

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

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

**2005****Open to Public  
Inspection****A For the 2005 calendar year, or tax year beginning****, and ending****B** Check if applicable

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

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instruc-  
tions.**C** Name of organization

Arizona Trail Association

Number and street (or P O box if mail is not delivered to street address)

PO Box 36736

City or town

Phoenix

State or country

AZ

Room/suite

ZIP + 4

85067

**D** Employer identification number

86-0762149

**E** Telephone number

(602) 252-4794

**F** Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶● 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 ▶**G** Website: ▶ www.aztrail.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 chooses to file a return, be  
sure to file a complete return. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 127,264**M** Check ☐ if the organization is not required  
to attach Sch B (Form 990, 990-EZ, or 990-PF)**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support	<b>1a</b>		48,068	
<b>b</b>	Indirect public support	<b>1b</b>		0	
<b>c</b>	Government contributions (grants)	<b>1c</b>		32,500	
<b>d</b>	Total (add lines 1a through 1c) (cash \$ 80,568 noncash \$ 0)	<b>1d</b>			80,568
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			2,000
<b>3</b>	Membership dues and assessments	<b>3</b>			42,765
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			932
<b>5</b>	Dividends and interest from securities	<b>5</b>			473
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			0
<b>7</b>	Other investment income (describe ▶ )	<b>7</b>			0
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	0 <b>8a</b>		0	
<b>c</b>	Gain or (loss) (attach schedule)	0 <b>8b</b>		0	
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	0 <b>8c</b>		0	
<b>8d</b>					0
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ 0 of contributions reported on line 1a)	<b>9a</b>		0	
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		0	
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			0
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		0	
<b>b</b>	Less: cost of goods sold	<b>10b</b>		0	
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			0
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			526
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			127,264
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>			112,083
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>			69,824
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>			7,761
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			0
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>			189,668
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			-62,404
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			268,438
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			1
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			206,035

615 9.

**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 the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b> 0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b> 0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b> 0			
<b>25</b>	Compensation of officers, directors, etc.	<b>25</b> 37,000	18,500	16,650	1,850
<b>26</b>	Other salaries and wages	<b>26</b> 0			
<b>27</b>	Pension plan contributions	<b>27</b> 0			
<b>28</b>	Other employee benefits	<b>28</b> 0			
<b>29</b>	Payroll taxes	<b>29</b> 0			
<b>30</b>	Professional fundraising fees	<b>30</b> 0			
<b>31</b>	Accounting fees	<b>31</b> 5,452	2,726	2,453	273
<b>32</b>	Legal fees	<b>32</b> 0			
<b>33</b>	Supplies	<b>33</b> 1,463	732	658	73
<b>34</b>	Telephone	<b>34</b> 2,031	1,015	914	102
<b>35</b>	Postage and shipping	<b>35</b> 5,300	2,650	2,385	265
<b>36</b>	Occupancy	<b>36</b> 1,078	539	485	54
<b>37</b>	Equipment rental and maintenance	<b>37</b> 34,488	34,488		
<b>38</b>	Printing and publications	<b>38</b> 14,603	7,302	6,571	730
<b>39</b>	Travel	<b>39</b> 0			
<b>40</b>	Conferences, conventions, and meetings	<b>40</b> 11,761	5,881	5,292	588
<b>41</b>	Interest	<b>41</b> 0			
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b> 0	2,489	2,233	250
<b>43</b>	Other expenses not covered above (itemize):				
a	Dues and subscriptions	<b>43a</b> 336	168	151	17
b	Insurance	<b>43b</b> 4,062	2,031	1,828	203
c	Membership development	<b>43c</b> 17,375	8,688	7,818	869
d	Outside services	<b>43d</b> 46,000	23,000	20,700	2,300
e	Other expenses	<b>43e</b> 3,747	1,874	1,686	187
f		<b>43f</b> 0	0	0	0
g		<b>43g</b> 0	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 184,696	112,083	69,824	7,761

**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 ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	107,602	<b>45</b>	96,936
	<b>46</b> Savings and temporary cash investments . . . . .	0	<b>46</b>	
	<b>47 a</b> Accounts receivable . . . . .	<b>47a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b> 0	<b>47c</b>	0
	<b>48 a</b> Pledges receivable . . . . .	<b>48a</b> 77,486		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b> 0	<b>48c</b>	77,486
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>50</b>	0
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b> 0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	4,997	<b>53</b>	4,261
	<b>54</b> Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54</b>	0
	<b>55 a</b> Investments—land, buildings, and equipment: basis . . . . .	<b>55a</b> 0		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b> 0	<b>55c</b>	0
<b>56</b> Investments—other (attach schedule) . . . . .	0	<b>56</b>	0	
<b>57 a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 30,373			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 21,913	<b>57c</b>	8,460	
<b>58</b> Other assets (describe <input type="checkbox"/> Investments held at the Arizona Community )	18,032	<b>58</b>	18,892	
<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	271,115	<b>59</b>	206,035	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	2,677	<b>60</b>	
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )	0	<b>65</b>	0
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	2,677	<b>66</b>	0	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .	98,570	<b>67</b>	154,611
	<b>68</b> Temporarily restricted . . . . .	164,868	<b>68</b>	46,424
	<b>69</b> Permanently restricted . . . . .	5,000	<b>69</b>	5,000
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	268,438	<b>73</b>	206,035
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .	271,115	<b>74</b>	206,035

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

N/A

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	0
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	0
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	0

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	0
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	0
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
Name Jan Hancock Str 805 N 4th Ave Ste 7 City Phoenix ST AZ ZIP 85003	Title Director Hr/WK 2	0	0	0
Name Lyn White Str One North Central A City Phoenix ST AZ ZIP 85004	Title Secretary Hr/WK 2	0	0	0
Name Randy Warner Str 2901 N. Central, Sui City Phoenix ST AZ ZIP 85012	Title Treasurer Hr/WK 2	0	0	0
Name Bas Aja Str 22803 West Gibson City Buckeye ST AZ ZIP 85326	Title Director Hr/WK 2	0	0	0
Name Steve Anderson Str 901 S. Santa Ana Dr City Tucson ST AZ ZIP 85710	Title Director Hr/WK 2	0	0	0
Name Bob Bohannon Str 27202 n 150TH City Scottsdale ST AZ ZIP 85262	Title Director Hr/WK 2	0	0	0
Name Dawson Henderso Str 8655 N. Roundtree F City Flagstaff ST AZ ZIP 86001	Title Director Hr/WK 2	0	0	0
Name David Hicks Str 1220 E. Gardenia City Phoenix ST AZ ZIP 85020	Title Director Hr/WK 2	0	0	0
Name Eric Smith Str 2925 N Navajo Place City Chino Valley ST AZ ZIP 86323	Title Director Hr/WK 2	0	0	0
Name cont Str cont City cont ST AZ ZIP	Title cont Hr/WK	37,000	0	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

Yes No

- 75 a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 22
- b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . . **75b** X
- c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . . . . **75c** X
- Note.** Related organizations include section 509(a)(3) supporting organizations.
- If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.
- d** Does the organization have a written conflict of interest policy? . . . . . **75d** X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) **N/A**

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
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Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				

**Part VI Other Information (See the instructions.)**

Yes No

- 76** Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . . **76** X
- 77** Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . **77** X
- If "Yes," attach a conformed copy of the changes.
- 78 a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . . **78a** X
- b** If "Yes," has it filed a tax return on Form 990-T for this year? . . . . . **78b** N/A
- 79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . . **79** X
- 80 a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . . **80a** X
- b** If "Yes," enter the name of the organization ► \_\_\_\_\_ and check whether it is ☐ exempt or ☐ nonexempt
- 81 a** Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . **81a** 0
- b** Did the organization file Form 1120-POL for this year? . . . . . **81b** X

**Part VI Other Information (continued)**

		Yes	No
<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?		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?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		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?	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?	N/A	
<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, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b> N/A	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b> N/A	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b> N/A	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> N/A	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b> N/A	
<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> N/A	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12.	<b>86a</b> N/A	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b> N/A	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: a Gross income from members or shareholders	<b>87a</b> N/A	
<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> N/A	
<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 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
<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		0
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
<b>90 a</b>	List the states with which a copy of this return is filed ▶ AZ		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<b>90b</b>	0
<b>91 a</b>	The books are in care of ▶ Name Capitol Consulting Telephone no. ▶ 602 252.4794 Located at ▶ 2303 N. 3rd St City Phoenix ST AZ ZIP + 4 ▶ 85004		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<b>91b</b>	X
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	<b>91c</b>	X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	<b>92</b>	N/A

**Part VII Analysis of Income-Producing Activities** (See 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> Meeting revenue					2,000
<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					42,765
<b>95</b> Interest on savings and temporary cash investments			14	932	
<b>96</b> Dividends and interest from securities			14	473	
<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> Pin sales					526
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		1,405	45,291
<b>105</b> Total (add line 104, columns (B), (D), and (E))					46,696

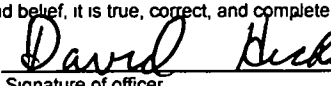
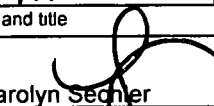
**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

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)
<b>94</b>	Dues to support the goals of the organization - preserving and promoting trails in Arizona
<b>102</b>	Gross proceeds of the sale of pins promoting the association
<b>93a</b>	Revenue to compensate for meeting supplies and activities

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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 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).

<b>Please Sign Here</b>	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		9/14/06 Date		
<b>Paid Preparer's Use Only</b>	 Carolyn Sechler Preparer's signature		9/12/2006 Date	<input type="checkbox"/> Check if self-employed	P00008030 Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Sechler CPA, PC 921 E Orange Dr., Phoenix, AZ 85014		EIN 86-0859647		Phone no 602-230-2700



**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information—(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2005**

Name of the organization

Arizona Trail Association

Employer identification number

86-0762149

**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
N/A	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total number of other employees paid over \$50,000 ▶ none				

**Part II-A 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
N/A		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶ none		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		0
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ▶ none		

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

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

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

Yes	No
-----	----

- |     |  |    |   |
|-----|--|----|---|
| 1   | <p>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)</p> <p>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</p> | 1  | X |
| 2   | <p>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)</p>   |    |   |
| a   | Sale, exchange, or leasing of property   | 2a | X |
| b   | Lending of money or other extension of credit  | 2b | X |
| c   | Furnishing of goods, services, or facilities   | 2c | X |
| d   | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  | 2d | X |
|     | See Part V, Form 990   |    |   |
| e   | Transfer of any part of its income or assets   | 2e | X |
| 3 a | 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 |   |
| b   | Do you have a section 403(b) annuity plan for your employees?  | 3b | X |
| c   | During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?   | 3c | X |
| 4 a | 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   | 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check  
the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

**Provide the following information about the supported organizations (See page 6 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 6 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.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	119,169	108,157	202,164	67,035	496,525
<b>16</b> Membership fees received	16,850	1,533	7,773	10,240	36,396
<b>17</b> 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	463	0	1,217	74	1,754
<b>18</b> 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	1,255	890	0	1,649	3,794
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	523	1,769	0	2,292
<b>23</b> Total of lines 15 through 22	137,737	111,103	212,923	78,998	540,761
<b>24</b> Line 23 minus line 17	137,274	111,103	211,706	78,924	539,007
<b>25</b> Enter 1% of line 23	1,377	1,111	2,129	790	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24				26a 10,780
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 295,000
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 539,007
d Add: Amounts from column (e) for lines 18 3,794 19 0 22 2,292 26b 295,000					26d 301,086
e Public support (line 26c minus line 26d total)					26e 237,921
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 44.14%
<b>27 Organizations described on line 12:</b>	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:				
(2004) (2003) (2002) (2001)					
b 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 11b, 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:					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines 15 0 16 0 17 0 20 0 21 0					27c 0
d Add: Line 27a total 0 and line 27b total 0					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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)**

		N/A	
		Yes	No
<b>29</b>	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? . . . . .	<b>29</b>	
<b>30</b>	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? . . . . .	<b>30</b>	
<b>31</b>	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 ) ..... ..... .....	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement ) ..... .....		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ..... ..... .....		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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.	<b>34b</b>	
<b>35</b>	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 . . . . .	<b>35</b>	

**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)

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group Check ☐ b ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<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—			
If the amount on line 40 is—	The lobbying nontaxable amount is—		
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	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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					0

**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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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



**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a - Direct public support</b>		
1 Contributions . . . . .	48,068	1
2 Membership dues and assessments (contributions from the public) . . . . .		2
3 Commercial co-venture . . . . .		3
4 Special events contributions (Line 9 - Special Events) . . . . .	0	4
5		5
6		6
7		7
8		8
9		9
10 Total . . . . .	48,068	10 0
<b>Line 1b - Indirect public support . . . . .</b>		
<b>Line 1c - Government contributions (grants) . . . . .</b>	32,500	

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

1 Rounding . . . . .	1	1
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
10 Total . . . . .	10	1

**Line 48 (990) - Pledges receivable**

		Pledges receivable			Allowance for doubtful accounts		
		Beginning		End	Beginning		End
1 Pledges receivable . . . . .	1	127,052		77,486	0		
2	2						
3	3						
4	4						
5	5						
6	6						
7	7						
8	8						
9	9						
10	10						
11 Total pledges receivable . . . . .	11	127,052		77,486	0		0

**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	Total land (net of any amortization) . . . . .	6	0 0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Tools and equipment	7	11,973		9,581
8	Vehicles and trailers	8	18,400		7,360
9	.....	9			
10	.....	10			
11	.....	11			
12	.....	12			
13	.....	13			
14	.....	14			
15	.....	15			
16	.....	16			
17	Total buildings and equipment . . . . .	17	30,373	16,941	21,913
18	Buildings and equipment (less accumulated depreciation) . . . . .	18		13,432	8,460
19	Total land, buildings and equipment . . . . .	19		13,432	8,460

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	Total . . . . .	11	0	0		0	



Line 58 (990) - Other assets

		18,032	18,892
		Beginning	End
1	Investments held at the Arizona Community Foundation	18,032	18,892
2			
3			
4			
5			
6			
7			
8			
9			
10			

Line 22 (Sch A (990/990-EZ)) - Other Income

Description		(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
1	EQUIPMENT	0	523	1,769	0	2,292
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
Total of Other Income		0	523	1,769	0	2,292

Arizona Trail Association  
Board of Directors cont  
EIN 86-0762149

6001 N. 24th Street  
Phoenix, AZ 85016

2

Jim Stoeckmann  
7503 E. Torrey Point Circle  
Phoenix, AZ 85207

Director

2

0

0

0

Kent Taylor  
1148 E. Florence Blvd. #4  
Casa Grande, AZ 85222

Director

2

0

0

0

Larry Snead  
Capitol Consulting  
520 West Clarendon, E22  
Phoenix, AZ 85013

Executive Director  
leased

26

37,000

0

0

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37,000

0

0

<b>Name</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>Contribution</b>	<b>To Exceed</b>	<b>Excess</b>
American Express	5,000				5,000	10,780	0
Pulliam Charitable Trust		100,000	80,000	50,000	230,000	10,780	219,220
Resolution Copper				20,000	20,000	10,780	9,220
APS		10,000	10,000	10,000	30,000	10,780	19,220
Phelps Dodge				10,000	10,000	10,780	0
	<u>5,000</u>	<u>110,000</u>	<u>90,000</u>	<u>90,000</u>	<u>295,000</u>		<u>295,000</u>

Arizona Trail Association  
Depreciation Expense  
EIN 86-0762149  
2005

Equipment		Cost	BOY Accum dep	CY depreciation	EOY Accum Dep	Ending Book V
Trailers	9/1/2000	2,234	2,011	223	2,234	0
1996 AMencan Trailer	11/1/2002	2,138	1,284	428	1,711	427
2000 BX trailer	5/1/2002	2,138	1,284	428	1,711	427
Website design	1/1/2002	4,027	4,006	21	4,027	0
Trail development tools	10/1/2000	1,153	742	165	906	247
Pnnter	10/1/2001	283	256	27	283	0
		<u>11,973</u>	<u>9,582</u>	<u>1,292</u>	<u>10,873</u>	<u>1,100</u>
Vehicles						
1996 Ford Bronce	1/1/2003	<u>18,400</u>	<u>7,360</u>	<u>3,680</u>	<u>11,040</u>	<u>7,360</u>
		<u>18,400</u>	<u>7,360</u>	<u>3,680</u>	<u>11,040</u>	<u>7,360</u>
		<u>30,373</u>	<u>16,942</u>	<u>4,972</u>	<u>21,913</u>	<u>8,460</u>

## **2005 ARIZONA TRAIL ACCOMPLISHMENTS**

The ATA's greatest annual accomplishment is that every year hundreds of volunteers led by Arizona Trail Segment Stewards, in cooperation with staff from governing land managers, spend countless hours maintaining, building new trail and improving over 720 miles of completed Arizona Trail.

In addition, the Arizona Trail Association is fortunate to have a growing list of large corporations, small and medium sized businesses, generous individuals, government and non-profit agencies that provide donations, grants, and support that allow the ATA to operate and the Arizona Trail to be built and maintained. Your support makes every accomplishment possible. *Thank you.*

In January, volunteers from Native Resources International Inc joined Canelo Hills West segment steward Richard Corbett in rehabbing many miles of that segment.

On March 14, 2005 Congressional bills were introduced by Senator John McCain and Representative Jim Kolbe to conduct a feasibility study to designate the Arizona Trail as a National Scenic Trail.

The American Hiking Society, in conjunction with the National Forest Service, provided volunteer trail workers on the Temporal Gulch passage in March, the Mormom Lake passage in August, and the Reavis Canyon passage in September.

The 10 mile Boulders Segment of the Tortilla Mt. passage was completed and celebrated in April by the Mountain Bike Association of Arizona and many other volunteers who worked on this segment.

In the Spring, the Grand Canyon Boy Scout Council issued a 7-piece Arizona Trail jacket patch which Scouts may earn piece-by-piece by hiking the AZT.

The Arizona Trail was showcased by Neil Hornbeck at the University of Scouting at the Heard Scout Pueblo in February and again at the Grand Canyon Council's Scout-O-Rama in November.

On April 8, Governor Napolitano officially proclaimed the Arizona Trail an Arizona Treasure in a ceremony at the Picket Post trailhead.

On April 9, a Spring Wild Flowers interpretive hike through Whitford Canyon was led by botanist and ATA Board member Wendy Hodgson.

On April 27, the Arizona Trail Association was recognized by the AZ Parks and Recreation Association for its excellent volunteerism and for the AZT being part of the commitment to open space.

In April and May, the Backcountry Horsemen of Central Arizona supported the Payson Ranger District in its efforts to rehab the fire damaged Red Hills Passage by packing in supplies and equipment to remote areas.

In May, as a part of the American Conservation Experience (ACE), a group of foreign students spent five 10 hour days rehabbing the AZT's most northern passage, the Buckskin Mt passage.

In May, Sierra Club volunteers spent a week building Arizona Trail in the Mormon Lake passage.

In May, REI employees and volunteers spent a day maintaining trail on the Four Peaks passage.

In May, the ATA conducted its second Wilderness First Aid class in conjunction with the Wilderness Medicine Institute of NOLS, organized by Eric Smith.

In May, the ATA Board of Directors initiated an Arizona Trail Business Member program developed by Scott Summers for small and medium sized businesses. By the end of the year there were 21 members.

In May, the ATA Board approved the 2006-2010 Strategic Plan, coordinated by Eric Hiser, which provides the Association's direction and goals for this 5 year period.

In September, the ATA was awarded the President's Award from the National Association of State Parks at its annual conference in Blaine, WA.

On September 24, the ATA and 11 other organizations hosted a day of work and activities at Mormon lake in honor of National Public Lands Day. Also on National Public Lands Day, an REI work day was held on the Four Peaks passage of the Arizona Trail.

In October, the final three miles of the Mt. Elden passage were completed by Flagstaff Bike volunteers and the Peaks Ranger District.

The long awaited *Arizona Trail: The Official Guide* by Tom Jones and Westcliffe Publishers was released in November.

The Cienega Creek Corridor Project finished the year having completed approximately 16 miles of new Arizona Trail in the Rincon Valley passage. This remarkable group began trail building in the Fall of 2004.

In December, the first phase of the Arizona Trail Association's improved web site was officially on the web.

The Arizona Trail Association ended the year with 736 members. We appreciate every one of you.

- ▶ **File a separate application for each return**

OMB No 1545-1709

- Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only . . . . ☐

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b> File by the due date for filing your return See instructions	Name of Exempt Organization		Employer identification number
	Arizona Trail Association		86-0762149
	Number, street, and room or suite no. If a P.O. box, see instructions.		
	PO Box 36736		
	City, town or post office, state, and ZIP code For a foreign address, see instructions		
	Phoenix, AZ 85067		

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► Taxpayer

**Telephone No. ▶ 602.252.4794**

FAX No ▶

- If the organization does **not** have an office or place of business in the United States, check this box ☐ **Yes**  
 • If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15/2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2005 or
- ▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3 a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_
- c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	Arizona Trail Association		86-0762149
	Number, street, and room or suite no. If a P.O. box, see instructions		For IRS use only
	PO Box 36736		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Phoenix, AZ 85067		

**Check type of return to be filed (File a separate application for each return).**

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 4720                                |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ☒ Taxpayer  
Telephone No. 602.252.4794 FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box ☐. If it is for **part of the group**, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15/2006
- 5 For calendar year 2005, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return.
- 8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ 0
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CPA/POA Date 8/1/06**Notice to Applicant—To Be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period due date of the organization's return (including any prior extensions). This grace period elections otherwise required to be made on a timely return. Please attach this form to it.
- ☐ We have not approved this application. After considering the reasons stated in item 7, an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date.
- ☐ Other \_\_\_\_\_

EXTENSION APPROVED

AUG 16 2006

v or the  
time for

requested

FIELD DIRECTOR,  
SUBMISSION PROCESSING, OGDEN

Director \_\_\_\_\_

By \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application and extension returned to an address different than the one entered above.

Type or print	Name	RECEIVED
	Sechler CPA, PC	
	Number and street (include suite, room, or apt. no.) or a P.O. box number	AUG 07 2006
	921 E. Orange Dr.	
	City or town, province or state, and country (including postal or ZIP code)	
	Phoenix, AZ 85014 OGDEN, UT	

ENVELOPE  
POSTMARK DATE AUG 03 2006