)	
	(To be completed	d ONLY by an elig	ble organization	that filed F	Form 5	768) N/A	
<u>Ch</u>	eck 🕨 a 📗 if the organization belo	ongs to an affiliated grou	ip Check	▶ b if	уон сће	cked "a" and "limited contro	i" provisions apply
		n Lobbying Exper				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence				36		
	Total lobbying expenditures to influence				37		
	Total lobbying expenditures (add lines	=	, 0,		38		
	Other exempt purpose expenditures	•			39		
40	Total exempt purpose expenditures (ad	dd lines 38 and 39)			40		
41	Lobbying nontaxable amount. Enter the	e amount from the follow	ing table-				
	If the amount on line 40 is-	The lobbying n	ontaxable amount is	-			
	Not over \$500,000	20% of the amount	on line 40	7			
	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 \$1,00	000 000	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% (of the excess over \$1,500	0.000			
	Over \$17,000,000	\$1,000,000					
42	Grassroots nontaxable amount (enter 2	25% of line 41)			42		·····
43	Subtract line 42 from line 36 Enter -0-	ıf lıne 42 ıs more than lir	ne 36		43		
44	Subtract line 41 from line 38. Enter -0-	ıf line 41 ıs more than lir	ne 38		44		
	Caution: If there is an amount on either				<u> </u>		
			aging Period Un		•	•	
	(Some organizati		` '		•	of the five columns below	
		See the instructions fo	r lines 45 through 50 (on page 11 of	the insti	ructions.)	
			Lobbying Exp	enditures Di	uring 4-1	ear Averaging Period	
	Calendar year (or	(a)	(b)	(0	:)	(d)	(e)
	fiscal year beginning in)	2004	2003	20	02	2001	Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
<u>47</u>	Total lobbying expenditures						· · · · · · · · · · · · · · · · · · ·
<u>48</u>	Grassroots nontaxable amount						
49 —	Grassroots ceiling amount (150% of line 48(e))						
	Grassroots lobbying expenditures				-		
-		y by Nonelecting ly by organizations		nplete Part	t VI-A)	(See page 11 of the i	nstructions.)
Du	ring the year, did the organization attem	pt to influence national,	state or local legislation	n, including a	ny	Yes No	Amount

attempt to influence public opinion on a legislative matter or referendum, through the use of

Volunteers а

- Paid staff or management (Include compensation in expenses reported on lines c through h.)
- Media advertisements
- ď Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body g
- Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- 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
	X	
	X	
	X X X	
	X	
	X	
	\mathbf{x}	
	X	
	X	

Schedule A (Form 990 or 990-EZ) 2004

_			2 13 PM 0 or 990-EZ) 2004 PA	UOUETI	TE ADOPTION SERVIO	ES, INC. 39-2034953		ş	Page_6
	rt VI		Information Rega	rding Tra		s and Relationships With Noncharitabl	e Exem		ogo c
51	Did t	he repo	rting organization direc	tly or indirec	lly engage in any of the following wi	h any other organization described in section			
	501(c) of the	Code (other than sect	ion 501(c)(3)	organizations) or in section 527, re	lating to political organizations?			
а	Tran	sfers fro	om the reporting organia	zation to a n	onchantable exempt organization of			Yes	No
	(i)	Cash					51a(i)	_	X
	(ii)	Other	assets				a(ii)		X
ь	Othe	r transa							
	(1)		•		charitable exempt organization		b(i)		X
	(ii)		ases of assets from a r		· •		b(ii)		X
	(iii)		I of facilities, equipment		sets		b(iii)		X
	(iv)		oursement arrangement	ts			b(iv)		X
	(v)		or loan guarantees		£ d		b(v)		X
	(VI)				or fundraising solicitations		b(vi)		X
c		•		•	er assets, or paid employees		<u> </u>		<u> </u>
d 	good	ls, othe	r assets, or services giv	en by the re		 (b) should always show the fair market value of the ion received less than fair market value in any er assets, or services received: 			
	(a) Line n		(b) Amount involved	Name o	(c) f nonchantable exempt organization	(d) Description of transfers, transactions, and sharing	arrangem	ents	
N,	/A						_ · · · · · · · ·		
							_		
					<u> </u>				
			· · · · · · · · · · · · · · · · · · ·	ļ					
				ļ					
			·						
				ļ					
52a	desc	nbed in	· ·	ode (other ti	with, or related to, one or more tax- nan section 501(c)(3)) or in section		· [] Ye	s Z	No
	7./2		(a) Name of organization		(b) Type of organization	(c) Description of relationship			

b If "Yes," complete the following schedule:							
(a) Name of organization	(b) Type of organization	(c) Description of relationship					
N/A							

Forms 990 / 990-PF

Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons

11/01/04 , and ending

2004

Employer Identification Number

Name

For calendar year 2004, or tax year beginning

10/31/05

PAUOUETTE	ADOPTION	SERVICES,	INC.

39-2034953

For	m 990, Part IV	7, Line 63 -	- Additional	l Information	
		e of lender		Titl	le
(1) 0	fficer			 	
(2)	111001		·····		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	Onginal amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	8,757	5/31/01	3/10/05	_	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
				·	
	Secunty pro	vided by borrower		Purpose of	loan
(1)				Operating expenses	
(2)					
(3)					
(4)			<u>. </u>		
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
<u> </u>	Consideration fi	urnished by lender		Balance due at beginning of year	Balance due at end of year
(1)				8,757	
(2)	· · · · · · · · · · · · · · · · · · ·				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				<u> </u>	
(10)				 	
Totale	•			8,757	

0069390 01	/06/2006 2 13 F	PM						
Forms			Mor	gages and Ot	her Notes Payab	le	 -	
990 /	990-PF	=						2004
L		For ca	elendar year 2004, or t	ax year beginning	11/01/04 , an	nd ending 1	0/31/05	
Name							Employer Ide	entification Number
PAUO	UETTE A	ADOPTIC	N SERVICES	, INC.			39-203	4953
	<u> </u>						1	
Form	990, 1	Part IV	, Line 64b	- Addition	al Information	on		
		Name	of lender		Ь.	Palationship to di	squalified persor	,
(4) T 17	nn Too		of lerider			Leiationship to di	squained persor	
	1111 100	<u> </u>					<u> </u>	
(2)								
(4)			<u> </u>					
(5)					 - · - · - · - · - · - · - · - · - · - 			
(6)			· · · · · · · · · · · · · · · · · · ·					
(7)				·				-
(8)								
(9)								
(10)	·	 						
<u> </u>								
	Original am-		Date of loan	Maturity date	Rep	payment terms	-	Interest rate
(1)	1	.,000	9/20/04	10/31/05				
(2)								
(2)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)					<u> </u>			
(10)	····							
								
		Security or	ovided by borrower			Purpose (of loan	
(1)					Purchase a			
(2)								
(3)								······································
(4)			-					
(5)								
(6)							<u> </u>	
(7)	•							
(8)								
(9)_								
(10)								

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	1,000	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	1,000	

4562 Form

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2004

Department of the Treasury Name(s) shown on return

► See separate instructions.

Attach to your tax return.

Attachment Sequence No 67

Identifying number PAUOUETTE ADOPTION SERVICES. 39-2034953 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 102,000 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses 1 1 2 2 Total cost of section 179 property placed in service (see page 3 of the instructions) 410,000 3 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2, if zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions (b) Cost (business use only) (c) Elected cost (a) Description of property_ 6 7 Listed property. Enter the amount from line 29 7 8 R Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2003 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 13 Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Part II Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg. 3 of the instructions) 14 14 15 Property subject to section 168(f)(1) election (see page 4 of the instructions) 15 28 Other depreciation (including ACRS) (see page 4 of the instructions) 16 16 MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.) Part III Section A 1,144 17 17 MACRS deductions for assets placed in service in tax years beginning before 2004 18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2004 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (business/investment use (e) Convention (g) Depreciation deduction (a) Classification of property year placed in penod only-see instructions) 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property 20-year property S/L 25 yrs 25-year property S/L 27.5 vrs. Residential rental MM property 27 5 yrs. MM S/L MM S/L Nonresidential real 39 yrs. property MM Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System 20a Class life S/I S/L b 12-year 12 yrs. 40 yrs. ММ S/L 40-year Summary (see page 8 of the instructions) Part IV 924

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.

Listed property. Enter amount from line 28

2,096

21

22

21

•	4562 (20		. IOI DEIN	1020,					, ,							Page 2
	rt V		erty (Include a	utomobil	es, cer	taın o	ther ve	hicles	. cellula	r tele	phones	s. certa	ain cor	nouters	s. and	
•		property use	d for entertair	nment, re	creatio	n, or a	amuse	ment.)				,			,	
		Note: For any vehi 24a 24b, columns	icle for which you are (a) through (c) of Se	susing the stated tion in the state of the s	indard mile Section B,	age rate and Sec	or deducation C if a	ting lease pplicable	expense, (omplete	only					
Secti	on A-Dei	preciation and Otl							mits for pa	ssenae	er autom	obiles)				
24a		ive evidence to suppo					Yes	No			is the ev		wntten?	X	Yes	No
	(a)	(b)	(c)	(d			(e)		(1)		(g)		(h)			(i)
Тур	e of prop	Date placed in	Business/ investment	Cost or	other		s for depn		Recovery		fethod/		Depreciat		Ele	ected
	vehicles first)	service	use percentage	bas	is	(ous	iness/inve use on		penod	Co	nvention	İ	deductio	n j		on 179 cost
25	Special	depreciation allowa		isted proper	ty placed	ın serv	ice durin	g the tax	(
		used more than 5									25	5				
26	Property	used more than 5	0% in a qualified	ousiness use	e (see pa	ge 8 of	the instr	uctions)						_		
	ehicl	е														
		10/15/01	100.00%	_	8,758	3	3	,989	5.0	20	ODBH	Y		459		
1	997 H	onda Civi	С	-	_											•
		12/18/01	100.00%		8,830)	4	,039	5.0	20	ODBH	Y		465		
27	Property	used 50% or less	in a qualified bus	ness use (s	ee page	3 of the	ınstructı	ons).								_
			%							S/L	<u></u>					
											•					
			%			<u></u>			Ĺ	S/L		<u> </u>				
28	Add amo	ounts in column (h)	, lines 25 through	27 Enter he	ere and c	n line 2	1, page	1 .			28	3		924		
29	Add amo	ounts <u>in column (i),</u>	line 26. Enter her	re and on lin	e 7, page	1				_				29		
				Sec	tion B-li	format	ion on l	Jse of V	ehicles							
Com	plete this	section for vehicles	s used by a sole p	ropnetor, pa	rtner, or	other "n	nore tha	n 5% ow	ner," or re	lated p	erson.					
f you	ı provided	vehicles to your e	mployees, first ar	swer the qu	estions in	Section	n C to se	e if you	meet an	exception	on to con	npleting	this sect	on for the	ose ver	ncles.
30	Total bu	siness/investment	miles driven		(a)	(b)	(0)	(0	i)	(4	(e)		(f)
	during th	e year (do not inc	dude commuting		Vehic	le 1	Veh	cle 2	Vehic	le 3	Vehi	cle 4	Veh	icle 5	Veh	icle 6
	miles-Se	e page 2 of the ins	structions)													
31	Total co	mmuting miles driv	en during the yea	r			ļ				<u> </u>					
32	Total oth	er personal (nonce	ommuting) miles (inven												
33	Total mil	es driven during th	ne year.				1				ļ		Ì			
	Add line	s 30 through 32						,								
34	Was the	vehicle available f	or personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use dun	ng off-duty hours?									<u> </u>					
35	Was the	vehicle used prima	anly by a				i									
	more tha	an 5% owner or rel	ated person?				<u> </u>				1					
36	Is anoth	er vehicle available	e for personal use	?					<u>i </u>		<u> </u>		<u> </u>			<u> </u>
			Section C-Ques	itions for E	mployers	Who F	Provide	Vehicles	for Use	by The	ir Emplo	yees				
Ansv	ver these	questions to deterr	nine if you meet a	n exception	to compl	eting Se	ection B	for vehic	ies used i	y emp	loyees w	ho a re				
not r	nore than	5% owners or rela	ited persons (see	page 10 of t	the instru	ctions).										
															Yes	No
37		maintain a written p											es?			X
38		maintain a written p									our empl	oyees?				
	See pag	e 10 of the instruct	tions for vehicles	used by con	orate off	icers, di	rectors,	or 1% or	more ow	ners			-			X
39		reat all use of vehi					•									X
40		provide more than				ınforma	ation froi	n your ei	mploye e s	about						
		of the vehicles, and											-			X
41		meet the requireme									struction	s.)				X
		your answer to 37,	. 38, 39, 40, or 41	ıs "Yes," do	not com	olete Se	ction B	or the co	vered ve	ncles.						1
P	art VI	<u>Amortizatio</u>	n								1		 -			
				(b)	,	Ì		(c)		(d	,	(e)			(f)	
		(a)		Date amo	rtization	1		rtizable		Co	de	Amortiza period			rtization	for
		Description of costs		begi		<u> </u>		nount		sect	ion	percent	age	t	his year	
42	Amortiza	ation of costs that t	begins during you	r 2004 tax ye	ear (see p	age 11	of the ir	struction	ns):			_	- T			
						1			- 1		}					
						<u> </u>							+			0
43	Amortiza	ation of costs that t	began before you	r 2004 tax ye	ear	£ •			•				43			
44	Total. A	dd amounts in colu	umn (f). See page	12 of the in:	structions	tor whe	ere to re	port					44			

Q069390 PAUQUETTE ADOPTION SERVICES, INC. 39-2034953 Federal Statements

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39-2034953

FYE: 10/31/2005

Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description						_	Amount			
Prior year	correction	for	payroll	tax	liability.	\$		-3,265		
Total						\$		-3,265		

0069390 PAUQUETTE ADOPTION SERVICES, INC.

Federal Statements

FYE: 10/31/2005

39-2034953

1/6/2006 2:13 PM

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
AMORTIZATION	100	100		
ADVERTISING	6,001	6,001		
AUTO EXPENSE	2,031	2,031		
BANK CHARGES/FEES	71	71		
CHILD & FOSTER CARE	3,642	3,642		
REFUNDS PAID	994	994		
DUES & SUBSCRIPTIONS	1,163	1,163		
INSURANCE	18,990	18,990		
INTERNATIONAL PROGRAM	45,349	45,349		
MEALS	3,548	3,548		
MEDICAL	10,273	10,273		
MISCELLANEOUS	307	307		
TRAINING	207	207		
TRANSLATIONS/VERIFICATION	17,089	17,089		
Total	\$ 109,765	\$ 109,765	\$ 0	\$ 0

Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

The specific purpose of the corporation is to provide adoption services including but not limited to international adoption services and education and training regarding adoption issues.

• 39-2034953

Federal Statements

FYE: 10/31/2005

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description							
		Beginning of Year		Accum Deprec	_	End of Year	Accum Deprec
VEHICLES	\$	88,381	\$		\$	88,381 \$	
EQUIPMENT		94,095				94,095	
ACCUMULATED DEPR - VEHICLES				72,819			73,743
ACCUMULATED DEPR - EQUIPMENT				92,917			93,226
LEASEHOLD IMPROVEMENTS				•			·
ACCUMULATED DEPR - LEASEHOLD IMPR	OVE	29,369				29,369	
ACCOMODATED DEFK - DEASERODD INTE	LVL			16,960			17,824
Total	\$	211,845	ş —	182,696	\$	211,845 \$	184,793

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	Beg of	ginning Year	nd of Year
ORGANIZATION COSTS	\$	500	\$ 400
Total	\$	500	\$ 400

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

Description	В	End of Year		
FICA TAX WITHHELD	\$	989	\$ 484	
FEDERAL TAX WITHHELD		100	285	
STATE TAX WITHHELD		207	 128	
Total	\$	1,296	\$ 897	

0069390 PAUQUETTE ADOPTION SERVICES, INC. 39-2034953 Federal Statements

FYE: 10/31/2005

Statement 7 - Schedule A, Part IV-A, Line 22 - Other Income

Description	 2003	 2002	 2001		2000
FUNDRAISING	\$ 2,206	\$ 1,285	\$ 	\$_	
Total	\$ 2,206	\$ 1,285	\$ 0	\$	0

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