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## Form 990-EZ

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)

Sponsonng 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 OMB No 1545-1150

Internal Revenue Service

Department of the Treasury Open to Public Inspection The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending R Check if applicable D Employer identification number C Name of organization Please use IRS Address label or Name Change print or PROMISES FOR PETS 57-1138584 tvpe Initial Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-(724) 983-3608 PO BOX 621 Instruc-Amended City or town, state or country, and ZIP + 4 F Group Exemption NEW CASTLE, PA 16103 Number > Cash X Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: L Schedule A (Form 990 or 990-EZ) Other (specify) Website: ► WWW.PROMISESFORPETS.COM H Check ► X if the organization is not 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. 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 33,022. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 18,149. Contributions, gifts, grants, and similar amounts received 1,690. 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 545. Investment income 4 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 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 12,638. reported on line 1) Less: direct expenses other than fundraising expenses 8,409. Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6с 7a 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe 8 28,793. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 375. 13 Professional fees and other payments to independent contractors 13 664. Occupancy, rent, utilities, and maintenance 14 14 660. Printing, publications, postage, and shipping 15 15 ATEMENT 15,246. 16 Other expenses (describe 16 Total expenses. Add lines 10 through 16 16,945. 17 17 11,848. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, doubting A 19 57,483. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 69,331. 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 48,983. 60,831. 22 Cash, savings, and investments 23 Land and buildings 17,000. 23 17,000. 24 Other assets (describe 24 65,983. 77,83<u>1.</u> 25 Total assets 25 8,500. SEE STATEMENT 2 ) 8,500. 26 Total liabilities (describe 26 57.483. <u>69,331.</u> 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.

21140507 797866 PROMISES

Form **990-EZ** (2009)

Forr	n 990-EZ (2009) PROMISES FOR PETS			57-	11385	84 Page 2
Pź	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)			penses
	at is the organization's primary exempt purpose? SEE STATEMENT				4	r section 501(c)(3)
			<del></del>			) organizations and
	cribe what was achieved in carrying out the organization's exempt pur			ibe		7(a)(1) trusts, optional
_	services provided, the number of persons benefited, and other relevan				for others)	
28	SPAY/NEUTER AND MEDICALLY TREAT ABA	NDONED ANIMAL	S AND		1	
	PROVIDE FOSTER HOMES FOR ANIMALS					
	(Grants \$ ) If this amount includes foreign of				28a	13,233.
	(Grants \$ ) If this amount includes foreign g	rants, check here		<u> </u>	208	13,233.
29						
	(Grants \$ ) If this amount includes foreign g	rants, check here	•		29a	
30						<del></del>
•		<del></del>		—	·	
					1	
			<del></del>	$\overline{}$		
	(Grants \$ ) If this amount includes foreign g	rants, check here	<u>_</u>		30a	
31	Other program services (attach schedule)				} ]	
	(Grants \$ ) If this amount includes foreign g	rants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)				32	13,233.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees, List seek ess an	on if not componented	(See the		or Port IV/
<u> </u>	<u> </u>	List each one ex	en in not compensated		ntributions	i i i i i i i i i i i i i i i i i i i
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
			·	com	pensation	
SU	SAN PAPA	PRESIDENT				
		25.00	0.		0.	0.
СШ	ACIE OLSON	VICE PRESIDEN		<del> </del> -	<u>.</u>	
O I	ACIE OLSON	1			^	
		10.00	0.		0.	0.
$\operatorname{EL}$	IZABETH SANT	TREASURER				
		10.00	0.		0.	0.
SH	ERRY WEHR	SECRETARY				
		0.00	0.		0.	0.
MT	CHELLE VIGGIANO	BOARD MEMBER	<u> </u>			•
ит	CHEDDE VIGGIANO	_ <del>-</del>	_		^	_
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Pa	art 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	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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.	-		l
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			ŀ
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			Į.
	complete applicable parts of Sch. N	36	<u> </u>	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	<u>.</u>		ļ
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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	<u> </u>	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	4	1	
39	Section 501(c)(7) organizations. Enter:			
a	,	-		
b	, ,	4		
40 a	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 ·			
D	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	406		x
		40b	<del> </del>	
Ü	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   • O •			1
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ū	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed.   NONE			
	The organization's books are in care of ► ELIZABETH SANT  Telephone no. ► 724 9	83-3	608	,
	Located at ► 4140 EAST STATE STREET, HERMITAGE, PA 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		Yes	No
	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	<u> </u>	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			Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u></u>	
			<u> </u>	T & 4
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
45	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	4-		<b>.</b>
	completed instead of Form 990-EZ	45	1	(2000)
		Form 9	JYU-EZ	(ZUU9)

	and 51.					
	the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public	_	Yes	
	ce? If "Yes," complete Schedule C, Part I			<u> </u>	46	X
	the organization engage in lobbying activities? If "Yes," complete Sch			<u> </u>	47	X
	ne organization a school as described in section 170(b)(1)(A)(ii)? If "Yes				48	X
	the organization make any transfers to an exempt non-charitable related	organization?		<del>-</del>	19a	_ <del>^</del>
	es," was the related organization a section 527 organization?	ana /athar than afficers director	n trustone and key ar	-	l9b	
	nplete this table for the organization's five highest compensated employers \$100,000 of compensation from the organization. If there is none, enter	•	s, trustees and key er	iipioyees) wiio eac	iii receiveu	more
				(d) Contributions		
	(a) Managard address of each analysis and anger	(b) Title and average hours	(c) Compensation	to employee	(e) Expe	
	(a) Name and address of each employee paid more than \$100,000	per week devoted to position		benefit plans & deferred	account other allow	
	NONE	ροδιασίτ		compensation	Other allow	various
	NONE					
			<u> </u>			
		_				
f Tota	I number of other employees paid over \$100,000		<u> </u>	J	L	
orga	inization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of ser	vice (c)	Compensa	tion
d Tota	I number of other independent contractors each recovers over \$100.000	n				
<b>d</b> Tota	I number of other independent contractors each receiving over \$100,000	U				
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete Declaration of preparer (ather than officer)'s based on all subjects to be supported by the support of officer.	ccompanying schedules and statemer information of which preparer has any	nts, and to the best of my knowledge	knowledge and belie	f, it is true,	
	Type or print name and title	surer				
Paid Preparer's Use Only	——————————————————————————————————————		ck if self- ployed X	arer's identifying num	133	r)
- 2- <b>2y</b>	firm's name (or yours of 318 and 1814)  DENNIS J LOUGHRAN CPA  1 sett-emptoyed).  916 BRIDGEWATER DRIVE		EIN Phon	-		
	address, and ZIP+4 PITTSBURGH, PA 15216		no.	412 34	3-260	
May the IF	S discuss this return with the preparer shown above? See instructions			▶	Yes _	No
				For	m 990-EZ	(2009

## **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

PROMISES FOR PETS

Employer identification number

				S FOR PETS						57	<u>/-1138</u>	1584	
Pa	rt I	Reason	for Public Char	rity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.				
The	organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	oox.)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)	).				
2		A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
3				ital service organization			170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter tl	he hospita	l's name,	,
		city, and stat	te										
5		An organizat	on operated for the	benefit of a college or u	niversity ov	wned or o	perated by	a governi	mental un	t describe	ed in		
		section 170	(b)(1)(A)(iv). (Compl	ete Part II )									
6		A federal, sta	ate, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(	1)(A)(v).					
7				eives a substantial part					or from the	general p	oublic desc	cribed in	
			(b)(1)(A)(vi). (Comple				_						
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	$\mathbf{X}$	An organizat	on that normally rec	eives. (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, an	d gross re	ceipts fro	om
				nctions - subject to certa							_		
		income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	fter June 3	30, 1975	
		See section	509(a)(2). (Complete	e Part III )		·		·	,				
10		An organizat	on organized and o	perated exclusively to te	st for publ	c safety.	See <b>sect</b> io	n 509(a)(4	4).				
11				perated exclusively for th						y out the	purposes o	of one or	
		more publicly	y supported organiza	ations described in secti	on 509(a)( <sup>-</sup>	1) or section	on 509(a)(2	2) See <b>se</b> c	ction 509(	a)(3). Che	ck the box	that	
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h						
		a Type	I ь 🗆	Type II d	с 🔲 Тур	e III - Fund	tionally in	tegrated		a 🗀	Type III - (	Other	
е		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	ner than	
		foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or s	ection 509	∂(a)(2).	
f		If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check tl	nis box									
9		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and (	iii) below,		Yes I	No
		the gove	erning body of the s	upported organization?							11g(i)	$\perp$	
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
		(iii) A 35% o	controlled entity of a	person described in (i) o	or (II) above	<del>?</del> ?					11g(iii)		
h		Provide the f	ollowing information	about the supported or	ganızatıon(	(s)							
							···		<del>,</del>	<del></del>			
(i)	Name	of supported	(ii) EIN	(iii) Type of			(v) Did yoi		(vi) ls organizati	s the	(vii) Ar	nount of	
	orga	nızatıon		organization (described on lines 1-9	in col. (i) lis governing (			ion in col.	(i) organiz	ed in the		port	
				above or IRC section		uocument	(I) OI YOU	r support?	U.S	5.7			
				(see instructions))	Yes	No	Yes	No	Yes	No			
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Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990 EZ) 2009    Part II   Support Schedule for C	Organizations	Described in	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(i	Page 2 /i)
(Complete only if you checked	the box on line 5	, 7, or 8 of Part I)				
Section A. Public Support						<del>,</del> .
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3 5 The portion of total contributions						
by each person (other than a governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support	4 > 0005	#10000	4 1 2007	( ), 0000	1	(2.7.1.1
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						<u> </u>
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources  9 Net income from unrelated business						
Net income from unrelated business activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain			<del></del>			
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, e	etc (see instruction	ons)		L	12	l <u>.</u>
13 First five years. If the Form 990 is for t	•		d. fourth, or fifth ta	ax vear as a secti		
organization, check this box and stop	-	, ,	, ,	•	\-\(\frac{1}{2}\)	
Section C. Computation of Public		rcentage				· · · · · · · · · · · · · · · · · · ·
14 Public support percentage for 2009 (lin	ie 6, column (f) di	vided by line 11, o	column (f))		14	%
15 Public support percentage from 2008 S	Schedule A, Part	II, line 14			15	%
16a 33 1/3% support test - 2009.If the org	janization did not	check the box or	line 13, and line 1	4 is 33 1/3% or r	more, check this bo	x and
stop here. The organization qualifies as	s a publicly suppo	orted organization	l			▶□
<b>b 33 1/3% support test - 2008.</b> If the org	janization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	ıs box
and stop here. The organization qualifi	es as a publicly s	upported organiza	ation			▶□
17a 10% -facts-and-circumstances test	<ul> <li>2009. If the orga</li> </ul>	inization did not c	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "facts					art IV how the orgar	nization
meets the "facts-and-circumstances" to	est. The organizat	tion qualifies as a	publicly supported	organization		▶[_]

Schedule A (Form 990 or 990-EZ) 2009

**b 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Pa	rt III   Support Schedule for C	Organizations	Described in S	Section 509(a)	(2) (Complete only if	you checked the bo	ox on line 9 of Part I.)
Se	ction A. Public Support						
Cal	endar 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 ")	25,545.	9,612.	36,217.	17,566.	18,149.	<u>107,089.</u>
	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	13,586.	14,563.	4,672.	11,895.	12,638.	57,354.
3	are not an unrelated trade or bus-						
	· · ·						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities				İ		
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	39,131.	24,175.	40,889.	29,461.	30,787.	164,443.
7a	Amounts included on lines 1, 2, and				i		•
	3 received from disqualified persons						0.
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				<u>.</u>		0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						164,443.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	39,131.	24,175.	40,889.	29,461.	30,787.	164,443.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		12.	1,276.	1,301.	545.	3,134.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b		12.	1,276.	1,301.	545.	3,134.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)	39,131.	24,187.	42,165.	30,762.	31,332.	167,577.
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a section	501(c)(3) organiz	ation,
	check this box and stop here						$ \qquad \qquad \blacktriangleright \square$
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2009 (li	ne 8, column (f) di	vided by line 13, co	olumn (f))	<u>Į</u> .	15	98.13 %
16	Public support percentage from 2008	Schedule A, Part	III, line 15			16	98.50 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>09</b> (line 10c, colum	n (f) divided by line	e 13, column (f))		17	1.87 %
18	Investment income percentage from 2	2008 Schedule A, F	Part III, line 17			18	1.50 %
19a	33 1/3% support tests - 2009. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2008. If the	nd <b>stop here.</b> The d	organization qualifi	es as a publicly su	pported organizat	ion	<b>►</b> X
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization		-			=	

Schedule A (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES		STATEMENT
DESCRIPTION			AMOUNT
ADVERTISING BANK CHARGES FOSTER PROGRAM EXPENSE VEHICLE EXPENSES SPAY A STRAY EXPENSES VET & MEDICAL EXPENSES ADMINISTRATIVE DUES & SUBSCRIPTIONS			432 136 2,438 1,164 1,780 3,870 5,376
TOTAL TO FORM 990-EZ, LINE 16			15,246
FORM 990-EZ	OTHER LIABILITIES		STATEMENT
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PAYABLE - HUMAN SERVICES CENTE	R.	8,500.	8,500
TOTAL TO FORM 990-EZ, LINE 26		8,500.	8,500

FORM 990-EZ 3 INFORMATION REGARDING TRANSFERS STATEMENT ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

57-1138584

990-EZ PG 2 STATEMENT

PROVIDE TREATMENT FOR ABANDONED ANIMALS