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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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 1990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

Internal Revenue Service For the 2010 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Address change 57-1138584 PROMISES FOR PETS Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return (724) 983-3608 Terminated PO BOX 621 City or town, state or country, and ZIP + 4 F Group Exemption NEW CASTLE, PA Number > Application pending Cash X Accrual H Check X if the organization is not Accounting Method: Other (specify) Website: ▶ WWW.PROMISESFORPETS.COM required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3)) **◄**(insert no.) L 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) _ 501(c) (Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 29,861. line 25, column (B) below) are \$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.) Check if the organization used Schedule O to respond to any question in this Part I 8,908. Contributions, gifts, grants, and similar amounts received 1 2 910. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 246. SEE SCHEDULE O Investment income 5a Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses SCANNEIR () c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) **RECEIN** Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than RS-OSC 59 \$15,000) 6a MAY **1 6** 2011 of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 6b gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 11,301. 6d 7a Gross sales of inventory, less returns and allowances 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7с SEE SCHEDULE O 8 Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 10 Benefits paid to or for members 11 11 12 12 Salaries, other compensation, and employee benefits 375. 13 13 Professional fees and other payments to independent contractors 2,666. 14 14 Occupancy, rent, utilities, and maintenance 273. 15 Printing, publications, postage, and shipping 15 SEE SCHEDULE O 10,564. 16 Other expenses (describe in Schedule 0) Total expenses. Add lines 10 through 16 13,878. 17 17 7,559 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Assets

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

-Net assets or fund balances at beginning of year (from line 27, column (A))

(must agree with end-of-year figure reported on prior year's return)

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 18 through 20

0.

69,331.

76,890.

19

20

21

Net/

20

Form **990-EZ** (2010)

1 011	990'EZ (2010) PROMISES FOR PETS			57-	11385	84. Page 2
Pa	Balance Sheets. (see the instructions for Part II.)					
	Check if the organization used Schedule O to respond to any question	in this Part II		_		X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		60,831	. 22		68,390.
23	Land and buildings		<u> 17,000</u>	. 23		<u> 17,000.</u>
24	Other assets (describe in Schedule O)			24	ļ	
25	Total assets		<u>77,831</u>			<u>85,390.</u>
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE C		<u> </u>		<u> </u>	8,500.
27			<u>69,331</u>	. 27	ļ	<u>76,890.</u>
Pa	art III Statement of Program Service Accomplishme	•	r Part III.)			xpenses
	Check if the organization used Schedule O to respond to any question			<u></u>	501(0)(3)	l for section and 501(c)(4)
	it is the organization's primary exempt purpose? PROVIDE TREATN				organizati	ons and section
	cribe what was achieved in carrying out the organization's exempt pur			ıbe	for others	l) trusts; optional
	services provided, the number of persons benefited, and other relevan					
28	SPAY/NEUTER AND MEDICALLY TREAT ABA	NDONED ANIMA	LS AND			
	PROVIDE FOSTER HOMES FOR ANIMALS	**				
	/O			$\overline{}$	00-	12 070
29	(Grants \$) If this amount includes foreign	grants, check here			28a	<u>13,878.</u>
29		<u> </u>				
		 				
	(Grants \$) If this amount includes foreign	arants check here		$\overline{}$	29a	
30	The trib amount includes loreign	grants, chock here			234	
00					i	
		-	-]]	
	(Grants \$) If this amount includes foreign	arants, check here	•		30a	
31	Other program services (describe in Schedule O)				-	
	(Grants \$) If this amount includes foreign	arants, check here	•		31a	
32	(diants w	granto, onook nore			U U	
	Total program service expenses (add lines 28a through 31a)			▶	32	13,878.
Pa			even if not compensated	(see the	32	
_P	Total program service expenses (add lines 28a through 31a)	mployees. List each one	even if not compensated	(see the	32	
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one n in this Part IV	(c) Compensation	(d) c	32 Instructions ontributions	for Part IV) (e) Expense
<u> </u>	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one in this Part IV (b) Title and average hours per week devoted to	(c) Compensation	(d) C	instructions ontributions employee effit plans &	(e) Expense account and
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule 0 to respond to any question (a) Name and address	Employees. List each one n in this Part IV (b) Title and average hours per week devoted to position	(c) Compensation	(d) Control	instructions ontributions employee	for Part IV) (e) Expense
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Form **990-EZ** (2010)

032172 02-02-11 PROMISES FOR PETS

3	Check if the organization used Schedule 0 to respond to any question in this Part V			T NI.
3			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			l
	Schedule O	33		X
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			٠,
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
	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, explain in Schedule O why the organization did not report the income on Form 990-T.	ŀ		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			l
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	<u>.</u>		
b	Did the organization file Form 1120-POL for this year?	37b		X
a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	1	1	
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		ļ]
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 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	i		
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958		1	1
			i	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		İ	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	organization •			
	organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		×
е	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	40e		x
е	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		608	
е	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 Telephone no. 724 9	83-3		
e	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 The organization's books are in care of ► ELIZABETH SANT Located at ► 4140 EAST STATE STREET, HERMITAGE, PA ZIP + 4 ►			
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e a b	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 The organization's books are in care of ▶ ELIZABETH SANT Telephone no. ▶ 724 9 Located at ▶ 4140 EAST STATE STREET, HERMITAGE, PA 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. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	83-3 1614	8	N _e
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e a b c	O. 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 ▶ ELIZABETH SANT Located at ▶ 4140 EAST STATE STREET, HERMITAGE, PA 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. 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	83-3 1614 42b 42c N/A	Yes	N. X

orm 990 - E	Z (2010)	PROMISES	FOR	PETS			57-1138	584		age 4
									Yes	_
-	-		-	-	within the meaning of section 512			45		X
					ansaction with a controlled entity within	n the meaning of section	1 512(b)(13)?	45.		v
		and Schedule R may		-		ution to condidates for n	uhlio office?	45a	1	<u> </u>
	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I							46		X
Part VI	Section	on 501(c)(3) ord	ıanizat	ions and s	ection 4947(a)(1) nonexem	pt charitable tru	sts only. Al		n 501(d	
_					ble trusts must answer questions 47-4					
	-				any question in this Part VI					
									Yes	
47 Did th	e organizatio	on engage in lobbying	activities	If "Yes," cor	plete Schedule C, Part II			47_	 	_X_
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							48	 	X
	Did the organization make any transfers to an exempt non-charitable related organization?						49a	-	X	
		lated organization a s			ad ampleyees (ather these officers direct	store truetees and key a	malovoso) who	49b	Loontod.	
-		e for the organization compensation from tl			ed employees (other than officers, direct	itors, trustees and key e	inployees) wild	еаспте	ceiveu	nore
ulan ş	5100,000 01	compensation from ti	ie organizi	ation. Il there is	(b) Title and average hou	urs (c) Compensation	(d) Contribution	ns (e) Expe	nse
	(a) Nan	ne and address of ead	h employ	ee naid more	per week devoted to	(c) componsulon	to employee benefit plans 8	ء ا	ccount	
	(4) (4)	than \$100	000	NONE	position		deferred compensation	oth	er allov	ances
-							501115011531150			
								_ _		
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	···							+		
		- -					1			
	ization. If the	ere is none, enter "No	ne.	NONE	ed independent contractors who each repaid more than \$100,000	eceived more than \$100			from th	
										
			_							
<u>.</u>										
d Total	number of o	ther independent con	tractors ea	ach receiving o	er \$100,000	 .				
					c)(3) organizations and 4947(a)(1) nor	nexempt				
charit	able trusts n	nust attach a complet	ed Schedu	ile A			•		es [No
	Under pena correct, and	ities of perjury, I declare to I complete Declaration of	hat I have e	xamined this retuiner than officer) is	i, including accompanying schedules and state based on all information of which preparer has	ements, and to the best of his any knowledge	ny knowledge and t	- Dellet, It I	s true,	
Sign Here	Signato	LAGUBERX re of afficer	1138	m A			Date 1	<u> </u>		
	Type or	print name and title	B 5#	WT_	THEASURGR					
	Print/	ype_preparer_s_name		-Prepar	r's signature Date	- Check	T-if-PTIN-			
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Prepare		NIS J LOUG		TOTTOTT					3048	
Use On		name ► DENN	BRID	LOUGHRA GEWATEI	DRIVE	Firm's El Phone no	N ► 25-18 b. 412		-260	1
				GH, PA					/oc	
May the IR	S discuss th	is return with the prep	arer shov	n adove? See	ISTRUCTIONS		_		<u>′es </u>	No
00 04 44								ı ÇIIII	ココひっこん	1201

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

B - 4 I			S FOR PETS						5 <i>1</i>	-1138584	
Part I			ity Status (All organiz					tructions.	_		
he orgar			because it is: (For lines								
1 📙	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170)(b)(1)(A)(i).			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3 🖳	=		tal service organization								
4 📖	A medical res	search organization	operated in conjunction	with a hos	prtal desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter th	ne hospital's name,	
	city, and stat										
5 📖	=		benefit of a college or ui	niversity ov	wned or o	perated by	a govern	mental un	it describe	d in	
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)								
6 🖳	A federal, sta	ite, or local governm	ent or governmental uni	t described	d in section	on 170(b)(1)(A)(v).				
7 📖	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	e general p	ublic described 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 X	-	•	eives: (1) more than 33		• •				•	•	
		•	nctions - subject to certa	•		•			• •	•	
			axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization a	fter June 30, 1975	
		509(a)(2). (Complete				_					
10 ⊣	_	-	perated exclusively to te	· ·	-			•			
11 📖			perated exclusively for the						-	·	
			ations described in secti				2). See se e	ction 509((a)(3). Che	ck the box that	
	,	·· , <u></u>	organization and compl	$\overline{}$	•					T	
. —	a Type		- ··	• •		tionally in	•			Type III - Other	
e	, ,	•	it the organization is not		•	•	•		•		
		_	han one or more publicly		-				9(a)(1) or s	ection 509(a)(2)	
f			ten determination from t	ine IHS tha	atitisa iy	pe I, Type	il, or type	e III			
_		rganization, check th				- 6			0	<u></u>	
g	_	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?									
		(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No									
	_	• •	• •	ı						11g(i)	
	(ii) A family member of a person described in (i) above? (iii) A 356/ controlled antity of a person described in (i) above?										
h	(iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s).									[1 1g(ni)] _1	
"	Flovide tile i	onowing information	about the supported of	yanızatıdı	(5).						
(:) Nome	at augus and ad	(II) FINI	(iii) Type of	(iv) Is the c	rnanization	(v) Did vo	u notify the	(vi) l	s the	(-!!) Amount of	
	ne of supported (ii) EIN rganization		organization	in col. (i) lis			tion in col.	organizati	on in col.	(vii) Amount of support	
Org	anization		(described on lines 1-9 above or IRC section	governing document? (i) of your support?		r support?	(i) organized in the suppo		заррогі		
			(see instructions))	Yes	No	Yes	No	Yes	No		
								<u></u>			
					Į		1	}			
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[otal		i .	I .	1	1	1	1	1	t I		

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

Schedule A (Form 990 or 990-EZ) 2010

Pa	art II Support Schedule for	Organizations	s Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)
	(Complete only if you checke fails to qualify under the tests			_	on failed to qualify	under Part III. If the	eorganization
Se	ction A. Public Support						
	indar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(6) 200.	(0) 2000	(4) 2000	(0) 20.0	(1) 1010
•	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
_	zation's benefit and either paid to		<u> </u>				
	or expended on its behalf						
3	The value of services or facilities				<u> </u>		
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions					_	
Ū	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	ĺ	ĺ				
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4			 			
	ction B. Total Support			J.,			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	147=00	<u> </u>	10/-000		(6)=0.10	17.13.5
8	Gross income from interest,			-		-	
•	dividends, payments received on						
	securities loans, rents, royalties		ĺ			Ĺ	
	and income from similar sources						
9	Net income from unrelated business				<u> </u>		
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10					-	
	Gross receipts from related activities	, etc (see instructi	ions)		<u> </u>	12	
	First five years. If the Form 990 is fo	•	•	rd, fourth, or fifth t	ax year as a section		
	organization, check this box and stop	•					
Se	ction C. Computation of Publ	ic Support Pe	rcentage			<u></u>	
14	Public support percentage for 2010 (line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2010.If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-				ightharpoons
t	33 1/3% support test - 2009. If the o	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and stop	here. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	-	· · · · · · · · · · · · · · · · · · ·		-		▶□
ŧ	10% -facts-and-circumstances tes						
	more, and if the organization meets t						•
	organization meets the "facts-and-cir-						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 1 <u>7</u>	b, check this box	and see instruction	ıs 👤

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990 EZ) 2010 PROMISES FOR PETS Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	now, please compl	iete <u>Part II)</u>		7		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and					11-	
membership fees received (Do not						
include any "unusual grants.")	9,612.	36,217.	17,566.	18,149.	8,908.	90,452.
2 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	14,563.	4,672.	11,895.	12,638.	19,797.	63,565.
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
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 furnished by a governmental unit to the organization without charge					-	
6 Total. Add lines 1 through 5	24,175.	40,889.	29,461.	30,787.	28,705.	154,017.
7a Amounts included on lines 1, 2, and	24,173.	40,000.	25,401.	30,101.	20,703.	134,017.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6) Section B. Total Support						154,017.
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	24,175.	40,889.	29,461.	30,787.	28,705.	154,017.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12.	1,276.	1,301.	545.	246.	3,380.
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975				:		
c Add lines 10a and 10b	12.	1,276.	1,301.	545.	246.	3,380.
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)	24,187.	42,165.	30,762.	31,332.	28,951.	157,397.
14 First five years. If the Form 990 is for			, fourth, or fifth ta		501(c)(3) organiz	
check this box and stop here						▶□_
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2010 (li	ne 8, column (f) div	vided by line 13, co	olumn (f))	<u> </u> .	15	97.85 %
16 Public support percentage from 2009	Schedule A, Part I	II, line 15			16	98.13 %
Section D. Computation of Inves	tment Income	Percentage				
_17Investment-income percentage-for-20	10 (line-10c, colum	in (f) divided-by line	e-13, column (f))—		17	2.15 %
18 Investment income percentage from 2	2009 Schedule A, F	Part III, line 17		Į.	18	1.87 %
19a 33 1/3% support tests - 2010. If the			n line 14, and line	15 is more than 33	3 1/3%, and line 1	
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2009. If the	nd stop here. The	organization qualif	ies as a publicly si	upported organiza	tion	▶ X
line 18 is not more than 33 1/3%, che						▶ □
20 Private foundation. If the organization						
ITULO IOGITAGIOTI II ITO O GGITLEUTO						

Schedule A (Form 990 or 990-EZ) 2010

032023 12-21-10

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

DROMICES FOR DETS

Employer identification number 57-1138584

PROMISES FOR PETS	57-1138584
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	246.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OTHER INCOME	72.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	AMOURIT.
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING	275.
BANK CHARGES	12.
FOSTER PROGRAM EXPENSE	859.
VEHICLE EXPENSES	983.
SPAY A STRAY EXPENSES	4,044.
VET & MEDICAL EXPENSES	720.
ADMINISTRATIVE	2,776.
COMPUTER EXPENSE	895.
TOTAL TO FORM 990-EZ, LINE 16	10,564.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:	
DESCRIPTION BEG.	
PAYABLE - HUMAN SERVICES CENTER	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL B	ENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Department of the Treasury ▶ Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service **Employer identification number** Name of the organization 57-1138584 PROMISES FOR PETS OR INDIRECTLY TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.