Form **990-EZ**

Department of the Treasury

Fautha 0005 adamaian

Internal Revenue Service

Short Form

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

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.

OMB No. 1545-1150 2005

Open to Public Inspection

А	roi tile	2005 Calend	ai yeai	, or tax year beginning , 2005,	, and end	ıırıg			, 20		
В	Check if applicable: Address change		Please use IRS	C Name of organization			D Employer	iden	tification number		
님		label or					1				
님	Name cha	·	print or Number and street (or P.O. box. if mail is not delivered to street address				Room/suite E Telephone number				
H	Initial retu	rn type.									
H	Final retur		Specific	City or town state or country, and ZID + 4			F Group Ex				
H		Instruc-									
Ш	Application pending tions. Nur										
	• Section	on 501(c)(3) (-	ations and 4947(a)(1) nonexempt charitable trusts must at npleted Schedule A (Form 990 or 990-EZ).	tach		unting methor (specify)	d:	Cash Accrual		
						H Chec	k ▶ 🔲 if t	he or	ganization		
ı	Websit	e: 🕨				is not required to attach					
J	io netroquio								990-EZ, or 990-PF).		
		_					•				
			_	on's gross receipts are normally not more than \$25,000. The a return, be sure to file a complete return. Some states requi	0			ırn w	ith the IRS; but if the		
L	Add lines	s 5b, 6b, and	7b, to lii	ne 9 to determine gross receipts; if \$100,000 or more, file Form 99	90 instead	of Form 9	990-EZ . ▶	\$			
	art I			nses, and Changes in Net Assets or Fund Bala				ins	tructions)		
									ar dottorion		
	1			s, grants, and similar amounts received							
	2	Program s	ervice i	revenue including government fees and contracts				_			
	3	Membersh	ip dues	s and assessments							
	4	Investment	incom	ne			4				
	5a	Gross amo	ount fro	om sale of assets other than inventory	5a						
	b				5b						
						ام م ما م ما	ule) 5				
<u>e</u>	C			m sale of assets other than inventory (line 5a less line 5			u.o)				
Revenue	6			d activities (attach schedule). If any amount is from gaming	g , check	here -					
š	а	Gross reve	nue (n	ot including \$ of contributions							
æ		reported o	n line 1	1)	6a						
	b	Less: direc	t expe	nses other than fundraising expenses	6b						
	l			e i	6b)		6	С			
	7a	The most of the system operation of the system of the syst									
	[7b						
	b		_				7.				
	С	-	-	oss) from sales of inventory (line 7a less line 7b)							
	8	Other reve)	-			
	9	Total reve	nue (a	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			🕨 9)			
	10	Grants and	d simila	r amounts paid (attach schedule)			10)			
	11			or for members				1			
S	12	-		empensation, and employee benefits				2			
38	13			and other payments to independent contractors				-			
penses				·			1				
EX	14		, , ,	utilities, and maintenance			· · ·	-			
_	15			ons, postage, and shipping							
	16	Other expe	enses (describe) 10				
	17	Total expe	enses (add lines 10 through 16)			🕨 1	7			
Assets	18	Excess or	(deficit) for the year (line 9 less line 17)			18	3			
	19			nd balances at beginning of year (from line 27, column							
		end-of-vea	r fiaur	e reported on prior year's return)	(* 9) (**	.acc agre	19	9			
Net ,	20			net assets or fund balances (attach explanation)				2			
ž	21			d balances at end of year (combine lines 18 through 20				-			
В				s—If Total assets on line 25, column (B) are \$250,000 c				_	Form 000 E7		
P	art II	Daiance (or more,			u ot			
			(5	See page 41 of the instructions.)		(A) Be	ginning of year	Д,	(B) End of year		
22	Cash	n, savings, a	and inv	restments				22			
23		_				1		23			
24				>				24			
		•						25			
25								26			
26	Tota	a liabilities (describ	pe ►)			-			
27	net	assets or t	una ba	mances (line 27 or column (b) must agree with line 21)		1		27			

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. 0111	200 22 (2000)							~9° -		
Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)							Expenses			
Wha	What is the organization's primary exempt purpose?							c)(3)		
	escribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,							iónś ists;		
des	describe the services provided, the number of persons benefited, or other relevant information for each program title.									
28										
20										
	Grants \$) If this amount incli				28a					
					200					
29										
	Grants \$) If this amount incli				29a					
					234					
30										
	Grants \$) If this amount inclu				30a					
	Other program services (attach schedule)				Jua					
	Grants \$) If this amount incli				31a					
	Total program service expenses (add lines 28a th				32					
	rt IV List of Officers, Directors, Trustees, and Key					a instruc	tione)	١		
Га	List of Officers, Directors, Trustees, and Rey	(B) Title and average	(C) Compensation	(D) Contribution			Expense			
	(A) Name and address	hours per week	(If not paid,	employee benefit	plans &	acco	unt an	d		
		devoted to position	`enter -0)´	deferred compen	isalion	other a	lllowan	ces		
Do	rt V Other Information (Note the attachme	ent requirement in Cone	ral lastrustion V	naga 14 \			Yes	Na		
Га	· ·	•					162	IVO		
33	Did the organization engage in any activity not pre									
	description of each activity					33				
34	Were any changes made to the organizing or government									
	attach a conformed copy of the changes					34				
35	If the organization had income from business activities, s				not					
	reported on Form 990-T, attach a statement explaining y	our reason for not reporting to	he income on Form	990-T.						
а	Did the organization have unrelated business gros	s income of \$1,000 or more	e or 6033(e) notice	e, reporting, a	and					
						35a				
b	If "Yes," has it filed a tax return on Form 990-T for	-				35b				
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a									
	statement.)					36				
	Enter amount of political expenditures, direct or ind									
	Did the organization file Form 1120-POL for this					37b				
38a	Did the organization borrow from, or make any loa									
	any such loans made in a prior year and still unpa	aid at the start of the perio	d covered by this	return? .		38a				
b	If "Yes," attach the schedule specified in the line	e 38 instructions and enter								
	involved									
39	9 501(c)(7) organizations. Enter:									
	a Initiation fees and capital contributions included on line 9									
b	Gross receipts, included on line 9, for public use	of club facilities		0						
40a	501(c)(3) organizations. Enter amount of tax impos									
	section 4911 ▶ ; section 4912	▶ ; se	ection 4955 ►		_					
b	501(c)(3) and (4) organizations. Did the organization e			_	the					
	year or did it become aware of an excess benefit tra			-		40b				
	Enter amount of tax imposed on organization man									
	sections 4912, 4955, and 4958									
	EDIER SMOUNT OF TOY ON LINE /LIC REIMBURGED BY th	a ordanization								

Form 990-EZ (2005)

Par	+ V	Other Information (Note the attachment requirement in	General Instr	uction V na	ge 14) (Cor	ntinued)			
					, ,	itii idea)			
		ooks are in care of ▶							
	Locat	ed at ▶		ZIP + 4 ▶					
b	At any	y time during the calendar year, did the organization have an inte	nature or oth	er authority	1				
	over a	a financial account in a foreign country (such as a bank accoun	count, or ot	her financial		Yes No			
	ассоц	ınt)?			42b				
		s," enter the name of the foreign country: ▶							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1.								
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?								
		s," enter the name of the foreign country:							
		on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lie					. ▶□		
	and e	nter the amount of tax-exempt interest received or accrued durin	g the tax year		▶ 43				
		Under penalties of perjury, I declare that I have examined this return, including a							
ъ.		and belief, it is true, correct, and complete. Declaration of preparer (other than	officer) is based of	on all information	n of which prepa	rer has an	y knowledge.		
Plea									
Sign		Signature of officer	Date						
Here	•								
		Type or print name and title.							
		<u> </u>	Date	Check if	Preparer's SSN	N or PTIN (S	ee Gen. Inst. W)		
Paid	_	Preparer's signature		self- employed ▶	٦	,	,		
Prepa		Firm's name (or yours		EIN	-				
Use C	Only	if self-employed),							
		address, and ZIP + 4		Pnone	no. ▶ (

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Officer Shane /Bryner, 4026 W Glenn Phoenix AZ 85051	Title Chair	Compensation ()	Contributions ()	Expenses 0
Thomas Buzzard, PO Box 67641 Phoenix AZ 85082	Vice-chair,	0	0	0
Jodi Lewis, PO Box 67641 Phoenix AZ 85082	Board Member	0	0	0
Stephanie L Bannon, 7213 N 37th Drive, Phoenix AZ 85051	Treasurer	0	0	0
Craig L Dyer, 7213 N 37 th Drive Phoenix AZ 85051	Board Member	0	0	0