

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2005

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 9/01, 2005, and ending 8/31, 2006

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C
BLUE STAR MOTHERS OF AMERICA, INC
PO Box 2005
SANTA CLARITA, CA 91386

D Employer identification number

34-1008973

E Telephone number

(661) 299-1451

F Group Exemption Number

▶

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Web site: ▶ WWW.BLUESTARTMOTHERS.COM

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 94,497.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

		1	2	3	4	5c	6c	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
REVENUE	1	Contributions, gifts, grants, and similar amounts received									43,933.													
	2	Program service revenue including government fees and contracts																						
	3	Membership dues and assessments									18,211.													
	4	Investment income																						
	5a	Gross amount from sale of assets other than inventory	5a																					
	5b	Less: cost or other basis and sales expenses	5b																					
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																						
	6	Special events and activities (attach schedule). If any amount is from gaming, check here... <input type="checkbox"/>																						
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a																					
6b	Less: direct expenses other than fundraising expenses	6b																						
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																							
7a	Gross sales of inventory, less returns and allowances	7a			32,353.																			
7b	Less: cost of goods sold	7b			11,183.																			
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)										21,170.													
8	Other revenue (describe ▶)																							
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)										83,314.													
EXPENSES	10	Grants and similar amounts paid (attach schedule)																						
	11	Benefits paid to or for members																						
	12	Salaries, other compensation, and employee benefits										8,400.												
	13	Professional fees and other payments to independent contractors										2,602.												
	14	Occupancy, rent, utilities, and maintenance																						
	15	Printing, publications, postage, and shipping																						
	16	Other expenses (describe ▶ See Statement 1)										23,267.												
17	Total expenses (add lines 10 through 16)										34,269.													
18	Excess or (deficit) for the year (line 9 less line 17)										49,045.													
ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																					24,590.	
	20	Other changes in net assets or fund balances (attach explanation)																						
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																						73,635.

Part II Balance Sheets — If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	13,210.	22	54,726.	
23	Land and buildings		23		
24	Other assets (describe ▶ See Statement 2)	11,380.	24	18,909.	
25	Total assets	24,590.	25	73,635.	
26	Total liabilities (describe ▶)	0.	26	0.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,590.	27	73,635.	

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

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Part III Statement of Program Service Accomplishments (See Instructions)		N/A	Expenses
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		28 a
29	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		29 a
30	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		30 a
31	Other program services (attach schedule)..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		31 a
32	Total program service expenses (add lines 28a through 31a).....		32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See 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 and deferred compensation	(E) Expense account and other allowances
JEAN BURLINGAME PO BOX 83 BLOOMINGFIELD, NY 34239	President 0	0.	0.	4,800.
KAREN STEVENS 5207 VILLA VIEW DR FARMINGTON, NM 87402	1ST VP 0	0.	0.	1,200.
JEAN DUANE PO BOX 172 BIRD ISLAND, MN 55310	2ND VP 0	0.	0.	1,200.
ANITA WAGNER 2827 PURDUE RD KETTERING, OH 45420	3RD VP 0	0.	0.	1,200.

Part V Other Information (Note the attachment requirement in the instructions)	See Statement 3	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.....	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.....	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?.....	35a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?.....	35b		N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmt.).....	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b Did the organization file Form 1120-POL for this year?.....	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?.....	38a		X
b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved. ▶ 38b N/A			
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9.....	39a		N/A
b Gross receipts, included on line 9, for public use of club facilities.....	39b		N/A
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation.....	40b		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.			
d Enter amount of tax on line 40c reimbursed by the organization..... ▶ 0.			

Part V Other Information (Note the attachment requirement in the instructions) (Continued)

- 41 List the states with which a copy of this return is filed ▶ None
- 42 a The books are in care of ▶ TINA PEREZ Telephone no. ▶ (661) 299-1451
 Located at ▶ P.O. BOX 2005, SANTA CLARITA CA ZIP + 4 ▶ 91387
- | | | |
|-----|-----|----|
| | Yes | No |
| 42b | | X |
| 42c | | X |
- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.....
 If 'Yes,' enter the name of the foreign country:.. ▶ _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.?.....
 If 'Yes,' enter the name of the foreign country:.. ▶ _____
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here..... ▶ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year..... ▶ 43 N/A

Please Sign Here

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

Signature of officer: _____ Date: _____ Type or print name and title: KAREN STEVENS
President

Paid Preparer's Use Only

Preparer's signature: ▶ DANIEL L MEDLEN, JR Date: _____ Check if self-employed: Preparer's SSN or PTIN (See General instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: ▶ MEDLEN & ASSOCIATES, INC.
18500 VIA PRINCESSA, #5
CANYON COUNTRY, CA 91387

EIN: ▶ N/A Phone no.: ▶ (661) 250-2133