

Form **990**Department of the Treasury
Internal Revenue Service**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

OMB No 1545-0047

2005Open 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 Instructions

C Name of organization

The Hermitage Cat Shelter

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

P.O. Box 13508

Room/suite

City or town, state or country, and ZIP + 4

Tucson, AZ 85732-3508

D Employer identification number

86-0213263

E Telephone number

520-571-7839

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 ▶ N/A**H(c)** Are all affiliates included? N/A ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ N/A**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ www.hermitagecats.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 ▶ 566,719.**Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	
1 Contributions, gifts, grants, and similar amounts received	
a Direct public support	1a 397,192.
b Indirect public support	1b
c Government contributions (grants)	1c
d Total (add lines 1a through 1c) (cash \$ 273,174 noncash \$ 124,018.)	1d 397,192.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2
3 Membership dues and assessments	3
4 Interest on savings and temporary cash investments	4
5 Dividends and interest from securities	5 28,957.
6 a Gross rents	6a
b Less rental expenses	6b
c Net rental income or (loss) (subtract line 6b from line 6a)	6c
7 Other investment income (describe)	7
8 a Gross amount from sales of assets other than inventory	(A) Securities 94,748. 8a (B) Other 14,000.
b Less cost or other basis and sales expenses	110,384. 8b 19,065.
c Gain or (loss) (attach schedule)	<15,636.> 8c <5,065.>
d Net gain or (loss) (combine line 8c, columns (A) and (B)) Stmt 1 Stmt 2	8d <20,701.>
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	
a Gross revenue (not including \$ 7,965. of contributions reported on line 1a)	9a 27,179.
b Less direct expenses other than fundraising expenses	9b 9,289.
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c 17,890.
10 a Gross sales of inventory, less returns and allowances	10a 4,643.
b Less cost of goods sold	10b 3,694.
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) Stmt 4	10c 949.
11 Other revenue (from Part VII, line 103)	11
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 424,287.
13 Program services (from line 44, column (B))	13 379,448. 383,729.
14 Management and general (from line 44, column (C))	14 5,213.
15 Fundraising (from line 44, column (D))	15 4,281.
16 Payments to affiliates (attach schedule)	16
17 Total expenses (add lines 16 and 44, column (A))	17 388,942.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18 35,345.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19 1,117,363.
20 Other changes in net assets or fund balances (attach explanation) See Statement 5	20 9,984.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 1,162,692.

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

Form 990 (2005)

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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.

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	
22	Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	0.	0.	0.	
26	Other salaries and wages	26	136,492.	132,492.	4,000.	
27	Pension plan contributions	27				
28	Other employee benefits	28	4,276.	4,276.		
29	Payroll taxes	29	11,627.	11,227.	400.	
30	Professional fundraising fees	30				
31	Accounting fees	31	1,625.	812.	813.	
32	Legal fees	32				
33	Supplies	33	21,399.	21,399.		
34	Telephone	34	1,274.	1,274.		
35	Postage and shipping	35	3,447.	3,447.	1149	
36	Occupancy	36	14,791.	14,791.		
37	Equipment rental and maintenance	37				
38	Printing and publications	38	9,397.	9,397.	3132	
39	Travel	39				
40	Conferences, conventions, and meetings	40	478.	478.		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	5,862.	5,862.		
43	Other expenses not covered above (itemize)					
a		43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g	See Statement 6	43g	178,274.	178,274.		
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	388,942.	379,448. 383,729.	5,213.	4281 8 .

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► See Statement 7

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

a The organization provides care, shelter, and adoption service to sick and abandoned cats.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

383,729.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 383,729.

Form 990 (2005)

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
Assets	45 Cash - non-interest-bearing	98,163.	45	29,741.
	46 Savings and temporary cash investments	163,674.	46	168,527.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities Stmt 8 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	472,944.	54	607,174.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a	382,354.		
b Less: accumulated depreciation Stmt 9	57b	11,735.	57c	370,619.
58 Other assets (describe ▶ See Statement 10)		19,569.	58	504.
59 Total assets (must equal line 74). Add lines 45 through 58		1,124,409.	59	1,176,565.
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ Visa Payable)		7,046.	65
66 Total liabilities. Add lines 60 through 65)		7,046.	66	13,873.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,117,363.	67	1,162,692.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,117,363.	73	1,162,692.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,124,409.	74	1,176,565.	

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

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

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

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

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
Tina McBeth 4399 E. Pinnacle Ridge Tucson, AZ 85718	Treasurer 2.00	0.	0.	0.
Andrew Greeley 2150 S. Roberto Place Tucson, AZ 85710	0.00	0.	0.	0.
Heidi Wiesenfelder 9221 N. Jessy Lane Tucson, AZ 85742	President 2.00 30.00	0.	0.	0.
Geren Thurston, DVM 4960 E. Calle Jabali Tucson, AZ 85711	0.00	0.	0.	0.
Dot Jones 625 N. Norton Tucson, AZ 85719	0.00 10.00	0.	0.	0.
Shirley Garcia 11506 E. Saguaro Crest Pl. Tucson, AZ 85744	0.00 10.00	0.	0.	0.
Valorie Bradley 10455 N Oracle Ste 121 Tucson, AZ 85707 Valley AZ 85737	0.00 2.00	0.	0.	0.
Dave Apper 4381 N Camino de Venias Tucson AZ 85745	10.00	0.	0.	0.

Yes		No	
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0

75b

X

75c

X

75d

X

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.)

(A) Name and address None	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
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----- -----				

	Yes	No
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76

X

77

X

78a

N/A

78b

79

X

80a

X

81a

0

81b

X

81b

Part VI Other Information (continued)

		Yes	No
82 a	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?	82a	X
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.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	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.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	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?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	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	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u> .		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>AZ, CA</u>	90b	10
b	Number of employees employed in the pay period that includes March 12, 2005		
91 a	The books are in care of <u>The Organization</u> Telephone no <u>520-571-7839</u> Located at <u>Tucson, AZ, Tucson, AZ 5274 E 21st St.</u> ZIP + 4 <u>85732 85711</u>		
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	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 <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	92	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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	28,957.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			01	<20,701.>	
101 Net income or (loss) from special events			01	17,890.	
102 Gross profit or (loss) from sales of inventory			12	949.	
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		27,095.	0.
105 Total (add line 104, columns (B), (D), and (E))					27,095.

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)

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	%			
	%			
	%			
	%			

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).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Heidi Wiesenfelder</i>		Date <i>11-15-06</i>	Type or print name and title <i>Heidi Wiesenfelder, President</i>
Paid Preparer's Use Only	Preparer's signature <i>Julianne M. DeGrendele</i>	Date <i>11/8/06</i>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <i>N/A</i>
	Firm's name (if self-employed), address, and ZIP + 4 <i>Julianne M. DeGrendele, P.C. 2930 N. Swan Road, # 209 Tucson, AZ 85712</i>		EIN <i>N/A</i>	Phone no <i>520-321-1334</i>

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

The Hermitage Cat Shelter

Employer identification number

86 0213263

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
none				
Total number of other employees paid over \$50,000	0			

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
Encanto Pet Clinic 4340 E. Broadway, Tucson, AZ	Veterinary Services	110,482.
Total number of others receiving over \$50,000 for professional services	0	

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
None		
Total number of other contractors receiving over \$50,000 for other services	0	

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

Yes No

1	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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
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.				
2	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.)			
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
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		X
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	<input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6	<input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
10	<input type="checkbox"/> 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.)
11a	<input checked="" type="checkbox"/> 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.)
11b	<input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12	<input type="checkbox"/> 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	<input type="checkbox"/> 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 ▶ <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> 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	<input type="checkbox"/> 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
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	522,734.	693,485.	302,223.	222,077.	1,740,519.
16 Membership fees received					
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	29,875.	16,067.	9,677.	10,527.	66,146.
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	12,886.	899.	2,269.	6,576.	22,630.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	565,495.	710,451.	314,169.	239,180.	1,829,295.
24 Line 23 minus line 17	535,620.	694,384.	304,492.	228,653.	1,763,149.
25 Enter 1% of line 23	5,655.	7,105.	3,142.	2,392.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					35,263.
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					416,653.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					1,763,149.
d Add: Amounts from column (e) for lines 18 <u>22,630.</u> 19 <u> </u> 22 <u> </u> 26b <u>416,653.</u>					439,283.
e Public support (line 26c minus line 26d total)					1,323,866.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					75.0853%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A					
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 N/A					
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: 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)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

Yes No

29

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

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

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a

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?

32c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

33 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

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)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered "Yes" to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated groupCheck ☐ 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
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 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		
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 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)

N/A

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.)

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

Yes	No	Amount
		0.

Schedule A (Form 990 or 990-EZ) 2005

2005 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	Program Services											
1	Building	Varies	VAR	.000	16	81,381.			81,381.			0.
2	Land	Varies	L			100,589.			100,589.			0.
3	Land, 1.48 acres	07/13/01	L			113,000.			113,000.			0.
4	Machinery & Equipment	Varies	VAR	.000	16	22,953.			22,953.			0.
5	Brother Printer	12/31/03	SL	5.00	16	150.			150.	30.		30.
6	Minolta CAPro Copier	12/31/02	SL	5.00	16	1,000.			1,000.	400.		200.
7	Gateway Computer	12/31/03	SL	5.00	16	2,270.			2,270.	454.		454.
8	Furniture & Fixtures	Varies	VAR	.000	16	9,038.			9,038.			0.
9	Washer/Refrigerator	08/21/03	SL	7.00	16	1,634.			1,634.	311.		233.
10	Fencing	Varies	VAR	.000	16	10,787.			10,787.			0.
11	Sheds	Varies	VAR	.000	16	4,746.			4,746.			0.
12	Vehicle-1997 Chevy Pickup	12/31/03	SL	5.00	16	15,000.			15,000.	3,000.		3,000.
13	Vehicle-1987 Nisan Stanza	12/20/04	SL	5.00	16	570.			570.			114.
14	Security alarm upgrade	02/20/04	SL	7.00	16	12,814.			12,814.	1,678.		1,831.
15	Structure	12/31/05	SL	39.00	16	6,422.			6,422.			0.
	* 990 Page 2 Total											
	Program Services					382,354.		0.	382,354.	5,873.	0.	5,862.
	* Grand Total 990 Page											
2	Depr					382,354.		0.	382,354.	5,873.	0.	5,862.

528102
01-06-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Gain (Loss) From Publicly Traded Securities Statement 1

Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
1949 shares Rockwell Collins Inc	94,600.	109,768.	0.	<15,168.>
22 shares ML Global Tech Fund	148.	616.	0.	<468.>
To Form 990, Part I, line 8	94,748.	110,384.	0.	<15,636.>

Form 990	Gain (Loss) From Sale of Other Assets	Statement	2
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Description	Date Acquired	Date Sold	Method Acquired	
Sale of Land Rover	12/20/04	03/25/05	DONATED	
Name of Buyer	Gross Sales Price	Cost or Other Basis	Expense of Sale	Deprec
	14,000.	19,065.	0.	0.
To Fm 990, Part I, ln 8	14,000.	19,065.	0.	0.
	<5,065.>			
	<5,065.>			

Form 990	Special Events and Activities	Statement	3
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Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
Litter Box Blues Fundraiser	27,397.	7,965.	19,432.	8,245.	11,187.
Whisker Bowl Fundraiser	7,747.		7,747.	1,044.	6,703.
To Fm 990, Part I, line 9	35,144.	7,965.	27,179.	9,289.	17,890.

Form 990

Income and Cost of Goods Sold
Included on Part I, Line 10

Statement 4

Income

1. Gross receipts	4,643	
2. Returns and allowances		
3. Line 1 less line 2		4,643
4. Cost of goods sold (line 13)	3,694	
5. Gross profit (line 3 less line 4)		949

Cost of Goods Sold

6. Inventory at beginning of year		
7. Merchandise purchased		
8. Cost of labor		
9. Materials and supplies	3,694	
10. Other costs		
11. Add lines 6 through 10		3,694
12. Inventory at end of year		
13. Cost of goods sold (line 11 less line 12). .		3,694

Form 990	Other Changes in Net Assets or Fund Balances	Statement	5
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Description	Amount
Prior Period Adjustment for Stock Donations in Other Years	9,984.
Total to Form 990, Part I, line 20	9,984.

Form 990	Other Expenses	Statement	6
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Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Cat Food, Care, Medicine Expenses	61,080.	61,080.		
Veterinary Expense	89,692.	89,692.		
Bank Service Charges	899.	899.		
Computer Expenses	105.	105.		
Licenses, Fees, Permits	2,171.	2,171.		
Office Supplies	3,093.	3,093.		
Property Taxes	3,180.	3,180.		
Volunteer Expense	2,253.	2,253.		
Utilities	8,611.	8,611.		
Vehicle Expense	3,268.	3,268.		
Reimbursed Mileage	297.	297.		
Miscellaneous Operating Expenses	170.	170.		
Related Payroll Expense-Other	3,455.	3,455.		
Total to Fm 990, ln 43	178,274.	178,274.		

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement	7
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Explanation

The organization is supported entirely by private and corporate donations and exists solely for the shelter, protection and care of homeless cats.

Form 990	Non-Government Securities	Statement	8
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Security Description	Cost/FMV	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Total Non-Gov't Securities
Payden Fund-Building	Cost			596,470.	596,470.
Merrill Lynch	Cost			10,704.	10,704.
To Form 990, line 54, Col B				607,174.	607,174.

Form 990	Depreciation of Assets Not Held for Investment	Statement	9
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Building	81,381.	0.	81,381.
Land	100,589.	0.	100,589.
Land, 1.48 acres	113,000.	0.	113,000.
Machinery & Equipment	22,953.	0.	22,953.
Brother Printer	150.	60.	90.
Minolta CAPro Copier	1,000.	600.	400.
Gateway Computer	2,270.	908.	1,362.
Furniture & Fixtures	9,038.	0.	9,038.
Washer/Refrigerator	1,634.	544.	1,090.
Fencing	10,787.	0.	10,787.
Sheds	4,746.	0.	4,746.
Vehicle-1997 Chevy Pickup	15,000.	6,000.	9,000.
Vehicle-1987 Nisan Stanza	570.	114.	456.
Security alarm upgrade	12,814.	3,509.	9,305.
Structure	6,422.	0.	6,422.
Total to Form 990, Part IV, ln 57	382,354.	11,735.	370,619.

Form 990	Other Assets	Statement	10
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Description	Amount
Deposits-State Compensation Fund	504.
Total to Form 990, Part IV, line 58, Column B	504.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

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 The Hermitage Cat Shelter (fka The Hermitage No-Kill Cat Shelter)	Employer identification number 86-0213263
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 13508	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tucson, AZ 85732-3508	

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

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

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 **► The Organization**
 Telephone No. **► 520-571-7839** 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 **November 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
The organization respectfully requests additional time to prepare a complete and accurate return.

- 8a 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, 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 **\$ _____**
- 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 **\$ _____ N/A**

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 **► Julianne M. DeGrendele** Title **► CPA** Date **► 8/10/06**

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 from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for 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 of the return for which an extension was requested.
- ☐ Other **_____**

Director **_____** By **_____** Date **_____**

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name Julianne M. DeGrendele, P.C.	EXTENSION APPROVED AUG 31 2006 FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2930 N. Swan Road, Ste 209	
	City or town, province or state, and country (including postal or ZIP code) Tucson, AZ 85712	

523832
05-01-05