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Form 990-EZ

Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

**Open to Public  
Inspection****A For 2009 calendar year, or tax year beginning**

, 2009, and ending

, 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer identification number</b>
		MISS KITTY'S CAT HOUSE		20-2587098
		Number & street (or P.O. box, if mail is not delivered to street addr.)		<b>E Telephone number</b>
		609 SOUTH GRANITE STREET		(928) 445-5411
City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b>		
PRESCOTT AZ 86303		▶		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method:** ☒ Cash ☐ Accrual  
Other (specify) ▶

**I Website:** ▶ N/A

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

**J Tax-exempt status** (check only one) -- ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527

**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 8b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ.** ▶ \$ 201,560

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

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	169,045
	2	Program service revenue including government fees and contracts	2	28,658
	3	Membership dues and assessments	3	
	4	Investment income	4	3,857
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G. If any amount is from gaming, check here) <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ )	8		
9	<b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	201,560	
<b>EXPENSES</b>	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	4,800
	14	Office space rent, utilities, and maintenance	14	7,706
	15	Printing, publications, postage, and shipping	15	131
	16	Other expenses (describe ▶ See attachment #1)	16	52,644
17	<b>Total expenses.</b> Add lines 10 through 16	17	65,281	
<b>NET ASSETS</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	136,279
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	200,691
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	336,970

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	200,691	22 163,950
23	Land and buildings		23 173,020
24	Other assets (describe ▶ )		24
25	<b>Total assets</b>	200,691	25 336,970
26	<b>Total liabilities</b> (describe ▶ )	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	200,691	27 336,970

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

Form 990-EZ (2009)

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

### Expenses

What is the organization's primary exempt purpose? See attachment #2

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28 See attachment #3

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

28a	65,281
-----	--------

29

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►

29a

30

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

30a	
-----	--

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►

31a	
-----	--

<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>65,281</b>
----------------------------------------------------------------------	-----------	---------------

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr. for Part IV)

**(a) Name and address**

[illegible](c) Compensation  
(If not paid,  
enter -0-.)

**(d) Contributions to employee benefit plans & deferred compensation**

(e) Expense  
account and  
other allowances

See attachment #4

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, and section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	NONE	
42a	The organization's books are in care of	See attachment #5	
	Located at		
	Telephone no		
	ZIP + 4		
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)?	42b	X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

## Part VI

## Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- |            |                                                                                                                                                                                                                                                         |            |            |           |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-----------|
| <b>46</b>  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                    | <b>46</b>  | <b>Yes</b> | <b>No</b> |
| <b>47</b>  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                                                                                              | <b>47</b>  |            | X         |
| <b>48</b>  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                    | <b>48</b>  |            | X         |
| <b>49a</b> | Did the organization make any transfers to an exempt non-charitable related organization?                                                                                                                                                               | <b>49a</b> |            | X         |
| <b>b</b>   | If "Yes," was the related organization a section 527 organization?                                                                                                                                                                                      | <b>49b</b> |            | X         |
| <b>50</b>  | Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." |            |            |           |

(a) Name and address of each employee paid more than \$100,000	(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				

**f** Total number of other employees paid over \$100,000 . . . ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000.....

**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

Treasurer

Date 5/4/10

▶ Robyn Mullen  
Type or print name and title


**Paid  
Preparer's  
Use Only**

Preparer's signature  Jean Canosa, EA

Date  
5-3-10

Check if self-employed ☐

Preparer's identifying no. (See instr.)  
P00076250

Firm's name (or yours if self-employed), address, and ZIP + 4  H&R Block  
1365 W Iron Springs RD Ste A3  
Prescott, AZ 86305

EIN	▶ 86-0805886
Phone no	▶
928-445-1080	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	40,954	24,254	202,338	55,678	169,800	493,024
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	21,087	7,239	22,073	20,286	17,903	88,588
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	62,041	31,493	224,411	75,964	187,703	581,612
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						581,612

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....	62,041	31,493	224,411	75,964	187,703	581,612
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....			1,598	5,717	3,857	11,172
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....						
<b>c</b> Add lines 10a and 10b .....			1,598	5,717	3,857	11,172
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	62,041	31,493	226,009	81,681	191,560	592,784

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). ....	<b>15</b>	98.12 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15. ....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). ....	<b>17</b>	2 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17. ....	<b>18</b>	%

**19a 33 1/3 % support tests -- 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☒

**b 33 1/3 % support tests -- 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. .... ☐

m2 m4

**2009 DETAIL STATEMENTS**

MISS KITTY'S CAT HOUSE  
20-2587098

Page 1

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STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

Postage.....	131
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TOTAL CARRIED TO 990 EZ PG 1 Line 15.....	131
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STATEMENT #3 - Investment Income (990-EZ PG 1 Line 4)

Desert Hills Bank.....	1,385
US Bank NA.....	111
Summit Bank.....	2,361

TOTAL CARRIED TO 990-EZ PG 1 Line 4.....	3,857
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STATEMENT #4 - Professional Fees (990-EZ PG 1 Line 13)

Robyn Mullen for accounting.....	3,600
Amador Villavicencio for repairs and mainten...	1,200

TOTAL CARRIED TO 990-EZ PG 1 Line 13.....	4,800
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STATEMENT #5 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

Rent.....	5,650
Gas and Electric.....	1,357
Water.....	699

TOTAL CARRIED TO 990-EZ PG 1 Line 14.....	7,706
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# SCHEDULE OF OTHER EXPENSES

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization MISS KITTY'S CAT HOUSE	Employer Identification Number 20-2587098

Description of Other Expenses	Amount
Advertising and Media Promotion	8,449
Bank Charges	71
Business/Tax Fees	207
Insurance on Alarcon house	590
Insurance on Business	1,276
Membership in Chamber of Commerce	235
Office Supplies	470
Pest Control	1,958
Pet Supplies	2,756
Professional Services for house surveying and zoning	2,878
Repairs and Maintenance	2,317
Spay/Neuter	755
Special Events/Fund Raisers	754
Telephone	691
Veterinary Fees	29,237
Total	52,644

## PRIMARY EXEMPT PURPOSE

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending .
Name of Organization MISS KITTY'S CAT HOUSE	Employer Identification Number 20-2587098

Primary Purpose

Rescuing, neutering, healing, and adopting out stray cats.

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization MISS KITTY'S CAT HOUSE	Employer Identification Number 20-2587098

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	65,281
Exempt Purpose Achievements			

In 2009, hundreds of stray or abandoned cats were rescued. These were vaccinated, neutered, and examined by vets before being adopted or placed in a foster home. The cats stay at Miss Kitty's Cat House until they are adopted.

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending				
Name of Organization MISS KITTY'S CAT HOUSE				Employer Identification Number 20-2587098	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances	
Marcia Kerans 2740 Whispering Canyon Way Prescott, AZ 86303	President	0	0	0	
Pat Lee 609 S. Granite Street Prescott, AZ 86303	Vice President	0	0	0	
Karin Gosney 2101 Post Oak Drive Prescott, AZ 86305	Secretary	0	0	0	
Robyn Mullen 609 S. Granite Street Prescott, AZ 86303	Treasurer	0	0	0	
Jeanne Allmoslecher 170 Crestwood East Prescott, AZ 86303	Board Member	0	0	0	
Lee Brooks 1517 Eagle Crest Drive Prescott, AZ 86301	Board Member	0	0	0	
Rosi Granecki 5758 Columbine Road Prescott, AZ 86305	Board Member	0	0	0	
Cin Hollins 1468 Eagle Crest Drive Prescott, AZ 86301	Board Member	0	0	0	
Linda Wilson 533 Ellenwood Prescott, AZ 86303	Board Member	0	0	0	

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization MISS KITTY'S CAT HOUSE	Employer Identification Number 20-2587098
Part V - Line 42a	

Individual Name . . . . . Robyn Mullen  
or  
Business Name:

Street Address . . . . . 1604 Eagle Point Drive

U.S. Address:

Zip code 86301 City Prescott State AZ  
or

Foreign Address

City . . . . .

Province or State . . . . .

Country . . . . .

Postal code . . . . .

Phone Number . . . . . (928) 776-0639

Fax Number . . . . .