

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Return of Organization Exempt From Income Tax

Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or

Short Form

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. and ending For the 2009 calendar year, or tax year beginning Check if applicable c Name of organization D Employer identification number Please use IRS]Address Change label or]Name | Change FEEDING PETS OF THE HOMELESS 26-3010540 print or type Initial Number and street (or P.O. box, if mail is not delivered to street address) Room/suite | E Telephone number Specific Termin-775-841-7463 2255 WATERFORD PL Instruc-City or town, state or country, and ZIP + 4 Amended F Group Exemption Application CARSON CITY, NV 89703 Number > G Accounting method: X Cash • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ▶ WWW.PETSOFHOMELESS.ORG H Check ► If the organization is not Check Light 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. 86,080. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 85,978. Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 Membership dues and assessments 3 3 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c SCANNED WAR 1 18-1901 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less: direct expenses other than fundraising expenses 6b c 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 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe RETURN OF DEPOSIT 100. 8 86,080. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 72,564. 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members Professional fees and other payments to independent contractors.

Occupancy, rent littliffee and months. 12 12 6,346. 13 13 <u>1,200.</u> 14 Occupancy, rent, utilities, and maintenance 14 OGDEN, UT 1,012. 15 Printing, publications, postage, and shipping 15 SEE STATEMENT 1 5,946. 16 Other expenses (describe 16 87,068. 17 Total expenses, Add lines 10 through 16 17 <988.> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 3,776. 19 (must agree with end-of-year figure reported on prior year's return) 2,709. SEE STATEMENT 20 20 Other changes in net assets or fund balances (attach explanation) 5,497. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 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 3,778. 3,724. 22 Cash, savings, and investments 23 23 Land and buildings 2,238. 196. SEE STATEMENT 2) 24 Other assets (describe 24 3,974. 25 5,962. 25 Total liabilities (describe CREDIT CARD PAYABLE 198. 465. 26 26

3,776.27



5,497.

Form **990-EZ** (2009)

For	m 990-EZ (2009) FEEDING PETS OF THE HOME	LESS		26-	30105	40	Page 2
P	art III Statement of Program Service Accomplishme	ents (See the instructions for	Part III.)		E	cpenses	
Wh	at is the organization's primary exempt purpose? SEE STATEMEN	T 9				r section 50	
De	scribe what was achieved in carrying out the organization's exempt p	urposes In a clear and cond	ise manner, descri	be		I) organizatio 7(a)(1) trusts	
	services provided, the number of persons benefited, and other relevant				for others)		
28	SEE STATEMENT 7						
	(Grants \$) If this amount includes foreign	grants, check here			28a	59,	<u>742.</u>
29	SEE STATEMENT 8						
					1 1		
	(Grants \$) If this amount includes foreign	grants, check here	.		29a	12,8	323.
30							
	(Grants \$) If this amount includes foreign	grants check here	•	$\overline{\Box}$	30a		
31	Other program services (attach schedule)	granto, ondok noto		<u> </u>	1002		
٠.	(Grants \$) If this amount includes foreign	arante chack hara	_	Γ	31a		
20	Total program service expenses (add lines 28a through 31a)	grants, check here			32	72 1	565.
	art IV List of Officers, Directors, Trustees, and Key	Employees List and an a	van if not componented i	(Saa tha	32	1 4 , .	, , , , , , , , , , , , , , , , , , ,
<u>. </u>		List each one e	Ven ii not compensated (T	ontributions	T	
		(b) Title and average hours	(c) Compensation		employee	(e) Exp	ense
	(a) Name and address	per week devoted to	(If not paid, enter	bene	fit plans &	accoun	
		position	-0)	1	eferred	other allo	wances
_				com	pensation		
	ENEVIEVE FREDERICK, 2255 WATERFORD	EXECUTIVE DIR			_		_
PI		30.00	0.		0.	ļ	<u>0.</u>
	ENEE LOWRY, 2255 WATERFORD PL,	SECRETARY				İ	
	ARSON CITY, NV 89703	10.00	0.		0.		0.
<u>B</u>]	LLIE SHEA, 2255 WATERFORD PL,	TREASURER	İ				
<u>CZ</u>	ARSON CITY, NV 89703	10.00	0.		0.		0.
<u>G</u>	ARY L AILES, DVM, 2255 WATERFORD	DIRECTOR					
PΙ	, CARSON CITY, NV 89703	2.00	0.		0.		0.
K	ATHI GIURLANI, 2255 WATERFORD PL,	DIRECTOR					
CZ	ARSON CITY, NV 89703	2.00	0.		0.		0.
_		1					
_						· · · · · ·	
_			}				
_						<u> </u>	
		-					
_	·				-		
_		┥					
_						 -	
		-	!	1			
		+		ļ		 	
		-					
		· · · · · · · · · · · · · · · · · · ·				 	
_		{					
				ļ		-	
		\dashv				-	
				ļ			
		\dashv				1	
			<u> </u>	<u> </u>			
		_				1	
				L		ļ	

Form **990-EZ** (2009)

3 Out the organization engage in any activity not previously reported to the IRSP If Yes', attach a detailed description of each activity 4 Were any changes made to the organizing or governing documents? If Yes', attach a conformed copy of the changes 4 If the organization had income from business activities, such as those reported on fines 2, 6a, and 7a (among others), but not reported on Form 990-1, attach a statement explaining why the organization did not report the income on Form 990-1. D off the organization had income from 990-1 for this year? 6 Did the organization had income from 990-1 for this year? 6 Did the organization and provide the properties of the organization of the organization of the organization of the form 120-90. (or this year? 8 Did the organization between them, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still obstanding at the end of the period covered by this return? b) If Yes', complete Schedule, L. Part II and enter the total amount involved 1 Period of the organizations. Enter amount of tax imposed on the organization during the year understanding that the transaction has not been reported on any of the organizations. Enter amount of tax imposed on organization manages or disquality depressing, included on line 9 (and provided in the year in the provided in the year in the provided in the year of the state with which a copy of this return is fleet. NONE 1 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization manages or disquality depressing any of the organizations. Enter amount of tax imposed on organization manages or disquality depressing any of the organization is post as end or the properties form 8886-1 1 It less the states with which a copy of this return is fleet. NONE 2 The organization is book as en crace of MERINETY FREDERICK 2 At any time during the calendar year, did the organization manages or disquality depressing a country is held. NONE 3 Sect	Par	TV Other Information (Note the statement requirements in the instructions for Part V.)		Var	N -
5 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. a Did the organization have unreleade business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If Yes, has it field a tax return on Form 990-T for this year? b If Yes, has it field a tax return on Form 990-T for this year? b If Yes, has it field a tax return on Form 990-T for this year? b If Yes, has it field a tax return on Form 990-T for this year? b If Yes, has the field a tax return on Form 990-T for this year? b If Yes, complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete schedule L. Part 1 and enter the total amount involved in Yes, Tomplete Schedule L. Part 1 and enter the total amount involved in Yes, Complete Schedule L. Part 1 complete Schedule L. Part 1 and enter the total amount involved in Yes, Complete Schedule L. Part 1 complete schedule L. Pa			00	Tes	
5 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. a Did the organization have unreleade business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If Yes, has it field a tax return on Form 990-T for this year? b If Yes, has it field a tax return on Form 990-T for this year? b If Yes, has it field a tax return on Form 990-T for this year? b If Yes, has it field a tax return on Form 990-T for this year? b If Yes, has the field a tax return on Form 990-T for this year? b If Yes, complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N complete schedule L. Part 1 and enter the total amount involved in Yes, Tomplete Schedule L. Part 1 and enter the total amount involved in Yes, Complete Schedule L. Part 1 complete Schedule L. Part 1 and enter the total amount involved in Yes, Complete Schedule L. Part 1 complete schedule L. Pa				 	_ <u>A</u> _
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 lax requirements? b If Yes, has it filed a tax return or Form 990-T for this year? 6 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of nat assets during the year? If Yes,* complete applicable parts of Sch. N 7 E Inter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-POL for this year? 8 Did the organization file Form 1120-POL for this year? 8 Did the organization file Form 1120-POL for this year? 8 Did the organization file Form 1120-POL for this year? 8 Did the organization file Form 1120-POL for this year? 8 Did the organization file Form 1120-POL for this year? 9 Did Yes, Complete Schedule L, Part I and either the total amount involved 9 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on line 9. 1 Section 501(c)(3) organizations. Enter amount of tax is missed on the organization of the organization of the organization on the organization of the organization on sit waver that it engaged in an excess benefit transaction of with a disqualified person of uring the year under: 9 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax is missed on the organization managers or disqualided persons during the year under sections 9912, 4955, and 4958 excess benefit transaction during the year or is at waver 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 organizations. Enter amount of tax imposed on organization managers or disqualided persons during the year under sections 9912 (e.g.) If Yes, complets Schedule I, Part I 1 List the states with which a copy of thi			34	\vdash	
Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(s) notice, reporting, and proxy tax requirements? If Yos, has it field a tax return on Form 990-T for this year? If Yos, has it field a tax return on Form 990-T for this year? If Yos, has it field a tax return on Form 990-T for this year? If Enter amount of political expenditures, direct or indirect, as described in the instructions. If It is the organization of the Form 1120-POL for this year? If Yos, how any and shill outstanding at the end of the period covered by this return? If Yos, complete Schedule L, Part II and enter the total amount involved If Yos, complete Schedule L, Part II and enter the total amount involved If Yos, complete Schedule L, Part II and enter the total amount involved If Yos, complete Schedule L, Part II and enter the total amount involved If Yos, complete Schedule L, Part II and enter the total amount involved If Yos, complete Schedule L, Part II and enter the total amount involved If Yos, complete Schedule L, Part II and enter the total amount involved If Yos, complete Schedule L, Part II and enter the total amount involved If Yos, complete Schedule L, Part II and enter the total amount involved and the organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year under: section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year under: section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or is at aware that the ransaction of the organization of th					
and proxy lax requirements? 5 If Yes, has it filed a tax return on Form 990-T for this year? 6 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 7 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 ■ 0 □ 80 Did the organization bid Form 1120-POL for this year? 80 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? 8 If Yes, complete Schedule I, Part II and enter the total amount involved 9 Section 501(07) organizations. Enter: 1 Initiation fees and capital contributions included on line 9 8 Section 501(07) organizations. Enter amount of tax imposed on the organization during the year under: 9 Section 501(07) organizations. Enter amount of tax imposed on organization of 550 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction of 550 excess selective that it engaged in an excess benefit transaction of 550 excess selective that the transaction of 501(07) and 501(07) organizations. First amount of tax morposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 8 Section 501(07)3 and 501(07)4) organizations. First amount of tax morposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 8 Section 501(07)3 and 501(07)4) organizations. First amount of tax morposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 8 Section 501(07)3 and 501(07)4) organizations. First amount of tax morposed on organization managers or disqualitied persons during the expansition? Wespective from 5900 organization and 4000 organizations. First amount of tax morposed on organization managers o			İ		
b If Yes,* has it filed a tax return on Form 990-T for this year? 6 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Sch. N 78 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			مر ا		v
Dut the organization undergo a figuidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Sch. N 75 Enter amount of political expenditures, direct or indirect, as described in the instructions. 86 Did the organization for Porm 1120-POL for this year? 87 Did the organization file Form 1120-POL for this year? 88 Did the organization file Form 1120-POL for this year? 88 Did the organization file Form 1120-POL for this year? 89 Did the organization file Form 1120-POL for this year? 80 Did the organization file Form 1120-POL for this year? 80 Did the organization file Form 1120-POL for this year? 81 Did the organization file Form 1120-POL for this year? 82 Did the organization file Form 1120-POL for this year? 83 Did Mr/A 94 Section 501(c)(7) organizations. Enter: 95 In Indiation fees and capital contributions included on line 9 96 Gross receipts, included on line 9, for public use of club facilities 96 Gross receipts, included on line 9, for public use of club facilities 97 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under star that it engaged in an excess benefit transaction with a disqualified person of uning the year, and that the transaction has not been reported on any of the organizations. Enter amount of tax on line 40c reimbursed by the organization or disqualified persons during the year under sections 4912, 4955, and 4958 97 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or All organizations. At any time during the tax year, was the organization and party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 10 List the states with which a copy of this return is filed. ► NONE 11 List the states with which can copy of this return is filed. ► NONE 12 The organization's books are in care of ► GENEVIEVE FREDERICK 13 Telephone no. ► 775-841-7463 14 Located al ► 2255 WAT		· · · · · · · · · · · · · · · · · · ·		NT /	X
complete applicable parts of Sch. N 8 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			350	1N/	A.
The Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization life Form 1120-PCL for this year? 37b Did the organization brown from for 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? Bit 17kes, complete Schedule I., Part II and enter the total amount involved 38a N/A 38b N/A 38b N/A 38a X Section 501(c)(3) organizations. Enter: Initiation fees and capital contributions included on line 9 Boross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 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-E27 If Yes; complete Schedule I., Part I 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 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All organizations. All any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes; complete Form 888-T 11 List the states with which a composition flave an interest in or a signature or other authority over a financial account? If Yes; complete Form 888-T 12 In the organization's blooks are in care of ▶ GENEVIEVE FREDERICK Telephone no. ▶ 775-841-7463 Telephone no. ▶ 775-841-7463 Telephone no. ▶ 775-841-7463 Telephone no. ▶ 775-841-7463 Telephone no. ▶ 775-841-7463 Telepho					
b Did the organization file Form 1128-POL for this year? 8a 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? b If Yes, complete Schedule L, Part II and enter the total amount involved school 501(c)(7) organizations. Enter: a Initiation fees and capalite contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities a linitation fees and capalite contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities section 4911 ▶ 0.; section 4915 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) gnanzations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4956 excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations is prior forms 990 or 990-EZ if 1'7es, complete Schedule L, Part I 40b				 	
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? If year and still outstanding at the end of the period covered by this return? If year and still outstanding at the end of the period covered by this return? If year and still outstanding at the end of the period covered by this return? If year and still outstanding at the end of the period covered by this return? If year and still outstanding at the end of the period covered by this return? If year and still outstanding at the end of the period covered by this return? If year and still outstanding at the end of the period covered by this return? If year and still outstanding and the end of the period covered by this return? If year and still outstanding and the end of the period covered by this return? If year and still outstanding and the end of the period covered by this return? If year and still outstanding and the end of the period covered by this return? If year and still outstanding and the end of the period covered by this return? If year and still outstanding and the end of the period covered by this return? If year and still outstanding and the year under seal of the organization during the year under sections 4912 the year on a prory year, and that the 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 during the year and still the transaction with a disqualified person in a prior year, and that the 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 during the year under sections 4912, 4955, and 4958 If year and still return the period cover and any section 4955 excess benefit transaction during the year under sections 4912, 4955, and 4958 If year and s				ł	
ma prior year and still outstanding at the end of the period covered by this return? b if Yes,* complete Schedule L, Part II and enter the total amount involved 38b N/A 38b N/A 38b N/A 38b N/A 38b N/A 38b N/A 38b N/A 38b N/A 38b N/A 38b N/A 38c Section 501(c)(3) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b N/A 38b N/A 39b N/A 39b N/A 38c Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under: section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year or its at ware that the gagaded 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 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, 495, and 4989. d 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, 495, and 4989. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T List the states with which a copy of this return is filed. ► NONE 10cated at ≥ 2255 WATERFORD PL, CARSON CITY, NV 21P+4 ► 89703-4457 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: ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Account			3/6	 	<u> </u>
b If Yes,* complete Schedule L, Part II and enter the total amount involved 9 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on line 9 5 Gross receipts, included on line 9, for public use of club facilities 10 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 10 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 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-EZP If Yes,* complete Schedule L, Part I 2 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 3 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 3 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 3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 4 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 12 List the states with which a copy of this return is filled. NONE 12 The organization's books are in care of PGENEVIEVE FREDERICK 12 List the states with which a copy of this return is filled. NONE 13 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: 13 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ In feev of Foreign Bank and Financial Accounts.]	.,
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 00 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \(\bigcit{			38a		
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 38 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 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 organizations prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part i 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 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 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filed. ▶ NONE Located at ▶ 2255 WATERFORD PL, CARSON CITY, NV ZIP +4 ▶ 89703-457 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; ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country; ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the name of the foreign country; ▶ 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 i					
b Gross receipts, included on line 9, for public use of club facilities 39b N/A					
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	а		_		1
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 pror Forms 990 or 990-EZ? If Yes,* complete Schedule L, Part I 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 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed. ► NONE 12a The organization's books are in care of ► GENEVIEVE FREDERICK Located at ► 2255 WATERFORD PL, CARSON CITY, NV 2IP+4 ► 89703-457 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; 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.? If Yes,* enter the name of the foreign country; ► 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 Yes N Did the organization maintain any donor advised funds? If Yes,* Form 990 must be completed instead of Form 990-EZ 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			_		
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 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 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 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 List the states with which a copy of this return is filed. ► NONE Located at ► 2255 WATERFORD PL, CARSON CITY, NV Telephone no. ► 775-841-7463 Located at ► 2255 WATERFORD PL, CARSON CITY, NV Telephone no. ► 775-841-7463 ZIP+4 ► 89703-457 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: ► 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.? If Yes,* enter the name of the foreign country: ► 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 Yes N Yes N Yes S 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 Yes N Located the organization accountry of the organization within the meaning of section 512(b)(13)? If Yes,* Form 990 must be completed instead of	40 a				
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 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 organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. NONE Telephone no. 775-841-7463 Located at 2255 WATERFORD PL, CARSON CITY, NV 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 accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes N To the 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 Solution 10 the 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					
has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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 11. List the states with which a copy of this return is filed. NONE 12a The organization's books are in care of SENEVIEVE FREDERICK Total polarization to books are in care of SENEVIEVE FREDERICK Total polarization to the forganization 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)? 11 "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.? 11 "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.? 11 "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.? 12 "Yes," I "Yes," enter the amount of tax-exempt interest received or accrued during the tax year 13 List the states with which a copy of this return is filed. N/A Yes N Yes N Yes S S I the form 990-EZ S Is an					
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. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T List the states with which a copy of this return is filed. ▶ NONE The organization's books are in care of ▶ GENEVIEVE FREDERICK Telephone no. ▶ 775-841-7463 Located at ▶ 2255 WATERFORD PL, CARSON CITY, NV ZIP+4 ▶ 89703-457 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 in a 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.? If Yes,* enter the name of the foreign country: ▶ 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 Yes N Yes N Yes N Out the organization maintain any donor advised funds? If Yes,* Form 990 must be completed instead of Form 990-EZ 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					
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 List the states with which a copy of this return is filed. NONE Telephone no. 775-841-7463 Located at 2255 WATERFORD PL, CARSON CITY, NV The organization's books are in care of 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. If Yes,* enter the name of the foreign country: 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 Yes N Yes N Od the organization maintain any donor advised funds? If Yes,* Form 990 must be completed instead of Form 990-EZ 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		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
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 sheller transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed. ▶ NONE 12a The organization's books are in care of ▶ GENEVIEVE FREDERICK Located at ▶ 2255 WATERFORD PL, CARSON CITY, NV Diff yes,' enter 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. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ 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 Yes N Yes N Yes N To the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 s 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	C				
organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. ► NONE 12a The organization's books are in care of ► GENEVIEVE FREDERICK Telephone no. ► 775-841-7463 Located at ► 2255 WATERFORD PL, CARSON CITY, NV ZIP+4 ► 89703-457 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. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► 3 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 4a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 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		or disqualified persons during the year under sections 4912, 4955, and 4958	<u>•</u>		
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 List the states with which a copy of this return is filed. NONE The organization's books are in care of GENEVIEVE FREDERICK Located at 2255 WATERFORD PL, CARSON CITY, NV DAY 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 accounts)? 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.? If "Yes," enter the name of the foreign country: 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 Ves N Yes N To the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 At any time during the calendar year, did the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	d				1
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. NONE The organization's books are in care of GENEVIEVE FREDERICK Located at 2255 WATERFORD PL, CARSON CITY, NV 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. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes N Yes N Jod the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 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		organization \blacktriangleright 0	<u>.</u>		
List the states with which a copy of this return is filed. NONE Iza The organization's books are in care of SENEVIEVE FREDERICK Located at 2255 WATERFORD PL, CARSON CITY, NV SIP+4 89703-457 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. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes N Yes N Yes N Yes N Yes N Yes N Yes N Yes N Yes N Yes N Yes N Yes N Yes N Yes N Yes N Yes N Yes N Yes N	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Telephone no. ► 775 - 841 - 7463 Located at ► 2255 WATERFORD PL, CARSON CITY, NV Description of 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. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► 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 Yes N Yes N At Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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			40e	<u> </u>	X
Located at 2255 WATERFORD PL, CARSON CITY, NV Diff 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.? 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.? If Yes," enter the name of the foreign country: 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 Yes N Yes N Yes N Yes N Yes N If Yes, Form 990-EZ Is any related organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of Form 990-EZ 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	41	List the states with which a copy of this return is filed. NONE			
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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country: 42b X	42 a				
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. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes N Yes N Yes N Yes N If "Yes," enter the name of the foreign country: 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 Yes N Yes N Yes N Yes N Yes N If "Yes," Form 990-EZ 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 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		Located at ► 2255 WATERFORD PL, CARSON CITY, NV ZIP+4 ►	<u> 8970</u>	13-4	<u>.575</u>
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. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes N Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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	þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
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.? If "Yes," enter the name of the foreign country: 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 Yes N Uid the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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		over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
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.? If "Yes," enter the name of the foreign country: 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 Yes N Joint the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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		account)?	42b		X
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.? If "Yes," enter the name of the foreign country: 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 Yes N Joint the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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					
the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes N Joint the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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		See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			-
If "Yes," enter the name of the foreign country: 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 Yes N Here 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A Yes N 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			42c		X
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 Yes N Judy the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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		, -			
and enter the amount of tax-exempt interest received or accrued during the tax year Yes N 14 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 15 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			_	>	
Yes N 14 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 15 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 15 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	70		N/F	4	
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 44		and differ the different d			
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 44				Yes	No
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	AA	Did the organization maintain any donor advised funds? If "Yes." Form 990 must be completed instead of			
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			44		Х
completed instead of Form 990-EZ			···	1	T
Completed meloded of 1 of mood 22			45		x
		Completed instead of Form 350-CZ		990-F7	

orm 990-E	Z'(2009) FEEDING PETS OF THE HOME	ELESS		26-3010	540	_	Page 4
Part VI		4947(a)(1) nonexempt	charitable tru ns 46-49b and cor	i sts only. All mplete the table	sections s for	n 501 lines 5	(c)(3) 0
6 Did th	e organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public	 ;		Yes	No
	7 If "Yes," complete Schedule C, Part I	on bondin or or in approximation		!	46		Х
	e organization engage in lobbying activities? If "Yes," complete Sch	nedule C, Part II			47		X
8 Is the	organization a school as described in section 170(b)(1)(A)(ii)? If "Yes	s," complete Schedule E			48		X
9a Did th	e organization make any transfers to an exempt non-charitable related	organization?			49a		X
	s," was the related organization a section 527 organization?				49b	L	
	elete this table for the organization's five highest compensated employe \$100,000 of compensation from the organization. If there is none, ente		s, trustees and key e	mployees) who e	ach red	ceived	more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	a (e	e) Expe ccount er allow	
					1		
					-		
1 Comp	number of other employees paid over \$100,000 plete this table for the organization's five highest compensated indepensization. If there is none, enter "None." NONE	ndent contractors who each rece	ived more than \$100	,000 of compens	ation f	rom th	e
•	(a) Name and address of each independent contractor paid more	e than \$100,000	(b) Type of se	rvice (c) Com	pensa	tion
			_				
			_				
-							
d Total	number of other independent contractors each receiving over \$100,00	00	1				
			ots and to the best of m	ny knowledge and b	elsefitis	s true.	
Sign Here	Under penaties of perjury, I declare that I have examined this return, including a correct, and complete Declaration of preparer (other than officer) is based on all Signature of officer	Information of which preparer has any	y knowledge	$\frac{2/23}{\text{Date}}$	120	10)
	GENEVIEVE FREDERICK, EXEC. I	DIRECTOR					
Paid Preparer's	Preparer's signature	7 7 7 7	eck if self-	parer's identifying n	umber (See inst	г)
Use Only	Firm's name (or yours MARTIN JONES & ASSOCIA	ATES	EIN	 			
	address, and ZiP+4 896 WEST NYE LANE, SUI	ITE 102	Pho no.	ne ▶ (775)	84	.1 – A	040

Form 990-EZ (2009)

X Yes No

(775) 841-8040

address, and ZIP + 4

CARSON CITY, NV 89703

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Employer identification number

Name of t	the organizati	ion	•					E	mployer id	dentification	number
			PETS OF THE						26	-30105	40
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t) See inst	tructions			
The organ	ization is not a	private foundation	because it is (For lines	1 through	11, check	only one b	ox)				
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	١.			
2 🔲	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗀	A hospital or	a cooperative hospit	tal service organization (described	in section	170(b)(1)	(A)(iii).				
4 🗀	A medical res	search organization o	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(i	iii). Enter th	e hospital's r	name,
	city, and stat	е									
5 🔲	An organizat	on operated for the	benefit of a college or u	niversity ov	wned or op	erated by	a governi	mental un	it describe	d in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6 🔲	A federal, sta	ite, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).				
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	e general pi	ublic describ	ed in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)								
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🗔	An organizat	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	ip fees, and	d gross recei	pts from
	activities rela	ted to its exempt fur	nctions - subject to certa	aın excepti	ons, and (2	2) no more	than 33 1	1/3% of its	s support fi	rom gross inv	vestment
	income and i	unrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization af	iter June 30,	1975
	See section	509(a)(2). (Complete	Part III.)								
10	•		perated exclusively to te	•	•			•			
11	An organizat	on organized and op	perated exclusively for the	ne benefit (of, to perfo	orm the fui	nctions of,	or to car	ry out the p	ourposes of o	ne or
	more publicly	supported organiza	itions described in secti	on 509(a)(1) or section	on 509(a)(2	2) See sec	ction 509	(a)(3). Chec	ck the box th	at
		- · · ·	organization and compl		-						
	a L Type				e III - Func		_			Type III - Oth	
e			it the organization is not								
			han one or more publicl						9(a)(1) or s	ection 509(a)	(2)
f			ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		rganization, check th				_			_		
9	•		organization accepted ar			-				[т.
	• •	•	irectly controls, either al	lone or tog	ether with	persons o	lescribed	ın (ii) and	(III) Delow,		es No
	•	•	upported organization?							11g(i)	
		•	n described in (i) above?							11g(ii)	-
			person described in (i)							11g(iii)	
h	Provide the t	ollowing information	about the supported or	ganization	(S).						
-		<u></u>	(iii) Type of	kin la tha e		4-3 Did vo		(vi) I	s the		
	of supported	(ii) EIN	organization		organization sted in your			lorganizat	ion in col. I	(vii) Amou	
orga	anization		(described on lines 1-9		document?			(i) organi U.S	zed in the	suppoi	TI.
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
			(oo mon conony)	103	110	100	110	100	110		
								1			
				-			}				
					1				+ +		···
					<u> </u>				1		
					1			1			
	· <u>-</u>							!			
							•	1			
				· · · · · · ·				1			
				I			I		1 1		

	edule A (Form 990 or 990-EZ) 2009 F rt II Support Schedule for	Organizations	Described in	Sections 170	S 0(b)(1)(A)(iv) and	26-301 1170(b)(1)(A)(v	0540 Page 2 i)
500	(Complete only if you checked	The box on line 5	, 7, or 8 or Part 1)				-
	·	(-) 000F	(F) 000C	(=) 2007	(4) 2008	(2) 2000	(f) Total
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(r) rotal
1	Gifts, grants, contributions, and						
	membership fees received (Do not				86,665.	05 070	172,643.
_	include any "unusual grants ")				80,003.	05,370.	1/2,043.
2	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf	1					
_	•						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
				<u> </u>	86,665.	85,978.	172,643.
	Total. Add lines 1 through 3				80,003.	- 65,976.	1/2,043.
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly		ĺ				
	supported organization) included		İ				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	•••			 			172,643.
	Public support. Subtract line 5 from line 4 ction B. Total Support	L			.1		1/2/043
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	(a) 2003	(0) 2000	(0) 2007	86,665.	85,978.	172,643.
-	Gross income from interest,				00/0031	0373701	2,2,0101
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				3.	2.	5.
9	Net income from unrelated business				1		
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		<u> </u>	<u>"</u>			
.0	or loss from the sale of capital						
	assets (Explain in Part IV)					100.	100.
11	Total support. Add lines 7 through 10						172,748.
	Gross receipts from related activities,	etc (see instructi	ons)	-l	1	12	53.
	First five years. If the Form 990 is for			rd, fourth, or fifth t	tax vear as a sectio		
	organization, check this box and stop	-	. ,,		,	(-/(-/	ightharpoons
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (line 6, column (f) d	livided by line 11,	column (f))		14	99.94 %
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			$\triangleright \mathbf{X}$
t	33 1/3% support test - 2008.If the o	rganization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes	t - 2009. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes					7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	umstances" test, d	check this box and	d stop here. Explair	in Part IV how the	·
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a pub	licly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17	b, check this box a	ind see instruction	s ▶ └

ection A. Public Support	(-) 000F	(L) 000C	(=) 2007	(4) 2000	(e) 2009	(f) Total
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not include any "unusual grants.")						
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						
Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						l
Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 5						
a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
Public support (Subtract line 7c from line 6)						
ection B. Total Support						···
ilendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 6						
a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)					1	
First five years. If the Form 990 is for	the organization's	s first, second, thii	rd. fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	zation.
check this box and stop here	organization o		_,		> - (-//-/ - 34//-	
ection C. Computation of Public	Support Per	rcentage				<u> </u>
Public support percentage for 2009 (lin			column (fl)		15	
Public support percentage from 2008		· ·	· VII		16	
ection D. Computation of Inves						
					17	
Investment income percentage for 200		·,			18	
Investment income percentage for 200 Investment income percentage from 2	008 Schedule A. I	Part III, line 17			110	
			on line 14, and line	e 15 is more than	<u></u>	17 is not

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

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
EQUIPMENT RENTAL BANK & CREDIT CARD FEES			822. 258.
OFFICE SUPPLIES			1,544.
TELPHONE			533.
PROPERTY TAX ASSESSMENT ADVERTISING			20. 86.
INSURANCE			977.
CONFERENCE			950.
MEMBERSHIP DUES			65.
STATE REGISTRATION FEE			25.
DEPRECIATION EXPENSE			666.
TOTAL TO FORM 990-EZ, LINE 16			5,946.
FORM 990-EZ	OTHER ASSETS		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
CUDDITEC : FOULDMENT		196.	241.
SUPPLIES & EQUIPMENT OTHER DEPRECIABLE ASSETS		0.	1,997.
TOTAL TO FORM 990-EZ, LINE 24		196.	2,238.

FORM 990-EZ	NONCA	ASH GRAI	NTS AN	D ALLOCATIONS	S 	STATEMEN	NT 3
CLASS OF ACTIVITY							
PET FEEDING							
DONEE'S NAME				DONEE'S ADDRI	ESS		
THE BRIDGE				1818 CORSICAL DALLAS, TX 7			
RELATIONSHIP OF DONEE		DESCRI	PTION	OF PROPERTY		DATE OF	GIFT
NONE		PET FO	OOD			03/17	7/09
METHOD USED TO DETERMINE	воок	VALUE					
DONATION VALUE							
METHOD USED TO DETERMINE	FAIR	MARKET	VALUE	BOOI	K VALUE	AMOUNT (SIVEN
WHOLESALE \$ PER POUND					1,756.	1	L,756.
CLASS OF ACTIVITY							
PET FEEDING							
DONEE'S NAME				DONEE'S ADDRI	ESS		
THE BRIDGE				1818 CORSICAL DALLAS, TX 7			
RELATIONSHIP OF DONEE		DESCRI	IPTION	OF PROPERTY		DATE O	F GIFT
NONE		PET FO	DOD			06/08	3/09
METHOD USED TO DETERMINE	воок	VALUE					
DONATION VALUE							
METHOD USED TO DETERMINE	FAIR	MARKET	VALUE	BOO	K VALUE	AMOUNT (GIVEN
WHOLESALE \$ PER POUND					3,291.		3,291.

CLASS OF ACTIVITY

PET FEEDING

DONEE'S NAME

DONEE'S ADDRESS

THE BRIDGE

1818 CORSICANA ST DALLAS, TX 75201

RELATIONSHIP OF DONEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

PET FOOD

11/09/09

METHOD USED TO DETERMINE BOOK VALUE

DONATION VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE AMOUNT GIVEN

WHOLESALE \$ PER POUND

3,472.

3,472.

CLASS OF ACTIVITY

PET FEEDING

DONEE'S NAME

DONEE'S ADDRESS

THE BRIDGE

1818 CORSICANA ST DALLAS, TX 75201

RELATIONSHIP OF DONEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

PET FOOD

12/08/09

METHOD USED TO DETERMINE BOOK VALUE

DONATION VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE AMOUNT GIVEN

WHOLESALE \$ PER POUND

955.

955.

CLASS OF ACTIVITY

PET FEEDING

DONEE'S NAME

DONEE'S ADDRESS

SPCA DALLAS

362 S. INDUSTRIAL BLVD.

DALLAS, TX 75207

RELATIONSHIP OF DONEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

PET FOOD

05/06/09

METHOD USED TO DETERMINE BOOK VALUE

DONATION VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE AMOUNT GIVEN

WHOLESALE \$ PER POUND

4,594.

4,594.

CLASS OF ACTIVITY

PET FEEDING

DONEE'S NAME

DONEE'S ADDRESS

UPLIFT ORGANIZATION

1516 PROSPECT

KANSAS CITY, MO 64127

RELATIONSHIP OF DONEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

PET FOOD

08/26/09

METHOD USED TO DETERMINE BOOK VALUE

DONATION VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE AMOUNT GIVEN

WHOLESALE \$ PER POUND

8,349.

8,349.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES

STATEMENT 4

DESCRIPTION

CORRECT PRIOR PERIOD FOR ADDITION OF ASSETS DONATED AT STARTUP

TOTAL TO FORM 990-EZ, LINE 20

2,709.

FORM 990-EZ CASH GRANTS AND ALLOC	STATEMENT	5	
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	INUOMA	3
VETERINARY SERVICES VARIOUS VETERINARY CLINICS AND HOSPITALS	NONE	8,32	3.
VETERINARY SERVICES SOUTH OCALA ANIMAL CLINIC	NONE	4,50	0.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		12,82	 23.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		1ENT	6		
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	ио
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. []	YES	[X]	NO

990-EZ PG 2

STATEMENT 7

PET FEEDING - NON-CASH AWARDS OF PET FOOD: OVER 50,900 LBS OF PET FOOD WAS COLLECTED AND DISTRIBUTED TO LOCAL NON-PROFIT ORGANIZATIONS IN NUMEROUS STATES (TO ASSIST WITH FEEDING OF PETS BELONGING TO HOMELESS PERSONS.

990-EZ PG 2

STATEMENT

8

VETERINARY SERVICES - CASH AWARDS AND GRANTS: 13 VETERINARY CLINICS IN VARIOUS STATES RECEIVED AWARDS/OR GRANTS TO ASSIST IN THE VETERINARY TREATMENT OF PETS BELONGING TO HOMELESS PERSONS.

990-EZ PG 2

STATEMENT

9

THROUGH FEEDING PETS OF THE HOMELESS, WE WILL DO OUR PART TO HELP REDUCE HUNGER IN PETS THAT BELONG TO THE HOMELESS AND THE LESS FORTUNATE AND PROVIDE MEDICAL CARE FOR THOSE PETS IN COMMUNITIES ACROSS THE COUNTRY.

WITHOUT OUR HELP MANY HOMELESS AND POOR WOULD HAVE TO TURN THEIR PETS OVER TO OVERCROWDED ANIMAL SHELTERS BECAUSE THEY CANNOT FEED OR PROVIDE MEDICAL CARE AND VACCINES FOR THEIR PETS.

WITHOUT OUR HELP MANY OF THESE FOLKS WOULD LOSE THE ONLY LIVING THING THAT BRINGS THEM COMFORT AND UNCONDITIONAL LOVE.