

# 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)

## 2004

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning , and ending**

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>Animal Defense League of Arizona</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>P O BOX 43028</b></p> <p>City or town State or country ZIP + 4  <b>TUCSON AZ 85733</b></p>	<p><b>D</b> Employer identification number <b>74-2493030</b></p> <p><b>E</b> Telephone number <b>(520) 623-3101</b></p> <p><b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual  <input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ▶ **NA**

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

**G Website:** ▶ **www.adlaz.org**

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

**K** Check here  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 received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **106,793**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

	<p><b>1</b> Contributions, gifts, grants, and similar amounts received:</p> <p><b>a</b> Direct public support . . . . . <b>1a</b> 106,364</p> <p><b>b</b> Indirect public support . . . . . <b>1b</b></p> <p><b>c</b> Government contributions (grants) . . . . . <b>1c</b></p> <p><b>d Total</b> (add lines 1a through 1c) (cash \$ 106,364 noncash \$ 0) <b>1d</b> 106,364</p> <p><b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) <b>2</b> 0</p> <p><b>3</b> Membership dues and assessments . . . . . <b>3</b> 0</p> <p><b>4</b> Interest on savings and temporary cash investments . . . . . <b>4</b> 69</p> <p><b>5</b> Dividends and interest from securities . . . . . <b>5</b> 0</p> <p><b>6a</b> Gross rents . . . . . <b>6a</b></p> <p><b>b</b> Less: rental expenses . . . . . <b>6b</b></p> <p><b>c</b> Net rental income or (loss) (subtract line 6b from line 6a) . . . . . <b>6c</b> 0</p> <p><b>7</b> Other investment income (describe ) <b>7</b> 0</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">(A) Securities</td> <td style="width: 50%; text-align: center;">(B) Other</td> </tr> <tr> <td style="text-align: center;">0 <b>8a</b></td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">0 <b>8b</b></td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">0 <b>8c</b></td> <td style="text-align: center;">0</td> </tr> </table> <p><b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . . <b>8d</b> 0</p> <p><b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/></p> <p><b>a</b> Gross revenue (not including \$ 106,364 of contributions reported on line 1a) . . . . . <b>9a</b> 0</p> <p><b>b</b> Less: direct expenses other than fundraising expenses . . . . . <b>9b</b> 0</p> <p><b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a) . . . . . <b>9c</b> 0</p> <p><b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>10a</b></p> <p><b>b</b> Less: cost of goods sold . . . . . <b>10b</b></p> <p><b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . . . . . <b>10c</b> 0</p> <p><b>11</b> Other revenue (from Part VII, line 103) . . . . . <b>11</b> 360</p> <p><b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) . . . . . <b>12</b> 106,793</p>	(A) Securities	(B) Other	0 <b>8a</b>	0	0 <b>8b</b>	0	0 <b>8c</b>	0		
(A) Securities	(B) Other										
0 <b>8a</b>	0										
0 <b>8b</b>	0										
0 <b>8c</b>	0										
Expenses	<p><b>13</b> Program services (from line 44, column (B)) . . . . . <b>13</b> 77,577</p> <p><b>14</b> Management and general (from line 44, column (C)) . . . . . <b>14</b> 5,842</p> <p><b>15</b> Fundraising (from line 44, column (D)) . . . . . <b>15</b> 8,130</p> <p><b>16</b> Payments to affiliates (attach schedule) . . . . . <b>16</b> 0</p> <p><b>17 Total expenses</b> (add lines 16 and 44, column (A)) . . . . . <b>17</b> 91,549</p>										
Net Assets	<p><b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12) . . . . . <b>18</b> 15,244</p> <p><b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . . <b>19</b> 20,310</p> <p><b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . . <b>20</b> 6,314</p> <p><b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20) . . . . . <b>21</b> 41,868</p>										

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Table with 5 columns: Line number, Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include Grants and allocations, Compensation of officers, directors, etc., and Total functional expenses.

Joint Costs. Check [ ] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

Table with 2 columns: Description of program service, Program Service Expenses. Rows include Companion Animal Programs, Wildlife Programs, Education Programs, and Total of Program Service Expenses.

**Part IV Balance Sheets** (See page 25 of the instructions.)

				(A)		(B)
				Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
Assets	45	Cash—non-interest-bearing . . . . .		17,326	45	39,111
	46	Savings and temporary cash investments . . . . .			46	
	47 a	Accounts receivable . . . . .	47a	0		
	b	Less: allowance for doubtful accounts . . . . .	47b	0	47c	0
	48 a	Pledges receivable . . . . .	48a	0		
	b	Less: allowance for doubtful accounts . . . . .	48b	0	48c	0
	49	Grants receivable . . . . .			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	50	0
	51 a	Other notes and loans receivable (attach schedule) . . . . .	51a	0		
	b	Less: allowance for doubtful accounts . . . . .	51b	0	51c	0
	52	Inventories for sale or use . . . . .			52	
	53	Prepaid expenses and deferred charges . . . . .			53	
	54	Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55 a	Investments—land, buildings, and equipment: basis . . . . .	55a	0		
	b	Less: accumulated depreciation (attach schedule) . . . . .	55b	0	55c	0
56	Investments—other (attach schedule) . . . . .		0	56	0	
57 a	Land, buildings, and equipment: basis . . . . .	57a	2,240			
b	Less: accumulated depreciation (attach schedule) . . . . .	57b	0	57c	2,240	
58	Other assets (describe <input type="checkbox"/> See attached worksheet )		744	58	516	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		20,310	59	41,867	
Liabilities	60	Accounts payable and accrued expenses . . . . .			60	
	61	Grants payable . . . . .			61	
	62	Deferred revenue . . . . .			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule) . . . . .		0	64a	0
	b	Mortgages and other notes payable (attach schedule) . . . . .		0	64b	0
	65	Other liabilities (describe <input type="checkbox"/> )		0	65	0
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		0	66	0	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted . . . . .			67	
	68	Temporarily restricted . . . . .			68	
	69	Permanently restricted . . . . .			69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds . . . . .			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71	
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .		20,310	72	41,867
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) . . . . .		20,310	73	41,867
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		20,310	74	41,867

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<p><b>a</b> Total revenue, gains, and other support per audited financial statements . . . ▶ <b>a</b></p> <p><b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments . . . . \$</p> <p>(2) Donated services and use of facilities . . . . \$</p> <p>(3) Recoveries of prior year grants . . . . \$</p> <p>(4) Other (specify):                  ----- \$                  ----- \$</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> 0</p> <p><b>c</b> Line <b>a</b> minus line <b>b</b> . . . . ▶ <b>c</b> 0</p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b>:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . . \$</p> <p>(2) Other (specify):                  ----- \$                  ----- \$</p> <p>Add amounts on lines (1) and (2) . . ▶ <b>d</b> 0</p> <p><b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b>) . . . . ▶ <b>e</b> 0</p>	<p><b>a</b> Total expenses and losses per audited financial statements . . . ▶ <b>a</b></p> <p><b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities . . . \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$</p> <p>(3) Losses reported on line 20, Form 990 . . . \$</p> <p>(4) Other (specify):                  ----- \$                  ----- \$</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> 0</p> <p><b>c</b> Line <b>a</b> minus line <b>b</b> . . . . ▶ <b>c</b> 0</p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b>:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . . \$</p> <p>(2) Other (specify):                  ----- \$                  ----- \$</p> <p>Add amounts on lines (1) and (2) . . ▶ <b>d</b> 0</p> <p><b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b>) . . . . ▶ <b>e</b> 0</p>
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**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of 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	(E) Expense account and other allowances
Name STEPHANIE NICH Str P O BOX 43026 City TUCSON ST AZ ZIP 85733	Title PRES Hr/WK 8	0	0	0
Name RAE FREDRICKS Str P O BOX 43026 City TUCSON ST AZ ZIP 85733	Title VP Hr/WK 2	0	0	0
Name KAREN MICHAEL Str PO BOX 43026 City TUCSON ST AZ ZIP 85733	Title SECY Hr/WK 8	0	0	0
Name JANENE MENSCH Str PO BOX 43026 City TUCSON ST AZ ZIP 85733	Title TREAS Hr/WK	0	0	0
Name D J SHUBERT Str PO BOX 43026 City TUCSON ST AZ ZIP 85733	Title DIRECTOR Hr/WK	0	0	0
Name CYNTHIA TAYLOF Str PO BOX 43026 City TUCSON ST AZ ZIP 85733	Title DIRECTOR Hr/WK	XXX	0	0
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If "Yes," attach schedule—see page 28 of the instructions.

<b>Part VI Other Information</b> (See page 28 of the instructions.)		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>77</b>	X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>	N/A
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80 a</b>	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?	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81 a</b>	Enter direct and indirect political expenditures. See line 81 instructions	<b>81a</b>	0
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	X
<b>82 a</b>	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?	<b>82a</b>	X
<b>b</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.)	<b>82b</b>	N/A
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	N/A
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	0
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> NA ; section 4912 <input type="checkbox"/> _____ ; section 4955 <input type="checkbox"/> _____		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> NA		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> NA		
<b>90 a</b>	List the states with which a copy of this return is filed <input type="checkbox"/>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	<b>90b</b>	2
<b>91</b>	The books are in care of <input type="checkbox"/> Name CYNTHIA TAYLOR Telephone no. <input type="checkbox"/> (520) 623-3101 Located at <input type="checkbox"/> PO BOX 33093 City TUCSON ST AZ ZIP + 4 <input type="checkbox"/> 85067		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>92</b> N/A		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments . . . . .			14	69	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> REIMBURSEMENT OF BANK CHARGES			14	360	
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		0		429	0
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					429

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103 B	ASSURANCES THAT APPROPRIATE FEES ARE CHARGED/WAIVED TO PRESERVE FUNDS OF ORG
95	CREATE ADDL UNRESTRICTED FUNDS TO SUPPORT PROGRAMS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**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  No

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

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

**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. \_\_\_\_\_

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Paid Preparer's Use Only

Preparer's signature Date 3/9/2006 Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W) P00008030

Firm's name (or yours if self-employed), address, and ZIP + 4 Sechler CPA, PC EIN 86-0859647

921 E. Orange Dr., Phoenix, AZ 85014 Phone no 602-230-2700

**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

**Supplementary Information—(See separate instructions.)**

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

Animal Defense League of Arizona

74-2493030

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name NA Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name NA Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Total number of others receiving over \$50,000 for professional services		

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  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.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and 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 number from above

- 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.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

Table for lines 26-27. 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

Table for lines 27-28. 27 For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: c Add: Amounts from column (e) for lines; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V 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)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	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.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . 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 . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

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

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .	0	0	20,286	18,070	38,356
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					57,534
<b>47</b> Total lobbying expenditures . . . . .	0	0	448	356	804
<b>48</b> Grassroots nontaxable amount . . . . .	0	0	5,022	4,518	9,540
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					14,310
<b>50</b> Grassroots lobbying expenditures . . . . .	0	0	448	356	804

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

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



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2004**

Name of organization

Employer identification number

Animal Defense League of Arizona

74-2493030

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General rule and a Special rule—see instructions.)

**General Rule—**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules—**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> Animal Defense League of Arizona	<b>Employer identification number</b> 74-2493030
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Estate of Harvey and Loretta Olsen <input type="checkbox"/> Check if above is a business c/o Ruth Powell, PO Box 185 Safford AZ 85548 Foreign State or Province: _____ Foreign Country: _____	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <input type="checkbox"/> Check if above is a business _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <input type="checkbox"/> Check if above is a business _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <input type="checkbox"/> Check if above is a business _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <input type="checkbox"/> Check if above is a business _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <input type="checkbox"/> Check if above is a business _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <input type="checkbox"/> Check if above is a business _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> Animal Defense League of Arizona	<b>Employer identification number</b> 74-2493030
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**Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	..... ..... ..... .....	\$ .....	.....
_____	..... ..... ..... .....	\$ .....	.....
_____	..... ..... ..... .....	\$ .....	.....
_____	..... ..... ..... .....	\$ .....	.....
_____	..... ..... ..... .....	\$ .....	.....
_____	..... ..... ..... .....	\$ .....	.....
_____	..... ..... ..... .....	\$ .....	.....

Name of organization Animal Defense League of Arizona	Employer identification number 74-2493030
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year (Enter this information once—see instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

**Line 1a (990) - Direct public support**

1	Contributions . . . . .	1	106,364
2	Non Cash Contributions . . . . .	2	
3	Membership dues and assessments (contributions from the public) . . . . .	3	
4	Government contributions (grants) . . . . .	4	
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 9 - Special Events) . . . . .	6	0
7	-----	7	
8	-----	8	
9	-----	9	
10	Total . . . . .	10	106,364

**Line 20 (990) - Other changes in net assets or fund balances**

1	CUMULATIVE CORRECTIONS TO ASSETS	1	6,314
2	-----	2	
3	-----	3	
4	-----	4	
5	-----	5	
6	-----	6	
7	-----	7	
8	-----	8	
9	-----	9	
10	Total . . . . .	10	6,314

**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)			
		Beginning		End	
1	1				
2	2				
3	3				
4	4				
5	5				
6	6	0		0	

  

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	7	2,240	2,240		
8	8				
9	9				
10	10				
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17	17	2,240		0	
18	18			2,240	2,240
19	19			2,240	2,240

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
		1	1	
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11	11	0	0	0

**Line 58 (990) - Other assets**

		Beginning		End	
		1	1	516	516
2	2	228	0		
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11	744		516	

**Miscellaneous List Statement**

		Total:
1	THIS RETURN HAS BEEN PREPARED USING THE BEST INFORMATION AVAILABLE AT THIS TIME . . .	0
2		
3		
4		
5		

**Statement Page 1 line 20**

1 An additional bank account is maintained for the program run in Phoenix. Their records are maintained on a separate .....  
 2 accounting system. Their assets (cash) were inadvertently omitted last year thus understating net assets. ....  
 3 .....  
 4 .....  
 5 .....

**ACCOMPLISHMENTS**

1 HELPING TO REDUCE DOG AND CAT OVERPOPULATION PROBLEM IN AZ THRU SPAY/NEUTER PROGRAMS. ASSIST .....  
 2 COMPANION ANIMAL OWNERS FIND RESOURCES TO RESOLVE RELATED ISSUES. PROTECTING WILDLIFE IN AZ AND .....  
 3 WORKING TO REFORM THE AZ GAME AND FISH DEPT TO EXPAND ITS RECOGNIZED CONSTITUENCY BEYOND .....  
 4 THE HUNTING COMMUNITY. ....  
 5 SPAY NEUTER HOTLINES IN MARICOPA PIMA AND GRAHAM COUNTIES. SPAY/ NEUTER PROGRAM IN PRESCOTT ANI .....  
 6 FERAL CAT RESCUE PROGRAM IN FLAGSTAFF. ALSO WORKING FOR BETTER WILDLIFE PROTECTION ENCOURAGIN .....  
 7 CITIZENS TO PARTICIPATE MORE IN AZ GAME AND FISH DEPT POLICIES AFFECTING NON GAME WILDLIFE. ORG HAS .....  
 8 FOCUSED ON PRAIRIE DOGS AND MOUNTAIN LIONS. ALSO SERVE AS RESOURCE FOR FAQ ON ANIMAL ISSUES .....  
 9 VIA WEBSITE AND CHAPTER PHONE LINES. LASTLY, ENCOURAGE BETTER ENFORCEMENTOF CRUELTY LAWS BY .....  
 10 HELPING PEOPLE FILE COMPLAINTS AND FOLLOWING SPECIFIC CASES THROUGH THE CRIMINAL JUSTICE SYSTEM. ....  
 11 .....  
 12 .....  
 13 .....

**OTHER CHANGES IN NET ASSETS**

1 DUE TO A SOFTWARE PROBLEM ONE OF THE BANK ACCOUNTS DATA WAS NOT PROPERLY INTEGRATED. THIS .....  
 2 WAS DISCOVERED WHILE PREPARING THIS RETURN. VOLUNTEERS HAVE GATHERED THE DATA NECESSARY TO .....  
 3 REBUILD THE MISSING PIECES. UPON COMPLETION OF THIS PROCESS AN AMENDED RETURN WILL BE FILED. ....  
 4 THIS REPRESENTS THE BEST AND MOST COMPLETE INFORMATION AVAILABLE AT THIS TIME. ....  
 5 .....

NAME AND ADDRESS	TITLE/HOURS	COMP	EBP	EXP	ACCT
JANENE MENSCH PO BOX 43026 TUCSON, AZ 85733	TREASURER 2		0	0	0
DJ SHUBERT PO BOX 43026 TUCSON AZ 85733	DIRECTOR 2		0	0	0

TOTAL      PROGRAM FUNDRAISING MANAGEMENT

INSURANCE	935	468	234	233
OFFICE SUPPLIES	507	254	127	126
PROGRAM EXP	15712	15712	0	0
VETRINARY EXP	46071	46071	0	0
WEB EXPENSES	335	270	47	18
PAYROLL COSTS	466	233	117	116
<b>TOTAL</b>	<b>64026</b>	<b>63008</b>	<b>525</b>	<b>493</b>

For taxable year beginning 01/01/2004, and ending 12/31/2004

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE:	
Original <input type="checkbox"/>	Amended <input checked="" type="checkbox"/>
CHECK ONE:	
Calendar year <input checked="" type="checkbox"/>	Fiscal year <input type="checkbox"/>
Employer identification number (EIN) <b>74-2493030</b>	
AZ withholding tax number	
AZ transaction privilege tax number	

Please Type or Print	Name	Animal Defense League of Arizona
	Number and street or PO Box	P O BOX 43028
	City or town, state and ZIP code	TUCSON, AZ 85733
	Business telephone number	(520) 623-3101

Check box if:  This is a first return  Name change  Address change

A Date Arizona operations began 09/02/1988

B Nature of Arizona activities Animal support services

C Check federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

Attach copy of federal return.

FOR DOR USE ONLY	
81	66

<b>Sources of Income</b>	1	Gross sales or receipts from business activities .....	1	0	00
	2	Less: Cost of goods sold or of operations - <i>attach itemized statement</i> .....	2	0	00
	3	Gross profit from business activities - subtract line 2 from line 1 .....	3	0	00
	4	Interest .....	4	69	00
	5	Dividends .....	5	0	00
	6	Rents and royalties .....	6	0	00
	7	Gain or (loss) from sales of assets, excluding inventory items .....	7	0	00
	8	Dues, assessments, etc., from members .....	8	0	00
	9	Dues, assessments, etc., from affiliated organizations .....	9		00
	10	Contributions, gifts, grants, etc., received .....	10	106,364	00
	11	Other income - <i>attach itemized statement</i> .....	11	360	00
	12	Total income - <i>add lines 3 through 11</i> .....	12	106,793	00
<b>Administrative Expenses</b>	13	Compensation of officers, directors, trustees, etc. ....	13	12,480	00
	14	Salaries and wages - other than amounts included on line 2 .....	14	2,400	00
	15	Interest .....	15	0	00
	16	Taxes .....	16	776	00
	17	Rent expense .....	17	0	00
	18	Depreciation - <i>attach schedule</i> .....	18	0	00
	19	Miscellaneous expenses - <i>attach itemized statement</i> .....	19	75,893	00
	20	Total expenses - <i>add lines 13 through 19</i> .....	20	91,549	00
<b>Disbursements from Current Income for the Organization's Exempt Purposes</b>	21	Dues, assessments, etc., to affiliated corporations .....	21		00
	22	Contributions, gifts, grants, etc., paid .....	22		00
	23	Benefit payments to or for members or their dependents:			
	a.	Death, sickness, hospitalization, disability, or pension benefits ....	23a		00
	b.	Other benefits .....	23b		00
	24	Dividends and other distributions to members, shareholders, or depositors .	24		00
	25	Other .....	25		00
	26	Total - <i>add lines 21 through 25</i> .....	26		0 00
<b>Disbursements from Principal for the Organization's Exempt Purposes</b>	27	Dues, assessments, etc., to affiliated corporations .....	27		00
	28	Contributions, gifts, grants, etc., paid .....	28		00
	29	Benefit payments to or for members or their dependents:			
	a.	Death, sickness, hospitalization, disability, or pension benefits ....	29a		00
	b.	Other benefits .....	29b		00
	30	Dividends and other distributions to members, shareholders, or depositors .	30		00
	31	Other .....	31		00
	32	Total - <i>add lines 27 through 31</i> .....	32		0 00
<b>Other Accumulation of Income</b>	33	Other disbursements not itemized above - <i>attach schedule</i> .....	33		0 00
	34	Accumulation of income in current year - <i>line 12 minus the sum of lines 20, 26, 32, and 33</i> .....	34	15,244	00
	35	Accumulation of income at beginning of year .....	35	25,781	00
	36	Accumulation of income at end of year - <i>add lines 34 and 35</i> .....	36	41,025	00
<b>Penalty</b>	37	Penalty for late filing or incomplete filing ( \$500.00 ) .....	37		00

**Schedule A - Balance Sheet**

		(a)		(b)	
		Beginning of year		End of year	

**Note:** Amounts used in attached schedules and in this column should be end of year amounts.

**Assets**

<b>A1</b>	Cash .....		17,326	00	<b>A1</b>	39,111	00
<b>A2a</b>	Accounts receivable .....	<b>A2a</b>	0	00			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>A2b</b>	0	00			
	<b>c</b> Line A2a less line A2b. Enter difference in column (b) .....		0	00	<b>A2c</b>	0	00
<b>A3a</b>	Other notes and loans receivable - <i>attach schedule</i> .....	<b>A3a</b>	0	00			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>A3b</b>	0	00			
	<b>c</b> Line A3a less line A3b. Enter difference in column (b) .....		0	00	<b>A3c</b>	0	00
<b>A4</b>	Inventories .....		0	00	<b>A4</b>	0	00
<b>A5</b>	Investments (securities) - <i>attach schedule</i> .....		0	00	<b>A5</b>	0	00
<b>A6</b>	Investments (other) - <i>attach schedule</i> .....		0	00	<b>A6</b>	0	00
<b>A7a</b>	Land, buildings, and equipment; basis .....	<b>A7a</b>	2,240	00			
	<b>b</b> Less: accumulated depreciation - <i>attach schedule</i> .....	<b>A7b</b>	0	00			
	<b>c</b> Line A7a less line A7b. Enter difference in column (b) .....		2,240	00	<b>A7c</b>	2,240	00
<b>A8</b>	Other assets - <i>describe</i> <u>See attached worksheet</u> .....		744	00	<b>A8</b>	516	00
<b>A9</b>	<b>Total assets - add lines A1 through A8</b> .....		20,310	00	<b>A9</b>	41,867	00

**Liabilities**

<b>A10</b>	Accounts payable and accrued expenses .....		539	00	<b>A10</b>	0	00
<b>A11</b>	Mortgages and other notes payable - <i>attach schedule</i> .....		0	00	<b>A11</b>	0	00
<b>A12</b>	Other liabilities - <i>describe</i> .....		0	00	<b>A12</b>	0	00
<b>A13</b>	<b>Total liabilities - add lines A10 through A12</b> .....		539	00	<b>A13</b>	0	00

**Net Assets**

<b>A14</b>	Capital stock or trust principal .....		0	00	<b>A14</b>	0	00
<b>A15</b>	Paid-in or capital surplus .....		0	00	<b>A15</b>	0	00
<b>A16</b>	Retained earnings or accumulated income .....		20,310	00	<b>A16</b>	41,867	00
<b>A17</b>	<b>Total net assets - add lines A14 through A16</b> .....		20,310	00	<b>A17</b>	41,867	00
<b>A18</b>	<b>Total liabilities and net assets - add lines A13 and A17</b> .....		20,849	00	<b>A18</b>	41,867	00

**Certification** 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 a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please

Sign here

Signature of officer

Date

Title

Paid

Preparer's

Use Only

Preparer's signature

Date

03/09/2006

Sechler CPA, PC

Firm's name (or preparer's, if self-employed)

86-0859647

Preparer's TIN

921 E. Orange Dr., Phoenix, AZ

Firm's address

85014

ZIP code

**Line 11 (AZ 99) - Other Income**

1	Other Revenue (Form 990, Line 11) . . . . .	1	360
2	.....	2	
3	.....	3	
4	.....	4	
5	.....	5	
6	.....	6	
7	.....	7	
8	.....	8	
9	.....	9	
10	Total . . . . .	10	360

**Line 19 (AZ 99) - Miscellaneous Expenses**

1	Other Expenses (Form 990, Line 43) . . . . .	1	66,798
2	see form 990 attached for details	2	9,095
3	.....	3	
4	.....	4	
5	.....	5	
6	.....	6	
7	.....	7	
8	.....	8	
9	.....	9	
10	Total . . . . .	10	75,893