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. Organization may have to use a copy of this return to satisfy state reporting require

OMB No. 1545-1150

Department of the Treasury

Open to Public

Inte	mal Revenue Service • The organization may have to use a copy of this return to satisfy st	ate reporting requ	uirements,	Inspection			
A	For the 2005 calendar year, or tax year beginning 7/01 , 2005, and e	nding 6/30		. 2006			
В_	Check if applicable: C		D Employer	Identification number			
	Address change Please SPAY AND NEUTER SOLUTIONS		20-0	065631			
	Name change label or PO BOX 762	ŀ	E Telephone				
	Unitial return Type: ICORTARO_ AZ 85652	Unitial return Type: CORTARO AZ 85652					
	Final return Specific		520-:	579-2691			
	Amended return linetruc-		F Group E	vemotion			
┺	Application pending		Number				
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	G Accounting r	nethod: 2	Cash Accrual			
	must attach a completed Schedule A (Form 990 or 990-EZ).	Other (speci					
				ganization is not			
ı	Web site: F WWW. SPAYANDNEUTERSOLUTIONS.ORG	f required to a	attach Sche	dule B (Form 990,			
<u>J</u>	Organization type (check only one) — X 501(c) (3) = (insert no.) 4947(a)(1) or 527	990-EZ, or 9					
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 state	les require a com	plete returr	1 <u>.</u>			
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Fo	rm 990					
C. Yes	Instead of Form 990-EZ	· · · · · · · · · · · · · · · · · · ·	► \$	33,781.			
læKi.	Revenue, Expenses, and Changes in Net Assets or Fund Baland	Ces (See Instruct	tions)				
	1 Contributions, gifts, grants, and similar amounts received	, ,		<u>3</u> 3,7 <u>8</u> 1.			
	Program service revenue including government fees and contracts		2				
			3				
	The state of the s		4				
	5a Gross amount from sale of assets other than inventory. 5a	 -					
R	b Less: cost or other basis and sales expenses	 _					
Ë			5c				
REVEZUE	The state of the s	here = [}					
ũ	Gross revenue (not including \$of contributions						
E	reported on line 1)						
	b Less: direct expenses other than fundraising expenses. 6b		3800				
	c Net income or (loss) from special events and activities (line 6a less line 6b)	,	6с				
	7a Gross sales of inventory, less returns and allowances. 7a b Less: cost of goods sold. 7b						
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)						
	l • ·						
	· · · · · · · · · · · · · · · · · · ·) <u>8</u>				
	() () () () () () () () () ()	 <u></u>	. ► 9	33,781.			
	10 Grants and similar amounts paid (attach schedule)		10				
Ē	Benefits paid to or for members		11				
ê	12 Salaries, other compensation, and employee benefits		12	•			
DXCHZOE	13 Professional fees and other payments to independent contractors						
	14 Occupancy, rent, utilities, and maintenance		14				
5	15 Printing, publications, postage, and shipping	Contraction	15	1,011.			
	16 Other expenses (describe ► SEE S 17 Total expenses (add lines 10 through 16)	IAIEMENI I)	16	29,019.			
	18 Excess or (deficit) for the year (line 9 less line 17).		1/	30,030.			
A				<u>3,75</u> 1.			
ART THE	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag figure reported on prior year's return).	ree with end-of-ye	ear 19	2 207			
ŤĘ	20 Other changes in net assets or fund balances (attach explanation).		20	2,397.			
\$	21 Net assets or fund balances at end of year (combine lines 18 through 20).			C 140			
28	Ralance Sheets - If Total assets on line 25, column (B) are \$250,000 or more			6,148.			
	(See Instructions)	(A) Beginning		(B) End of year			
22			804. 22	4, 625.			
23	Land and buildings		23	1, 460.			
24		2.	083. 24	1,523.			
25	Total assets	4.	887. 25	6,148.			
26			490. 26	0,140.			
27			397. 27	6,148.			

FORM	1 990-EZ (2005) SPAY AND NEUTER	C SOLUTIONS		20	<u> -0065</u>			age 2
	III Statement of Program Sei		(See Instructions)		4	Expens	-5	
What i	is the organization's primary exempt purpose? SE tribe what was achieved in carrying out the ribe the services provided, the number o	E STATEMENT 4 pe organization's exempt purpo	oses. In a clear and cor	icise manner,	1 and (4)	red for 50) organiza	tions a	and
progr	ribe the services provided, the number o ram title.	f persons benefited, or other r	elevant information for	each	4947(a	i)(1) trusts	; optio	nai
	SEE STATEMENT 5	/h.			101 001			
					1			
					1			
	(Grants \$) If the	nis amount includes foreign gr	ants, check here		28a		28,0	98.
29					 			
					1			
					1			
	(Grants \$) If the	nis amount includes foreign gr	ants, check here	<i>,</i> - - -	29 a			
30								
				-	1			
]			
	(Grants \$) If the	nis amount includes foreign gr	ants, check here		30 a			
31	Other program services (attach schedul-	e)				•	" '	
		nis amount includes foreign gr			31 a			
32	Total program service expenses (add lin	nes 28a through 31a)			32		28,0	98.
Per	IV List of Officers, Directors,			e even if not com	pensate	d. See Ins	structio	ns.)
	(A) Name and address	(B) Title and average hours per week devoted	(C) Compensation (If not paid, enter -0)	(D) Contribution	s to	(E) Expen	se acc	ount
	(A) Namo and address	to position	Hot pard, enter -0)	employee benefit pla deferred compens	ns ano la	and other	allowa	nces
	•	·			<u> </u>		"	
]						
SEE	STATEMENT 6	7	l o.		0.			0.
							••••	
]						
				<u></u>				
		<u>.</u>						
11.1304000C								
	V Other Information (Note the	attachment requirement in the	e instructions)	SEE STA	<u>TEME</u>	NT 7	Yes	No
33	Did the organization engage in any activ	rity not previously reported to t	the IRS? If 'Yes,' attach	a detailed descri	ption	İ	1	
	of each activity		, , , . , , .		,	· · · <u>33</u>	Ш	X
34	Were any changes made to the organizing or govern	ing documents but not reported to the	IRS? If 'Yes,' attach a conform	ned copy of the change	2f	34		X
35	If the organization had income from business activi	ties, such as those reported on lines 2,	6, and 7 (among others), but t	i <mark>ot</mark> reported on Form 9	90-T, atta	ch		
	a statement explaining your reason for not reporting							
	Did the organization have unrelated business gross						 	X
	If 'Yes,' has it filed a tax return on Form Was there a liquidation, dissolution, termination, o		or 7 / H I Was I alt a stant \				N/	_
								X
	Enter amount of political expenditures, direct or inc Did the organization file Form 1120-POL					<u>0. </u>		
	Did the organization the Form 1120-FOL	for this year?				37b	**********	X
38 a	Did the organization borrow from, or ma	ke any loans to, any officer, d	lirector, trustee, or key a	employee or were		888,886	2000	70000
	any such loans made in a prior year and	still unpaid at the start of the	period covered by this	return?	, , ,	38a	1 1	Х
b	If 'Yes,' attach the sch specified in the In 38 instruc	ctions and enter the amount involved.		38b	N	I/A		
39	501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions in	ncluded on line 9		39 a	N	I/A		
	Gross receipts, included on line 9, for po			39 Ь	N	I/A		
	501(c)(3) organizations. Enter amount o							
	section 4911 = 0. 501(c)(3) and (4) organizations. Did the organization	_; section 4912 ►	0.; section 49	55 -		<u>o.</u>		
D	excess benefit transaction from a prior year? If 'Yes,	n engage in any section 4958 excess be L'attach an explanation	enerit transaction during the ye	er or did it become av	are of an	40 ь		Х
c	Enter amount of tax imposed on organiz	ation managers or disqualified	dipersons during the ver	ar under				
	sections 4912, 4955, and 4958.		· · · · · · · · · · · · · · · · · · ·		··· -			0.
	Enter amount of tax on line 40c reimbur	sed by the organization	<u> </u>	, , . ,	.,, ►			0.

Form 990-8		NEUTER SOLUTIONS			20-	-0065631	L P	age 3
Part V	Other Information	(Note the attachment requireme	nt in the instructio	ns) (Continued)				
41 List the	e states with which a copy of thi	s return is filed ► AZ	,		•••			
	oks are in care of 🟲 <u>KATA</u>				Telephone no. •	520-57	9-2691	
Locate	dat ► <u>8105 W WAND</u>	ERING SPRINGS WAY, TU	CSON, AZ,		•	85743		
financ	y time during the calenda cial account in a foreign of the for	er year, did the organization have country (such as a bank account, eign country; ***	e an interest in or , securities accour	a signature or oth it, or other financia	er authority or al account)?.	ver a	Y es 42b	No X
cAt an		tions and filing requirements for at year, did the organization mail					42 c	Х
43 Section	on 4947(a)(1) nonexempt enter the amount of tax-e	charitable trusts filing Form 990 sempt interest received or accru-	ed during the tax y	ear	. , . , , ,	43	•	N/A N/A
Please Sign Here	Under penalties of perjury, I de true, correct, and complete. De Signature of officer	clare that I have examined this return, incliciaration of preparer (other than officer) is	uding accompanying set based on all information	OG ► KATA PRES	, and to the best of any knowledge. LIN POWE: IDENT print name and tit	RS	e and belief, it	is
Paid Pre-	Preparer's NON-P	AID PREPARER		Date	Check if self-	Preparer's General in	SSN or PTIN Miniction Wi	(See
parer's Use Only	Firm's name (or yours if self- employed), self- address, and ZIP + 4				EIN Phone no.	-	0.000	20202000 20202000 202020000
BAA		TEEA	NOB12L 02/06/06		11	For	m 990-EZ ((2005)

OMB No. 1545-0047

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 4947(e)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions,)

Department of the Treasury Internal Revenue Service		ntary information (See separ the above organizations and attr		990 or 990-EZ.	_555
Name of the organization				Employer identification	on number
SPAY AND NEUTE	R SOLUTIONS			20-0065631	
Part I Comp (See in	pensation of the Five His structions, List each one. If the	ghest Paid Employees O ere are none, enter 'None.')	ther Than Office	rs, Directors,	and Trustees
(a) Name al employ tha	nd address of each yee paid more in \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE					
				,	
Total number of other e over \$50,000			o		
Part II - A Comp	ensation of the Five Hid	ghest Paid Independent (ther individuals or firms). If there	Contractors for I	Professional S	ervices
(a) Name and addr	ess of each independent contr	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE			. –		· · · · · · · · · · · · · · · · · · ·
					· · · · · · · · · · · · · · · · · · ·
			-	, , , , , , , , , , , , , , , , , , ,	"
			. –		
			-		
Total number of others : \$50,000 for professiona	l services		0		
(List ea		thest Paid Independent (ervices other than professional			
(a) Name and addr	ess of each independent contra	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE			-		
			-	-	
			-		-
			-		
Total number of other cover \$50,000 for other s	ontractors receiving ervices.		0		

SCH	edul	a A (Form 990 or 990 EZ) 2005 SPAY AND NEUTER SOLUTIONS 20-006563	31	F	age 2
		Statements About Activities (See instructions.)		Yes	
1	Du to	ring the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid	Т	_	\vdash
	or	incurred in connection with the lobbying activities \$ N/A			
	(M	ust equal amounts on line 38, Part VI-A, or line i of Part VI-B.).	1		х
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other janizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the			
_	IÓD	bying activities.			1000
2	Du	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	L MX	estantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal			
	þei	neficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
			50001000000	HERRY SPECIAL	0000000
4	Sa	le, exchange, or leasing of property?	Za		Х_
ŧ	Ler	nding of money or other extension of credit?	2ь		x
	_				
•	Fu	mishing of goods, services, or facilities?	2¢		X
	l Par	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	1		
-		mission dempendation (or payment of remissioners of expenses if more than \$1,000);	2 d		X
•	Tre	insfer of any part of its income or assets?	2.		х
3:	Do	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an			
	exp	planation of how you determine that recipients qualify to receive payments.)			Х
	Do.	you have a section 403(b) annuity plan for your employees?			X
4 4	Did	ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3с		X
	on	the use or distribution of funds?			х
t	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
		Reason for Non-Private Foundation Status (See instructions.)			
The (oroa	nization 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	П	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	\vdash	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's	nama 4	itv	
	•	and state >		-1.7,	
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).
11.		(Also complete the Support Schedule in Part IV-A.)			
114	Щ	An organization that normally receives a substantial part of its support from a governmental unit or from the general present of the Support Schedule in Part IV-A.)	ublic.		
116		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	X	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and	gross	receir	ots
		from activities related to its charitable, etc. functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 5)1 tax) from businesses acquired	its sup	port	
		organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	i by uie	į.	
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	nization	30	
		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) box that describes the test of section 509(a)(2)	. Checl	the	
		box that describes the type of supporting organization: Type 1 Type 2 Type 3 Provide the following information about the supported organizations. (See instructions.)			
		(a) Name(s) of supported organization(s)	(b) Lin	e nun abov	
14		An organization organized and operated to test for public safety. Section 509(a)(4), (See instructions.)			

Sch	edule A (Form 990 or 990-EZ) 2005 1 IV-A Support Schedule (SPAY AND N	EUTER SOLUTION	NS 2 10 11 or 12.) Use	20-00656	31 Page 3
Note	: You may use the worksheet in th	e instructions for con	verting from the accri	ual to the cash methy	od of accounting	mmy.
Cale	ndar year (or fiscal year nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	35,472.	16,146.		- ,	51,618.
16	Membership fees received,					0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose					0.
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.					0.
19	Net income from unrelated business activities not included in line 18			"		0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					<u></u> 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 include gain or (loss) from sale of capital assets.			, , , , , , , , , , , , , , , , , , ,		0,
23	Total of lines 15 through 22	35,472.	16,146.			51,618.
24	Line 23 minus line 17	35,472.	16,146.		·	51,618.
25	Enter 1% of line 23	355.	161.		-	
26	Organizations described on lines	10 or 11: a E⊓t	er 2% of amount in co	olumn (e), line 24	N/A ► 26 a	
t	Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	name of and amount contri or 2001 through 2004 excee	ibuted by each person (othe ded the amount shown in hi	r than a governmental unit	or publicly	
	: Total support for section 509(a)(1		column (e)		26 c	
•	Add: Amounts from column (e) fo	r lines: 18		19 26b		
	Public support (line 26c minus line	,			► 26•	
	Public support percentage (line 2		d by line 26c (denom	Inator))	26f	<u> </u>
	Organizations described on line 1 For amounts included in lines 15, name of, and total amounts recei- such amounts for each year:	16, and 17 that were	received from a 'disq n, each 'disqualified p	ualified person, prep erson. Do not file thi	are a list for your reco s list with your return.	ords to show the Enter the sum of
	(2004)11_950.	(2003)	4.542. (2002)	0	(2001)	0.
	For any amount included in line 1 to show the name of, and amount \$5,000. (Include in the list organiz After computing the difference be differences (the excess amounts)	t received for each ye zations described in Ii tween the amount rec	ear, that was more tha nes 5 through 11b, as seived and the larger	in the larger of (1) this well as individuals.) amount described in	e amount on line 25 fo Do not file this list wit (1) or (2), enter the sui	r the year or (2) th your return. m of these
	(2004)0.	(2003)	0_(2002)	0	(2001)	<u>_</u> 0
¢	(2004) 0. Add: Amounts from column (e) fo	r lines: 15	51,618.	16		E1 640
	Add: Line 27a total		nd line 27b total		Z7c	51,618. 16,492.
						35, 126.
•	Total support for section 509(a)(2)) test: Enter amount f	rom line 23. column (e)	51.618	35,126.
	Public support percentage (line 2	7e (numerator) divide	d by line 27f (denomi	nator))	► 27 g	68.05 %
	Investment income percentage (li					0.8
	Unusual Grants: For an organizat	tion described in line	10, 11, or 12 that rece	sived any unusual ora	nts during 2001 throug	th 2004, prepare a
	list for your records to show, for on nature of the grant. Do not file thi	each year, the name o	of the contributor, the	date and amount of t	the grant, and a brief t	tescription of the

Schedule A (Form 990 or 990 EZ) 2005 SPAY AND NEUTER SOLUTIONS

20-0065631

Page 4 Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) Part V N/A Yes Νo 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?..... Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?.... 30 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,) 32 Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?... 32 a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 c d Copies of all material used by the organization or on its behalf to solicit contributions? . . 32 d 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: ■ Students' rights or privileges?..... 33 a 33ь c Employment of faculty or administrative staff?..... 33 c d Scholarships or other financial assistance? • Educational policies?..,.... 33 e f Use of facilities? 33f g Athletic programs?... 33 g h Other extracurricular activities?..... 33h If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a 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?..... 34 b If you answered 'Yes' to either 34a or b, please explain using an attached statement, 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. TEEA0404L 08/08/05

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means...... i Total lobbying expenditures (add lines c through h.) If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities,

Page 6

	(Form 990 or 990-EZ) 2					20-0065	631	Page
Partsville	information Regar Exempt Organizati	ding Tran ions (See i	sfers To and Transtructions)	ansactions ar	nd Relationships With	n Noncha	ritable	
51 Did the	reporting organization Code (other than section	directly or in n 501(c)(3) o	idirectly engage in ar irganí≵ations) or in se	ny of the following	g with any other organizations ng to political organizations	on described ?	I in section	501(c)
a Transf	ers from the reporting o	rganization f	o a noncharitable ex	empt organizatio	n of:		[Yes No
								Х
(ii) Ot	her assets			, , ,			a (ii)	X
	transactions:							"""
(i)Sa	ales or exchanges of ass	ets with a n	oncharitable exempt	organization			b (i)	X
(ii)Pu	irchases of assets from	a noncharita	ible exempt organiza	tion ,			ь (ii)	Х
(iii)Re	ental of facilities, equipm	ent, or othe	r assets				b (iii)	Х
(iv)Re	imbursement arrangem	ents				, , ,	b (iv)	X
							b (v)	X
							b (vi)	Х
ç Şharin	g of facilities, equipmen	t, mailing lis	ts, other assets, or p	aid employees.		, . ,	С	Х
d if the a the go any tra	answer to any of the abo ods, other assets, or sei ansaction or sharing arra	ive is Yes, rvices given angement, sl	complete the followin by the reporting orga now in column (d) the	ng schedule. Colu anization. If the o a value of the god	umn (b) should always show organization received less the ods, other assets, or service	v the fair man han fair man es received	arket value ket value ii :	of "
(a) Line no.	(b) Amount involved	Name of	(c) noncharitable exemp	ot organization	Description of transfers, tra			
N/A	•			•			311dr 111g 271 211	80110110
- M/ A								
			· · · ·					
	, ,							·· <u> </u>
	· · · · · · · · · · · · · · · · · · ·		·					
							·	
					<u>-</u>			
				·				
				10-11-11-1				'
			···					
							-	
		<u> </u>						
describ	organization directly or in ped in section 501(c) of t ,' complete the following	the Code (ot	liated with, or related her than section 501	to, one or more (c)(3)) or in secti	tax-exempt organizations on 527?		► _ Yes	X No
	(*) Name of organization		(b) Type of orga	anization	Descriptio	(c) n of relation	iship	
N/A								
						•		
				, ,		'		,
					·			
	,	·						
					- <u> </u>		<u> </u>	
							_	
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BAA					Sched	ule A (Form	990 or 90	0.EZ\ 204

2005	FEDERAL STATEMENTS	Р	AGE 1
CLIENT EJN-SNS	SPAY AND NEUTER SOLUTIONS	20	-0065631
7/14/06			04:30PM
FUND RAISING OTHER TELEPHONE		 	560. 397. 685. 474. ,903.
STATEMENT 2 FÖRM 990-EZ, PART II, LINE 24 OTHER ASSETS			
MACHINERY AND EQUIPMENT	TOTAL	BEGINNING END: \$ 2,083. \$ \$ 2,083.	ING 1,523. 1,523.
STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES		No.	
CREDIT CARD	_	BEGINNING END: \$ 2,490. \$ \$ 2,490.	0. 0.
STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEM	PT PURPOSE		
PROMOTE ANIMAL WELFARE THROU EDUCATING THE PUBLIC ON THE BIRTH OF UNWANTED ANIMALS.	GH FINANCIAL ASSISTANCE FOR PET S BENEFITS OF SPAYING & NEUTERING D	SPAYING/NEUTERING AN IN PREVENTING THE	ND
STATEMENT 5 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVI	CE ACCOMPLISHMENTS		
חבפר	RIPTION	GRANTS PROG AND SERV ALLOCATIONS EXPEN	ICE
SPAY AND NEUTER SOLUTIONS PR FINANCIAL ASSISTANCE TO QUAL PETS AND WE EDUCATED PEOPLE PROCEDURES IN PREVENTING THE OVER 500 ANIMALS WERE ALTERE YEAR. UNFORTUNATELY OUR INCO DRAMATICALLY AFFECTED BY THE	OVIDED PARTIAL OR FULL IFIED PET OWNERS FOR THEIR ABOUT THE IMPORTANCE OF THESE BIRTH OF UNWANTED ANIMALS.	ALLOCATIONS EXPEN	<u> </u>

2005	FEDERAL STATEME	NTS		PAGE 2
CLIENT EUN-SNS	SPAY AND NEUTER SOLUTI	IONS		20-006563
7/14/06			-	04:30P
STATEMENT 5 (CONTINUED) FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SER	VICE ACCOMPLISHMENTS			
DES	SCRIPTION		GRANTS AND OCATIONS	PROGRAM SERVICE EXPENSES
INCOME BUT WERE ABLE TO PAY	FOR PART OF THE COST OF R CERTIFICATES WERE GIVEN WERE UNABLE TO PAY FOR A BY REDUCING THE NUMBER OF LOCAL ANIMAL WELFARE HE ARE OVERWHELMED BY NUMBER OF THE SAME TIME, WE HELD DOLLARS TRYING TO COPE WI	THE N TO ANY DF BER OF PED OUR		28,098.
•	INCLUDES FOREIGN GRAN	NTS: NO		20,030.
		₹	0. \$	28,098.
		<u>4 </u>	<u> </u>	
STATEMENT 6 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, NAME AND ADDRESS	TRUSTEES, AND KEY EMPLO' TITLE AND AVERAGE HOURS PER WEEK DEVOTED	YEES COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS,	TITLE AND AVERAGE HOURS	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
NAME AND ADDRESS KATALIN POWERS PO BOX 762	TITLE AND AVERAGE HOURS PER WEEK DEVOTED PRESIDENT/TREAS	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
NAME AND ADDRESS KATALIN POWERS PO BOX 762 CORTARO, AZ 85652 CORALIE AMES PO BOX 762	TITLE AND AVERAGE HOURS PER WEEK DEVOTED PRESIDENT/TREAS 0 VICE PRESIDENT	COMPEN- SATION \$ 0.	CONTRI- BUTION TO EBP & DC \$ 0.	EXPENSE ACCOUNT/ OTHER \$ 0.
NAME AND ADDRESS KATALIN POWERS PO BOX 762 CORTARO, AZ 85652 CORALIE AMES PO BOX 762 CORTARO, AZ 85652 ED POWERS PO BOX 762 PO BOX 762	TITLE AND AVERAGE HOURS PER WEEK DEVOTED PRESIDENT/TREAS 0 VICE PRESIDENT 0 SECRETARY	COMPEN- SATION \$ 0.	CONTRI- BUTION TO EBP & DC \$ 0.	EXPENSE ACCOUNT/ OTHER \$ 0.
NAME AND ADDRESS KATALIN POWERS PO BOX 762 CORTARO, AZ 85652 CORALIE AMES PO BOX 762 CORTARO, AZ 85652 ED POWERS PO BOX 762 CORTARO, AZ 85652 FRAN FRANCH GIBBS PO BOX 792	TITLE AND AVERAGE HOURS PER WEEK DEVOTED PRESIDENT/TREAS 0 VICE PRESIDENT 0 SECRETARY 0	COMPEN- SATION 0.	CONTRI- BUTION TO EBP & DC \$ 0.	EXPENSE ACCOUNT/ OTHER \$ 0.

KATIE PØWERS

20	05	FEDERAL STATEMENTS	PAGE 3
CL	IENT EJN-SNS	SPAY AND NEUTER SOLUTIONS	20-0065631
	4/06 Statement 7 Form 990-ez, pa Regarding tra	ART V ANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	04:30PN
	(A) DID THE (INDIRECTLY, TO (B) DID THE (ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR OPEN PREMIUMS ON A PERSONAL BENEFIT CONTRACT? ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR NA PERSONAL BENEFIT CONTRACT?	no no