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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in fraction 512(b)(13) most file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the

OMB No. 1546 1150

Depar Interr	rtroent ral Rev	of the Treasury zonuo Sorvice	990. All other org. sinusctions with gross receipts less than \$1,000,000 and total assets less to year may use this form. * The organization may have to doe a copy of this retirin to salisty state reprint.		e end of the	Open to Public
Α	For t	he 2008 calend	dar year, or tax year beginning $7/01$, 2008, and end	ding 6/30		. 2009
_		of rapplicable:	lc		D Employ	er identification number
[]	Addres	s change use	irs SPAY AND NEUTER SOLUTIONS		20-0	0065631
	Name	change labe	POLIDO BOY 262		E Felepho	
	Initial r	eturn typė	CORTARO, AZ 85652		520-	-579-2691
	l erono	Special Specia	cific			
		tion:	5.			Exemption
-			(-V2) and reference and 4947(-V1) nanayomet charitable trusts	Accounting		
		must	(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts t attach a completed Schedule A (Form 990 or 990-EZ).	Other (spec	ify) 🟲	
	Waha	site:► WWW	. SPAYANDNEUTERSOLUTIONS . ORG			organization is not nedule B (Lorm 990,
		ization type (chec		990-EZ, or 9		leddie o (Francisso),
			organization is not a section 509(a)(3) supporting organization and its gro	oss receipts are	normally	not more than
		000, A return is	s not required, but if the organization chooses to file a return, be sure to	file a complete	return.	
L	Add I inste:	lines 5b, 6b, ai ad of Form 996	nd 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Fo 0-EZ	rm 990	🛌	\$ 71,376.
	rt I	Revenu	ie, Expenses, and Changes in Net Assets or Fund Balanc	es (See the	instruc	tions for Part I.)
	1		gifts, grants, and similar amounts received			****
	2	Program serv	rice revenue including government tees and contracts		2	
	3	Membership	dues and assessments,		., , 3	
	4		ncome		4	
	5 a	Gross amoun	nt from sale of assets other than inventory		ter serve serve ter serve serve	100 100 100
			other basis and sales expenses		The factor of the	1 MG 1 MG 1 1 1
#>#ZDE	¢		om sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)			c c
¥	6		nd activities (complete applicable parts of Schedule G). If any amount is from gaming, check	here		
N	a		re (not including \$of contributions		an de est an est est	7.0 - 1.0 - 1.0
Ē		•	ine 1)		00 00 00 00 00 00 00 00 00 00	one one
			expenses other than fundraising expenses		0.000.00	. A.
		•	oss) from special events and activities (Subtract line 6b from line 6a)			
			of inventory, less returns and allowances. 7a quods sold. 7b		303.	1000 1000 600
			goods sold		7	256.
	8	Other revenue (d) 8	
	9	•	escribe • e (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			
\dashv	10		imilar amounts paid (attach schedule)			
	11		to or for members			,
E	12		er compensation, and employee benefits			
P	13		fees and other payments to independent contractors			-
EXPEZS	14		ent, utilities, and maintenance			
Ě	15		lications, postage, and shipping			945.
•	16		describe - SEE STATEMENT 1			
	17	Total expens	es (add lines 10 through 16)		🟲 17	52,949.
	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)		18	17,880.
A PART	19	Net assets or	rfund balances at beginning of year (from line 27, column (A)) (must agre	ee with end-of-y	/ear	70
EE			ed on prior year's return).			-,/
Š	20		es in net assets or fund balances (attach explanation)			
Ties.	21		fund balances at end of year. Combine lines 18 through 20			25,381.
100	rt II	on Darauc	e Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more (See the instructions for Part II.)	(A) Beginning		
22	Con	ah aawaa a	nd investments		,526. 2	(B) Find of year 2 22, 298.
23		an, savings, at ad and buildies	gsgs.			3
24	OH-	ret assets (des	scribe - SEE STATEMENT 2		975. 2	
25				7	,501. z	
26	Tot	tal liabilities (c	:::::::::::::::::::::::::::::::::::::		0.2	
27	Ne	t assets or fun	describe ►)	7,		7 25,381.

Form 990-EZ (2008) SPAY AND NEL	SOLUTIONS			-006	5631 <u>Page 2</u>
Part III Statement of Program Se		s (See the instructi	ons.)		Expenses
What is the organization's primary exempt purpose? SE Describe what was achieved in carrying out the describe the services provided, the number of program little.	E STATEMENT 3 le organization's exempt purpor le persons benefited, or other re	oses. In a clear and con elevant information for a	icise manner, each	(Requiand (4 4947(a for oth	ired for 501(c)(3) i) organizations and a)(1) trusts; optional iers.)
00 CDD CD3 DD4D4D4D 4					,
(Grants \$) If the	nis amount includes foreign gr	onts check here		28 a	
29					• • • • •
(Grants \$) If the same of the	nis amount includes toreign gr	ants, check here		29 a	
(Grants \$) If the straight of the group of the straight of th	nis amount includes foreign gra av	ants, check here		30 a	
	e) nis amount includes foreign gra			31 a	
32 Total program service expenses (add lin	nes 28a through 31a)		_	32	
Part IV List of Officers, Directors				npens	ated. See the instrs.)
(a) Name and address	(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contributions employee benefit plan deterred compensat	is and	(c) Expense account and other allowances
KATALIN POWERS PO BOX 762	PRESIDENT/TREAS			0.	0.
CORTARO, AZ 85652 CORALIE AMES	VICE PRESIDENT	0.		0.	0,
PO BOX 762 CORTARO, AZ 85652	30.00				
EDWIN POWERS PO BOX 762	SECRETARY 10.00			Ο.	0.
CORTARO, AZ 85652 FRAN FRANCH GIBBS	ADVISOR			0.	0.
PO BOX 762 CORTARO, AZ 85652	10.00				
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BAA	TEEA0812_ (31/14/09			Form 990-EZ (2008)

Form	1990-F7 (2008) SPAY AND NEU 3 SOLUTIONS 20-006563	1	F	age
Par	Other Information (Note the statement requirement in General Instruction V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of	~~		Х
34	each activity. Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	33 34		x
				0000000
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 your reason for not reporting the income on Form 990-1.			control entre e control entre e control entre e control entre e
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 Ь		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37b	8113	X
		teres by		
	Did the organization borrow from, or make any toans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a	1110 H 100 H	Х
t	olf 'Yes,' complete Schedule II, Part II and enter the total amount involved	Brandinger Berkonana Brandinger Brandinger		
	501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	o Gross receipts, included on line 9, for public use of club facilities			
40 a	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 • <u>0.</u> ; section 4912 • <u>0.</u> ; section 4955 • <u>0.</u>	iga nanananan nanananan	a stant di antigias Jetema tematika	n province de la completa de la comp La completa de la completa della completa de la completa della completa de la completa de la completa della completa de
t	b01(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule I., Part I	40 ь		х
•	ther amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	ana waterana ana waterana Gana analama		
,	Enter amount of tax on line 40c reimbursed by the organization			
		de e de established de e diference e de de diference established		
•	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.	40 e		Х
41	List the states with which a copy of this return is filed • AZ			
42 a	Telephone no. > 520-5	<u> 79-2</u>	<u>691</u>	
	located at = 8105 W WANDERING SPRINGS WAY, TUCSON, AZ ZIP + 4 = 85743			
			Yes	No
K	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country; *			
			engagen aga an ele- anesanen ele-an ele- anesanen ele-an ele-an	e angresor
		en e		
		6 (0 (0) 6 (0 (0)	4101 T	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	olinali i ja vi Johan (d. 19 Olinali i ja j	and covered and set safe controls.	jūš.
(at any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	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		► [N/2
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/2
			V	A1
			7 es	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44		Х
AE	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			Ti
45	Form 990 must be completed instead of Form 990-EZ	45		Х
BAA	TEFA08120 01/14/09	rm 99	0-EZ	12008

		SOLUTIONS		20-006		Page 4
Part VI		ations only. All section	501(c)(3) organi:			
	and complete the tables for	or lines 50 and 51.		SEE S	TATEMENT	5
46 Did ti	he organization engage in direct or i	ndirect political campaign act	ivities on behalf of or	in conneition to candidate	. Ye	s No
for p	he organization engage in direct or i ublic office? If 'Yes,' complete Sche	dule C. Part I		····opposition to candidate.	46	Х
47 Did t	he organization engage in tobbying :	activities? If 'Yes,' complete \$	Schedule C, Part II.		47	Х
48 Is the	e organization operating a school as	described in section 170(b)(3	l)(Λ)(ii)? If 'Yes,' com	plete Schedule F	48	X
49 a Did tl	he organization make any transfers	to an exempt non-charitable i	elated organization?		49a	Х
	es,' was the related organization(s) a		•			_
50 Comi	plete this table for the five highest of ived more than \$100,000 of compens	ompensated employees (othe	r than officers, direct	ors, trustees and key empl		ch
16001	wed more than \$100,000 or compens	(b) Talle and average	(c) Compensation	(d) Commutations to employee	(e) Expens	
(a)) Name and address of each employee paid more than \$100,000	hours per wack devoted to position	(2)	benefit plates and deferred compensation	account ar other allower	เป
NONE	The state of the s	terroted to position		deterred companiation	VIII 111(1VIII	
140,141-						
		·				
		· .		1		
Total number	of other employees paid over \$100,000	🟲				
Irom	the organization. If there is none, e)	(b) Type of vervice	(c) Compensa	ation
NONE		·			,	
1101111						
	•			-		
				<u> </u>		
		'				
Trabal recent	ber of other independent contractors	Ferranging Over \$100,000	₽-			
TOTAL	Under penalties of perjury, I declare that I ha			t dements, and to the best of my k	jowledge and belie	f. it es
	true, correct, and complete. Declaration of pr	eparer (other than officer) is based on	all information of which pre-	parer has any knowledge.		.,
				1		
Sìgn Here	Signature of officer	"		 Date		
nere	· ·					
	KATALIN POWERS Type or print name and title			PRESIDENT		
	Type or print name and title				14 44	
Paid	Proparor's	*	Date	105	sparier's literatifying so (instructions)	
Pre-	NON-PAID PRE	PARER		employed 🟲 🕮 🕮	St. videlvišja videlskih od 1656 i 1656 i Danas v. videlvides (dada (da 1656 i 1656 i Danas v. videlvides (dada (da 1656 i 1656 i 1656 i	020000000000000000000000000000000000000
parer's	Firm's name (or yours if self					
Use	employed) saddress, and	aggio deponencemente con polició de gladició de la figlició de concernence de color de color de color de color A la color de concernence con color color color de la color de color de color de color de color de color de co	इंदर होते. हे हैं होते हैं है को हा कर्मका कर कर कर कर के दिया है है हो हो है ह जा हो जा जा के जा है जो हमाने का कर कर कर कर कर है		bj., djedg., dooldoodooroocoop ps., aga aooroe reperperperoop	
Only	ZIP + 4			official Phone no. F		_
	RS discuss this return with the prepa	rer shown above? See instruc	ctions		► Yos X	
BAA					Form 990-E	Z (2008)

SCHEDULE A (Form 990 or 990-EZ)

. ablic Charity Status and Public Support

To be completed by all section 501 (cX3) organizations and section 4947(aX1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service

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

2008

Open to Public Inspection

	or the older										ion number		
		NEUTER S								065631			
Par	t Re	ason for Pu	ıblic Charity Statı	is (All organizations	must	compl	ete thi	s part	.) (sce	: instru	ctions)		
The	o <u>rga</u> nizat	ion is not a pri	vate foundation becau-	se it is. (Please check on	ly one o	rganizat	ion.)						
1	A ct	urch, conventi	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).					
2	A so	hool described	in section 170(b)(1)(/	<mark>\)(ii). (</mark> Attach Schedule E	.)								
3	A ho	spital or coope	erative hospital service	e organization described i	n sectio	n 1 70 (b)	(1)(A)(ii	i). (Atta	ich Sche	edule H.)			
4	A m	edical research	n organization operate	d in conjunction with a ho	spital de	escribed	in secti	ion 1 70 ((b)(1)(A)	(lii). Lnte	er the hosp	ital's	
	nam	e, city, and sta	ate:										
5	An o	rganization op b)(1)(A)(iv). (0	perated for the benefit Complete Part II.)	of a college or university	owned (и орега	ted by a	govern	mental	unit desc	ribed in se	ction	
6				governmental unit describ									
7	m se	ection 1 70(b) (1)(A)(vi) . (Complete Pa	•		•	ernmen	tal unit	or from	the gane	ral public o	descrit	oed
8		mmunity trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Fart II.	.)							
9	inve	i áctivities relai strnent income	ted to its exempt funct	 more than 33-1/3 % of sons — subject to certain as taxable income (less somplete Part III.) 	exception	ms, and	(2) no t	more th	an 33-1/	3 % of it	s suopärt f	rom a	ross
10	∐ An ∈	organization or	ganized and operated	exclusively to test for put	olic safe:	ty. See :	section	509(a)(4	l). (see	instructio	ns)		
11	' mor	e publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ration and complete lines	$\Sigma(1)$ or \dot{s}	ection 5	09(a)(2)	tions of . See s	, or earr ection 5	y out the 09(a)(3) ,	purposes Check the	of one box t	e or hat
	_	Type I	b Type II		I Fund			ed		a [type III-	Other	
е	'_	۷.		ganization is not controlle		-	_		r more c	isqualifia	<i>,</i> ,		
·	than 509(foundátion ma a)(2).	anagers and other that	n one or more publicly su	pported	organiz	ations d	escribed	d in sect	lion 509(a)(1) or se	ction	
f	If th		received a written det	ermination from the IRS t	hat is a	Type I,	Type iI i	or Type	III supp	orting or	ganization		
g				tion accepted any gift or	contribu	ition from	n anvo	t the fol	lowing r	oreone 7			
ä	,	e August 17, 7	coo, mas me organise	non accepted any gift of			ii any o	1 (1162 117)	rownig 1	762) 21CH (21)		Yes	No
	(1)	a person who below, the go	o directly or indirectly obverning body of the si	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	in (ii) ar	nd (iii)	11 g (i)	763	140
	(ii)	a family men	nber of a person desc	ribed in (i) above?							11g (ii)		
	(16)			described in (i) or (ii) abo							11 g (iii)		
ł	ı Frov	de the following	ng information about t	he organizations the orga	nization	support	ls.				2 ()	•	
	(i) Name	of Supported jornization	(ii) EIN	(iii) Lype of organization (described on irros 1.9 ahove or IRC section (see instructions))	(iv) organizat (i) listed gove	Is the non-in-col- lan-your eming ment?	(v) Did y the organ	ou natify ntration or (i) of upport?	(vi) organizat (i) organi U.	Is the non-unicol, zed in the S.?	(vii) Amou	nt of Su	рроп
					Yes	No	Yes	No	Yes	No			
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			val. 31 in Serven value Ludender recordent sets "Statistist of egipting track of the device of the sets	i maranga magnaga sana tan inta a satu wa sana nagnaga nga ngana Inan nananaga na nana laniki sa a lanih nanananan nananaga ngangangan Inan nananga sana nana sana sa	L anguage 1 and 100 a	i sala ara in ini. Nga gawanana Nga sala dayan	Million du Di	grapa sebagai anda Saragai penganganga	en al ildubbrur	•			

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-F7) 2008

Schedule A (Form 990 or 990-FZ) 2008 PAY AND NEUTER SOLUTIONS 20-0065631 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2004(b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 🖻 1 Gifts, grants, contributions and membership fees received, (Do not include 'unusual grants.'). Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf... 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 4 Total. Add lines 1-3. 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) ... Public support, Subtract line 5. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2004 (b) 2005 (c) 2006(d) 2007(e) 2008 (f) Total 7 Amounts from line 4....... Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources . . Net income form unrelated business activities, whether or not the business is regularly. carried on.... 10 Other income. Do not include. gain or loss form the sale of capital assets (Explain in Part IV.) 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage % 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f........ 15 % 16a 33-1/3 support test - 2008. If the organization did not check the box, on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. **b 33-1/3 support test** — **2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualities as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on fine 13, 16a, or 16b, and line 14 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. . . . **b 10%-facts-and-circumstances test** — **2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and tine 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

BAA

20-0065631

Page 3

Schedule A (Form 990 or 990-EZ) 2008 PAY AND NEUTER SOLUTIONS Partiff Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Calci	ndar year (or fiscal yr beginning in) 🟲	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Lotal
1	Gitts, grants, contributions and membership fees received. (Do not include 'unusual grants.').	35,472.	33,781.	40,845.	44,626.	71,376.	226,100.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.		22,722	10,010.		,_	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				• • • •		0.
5	The value of services or facilities lurnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1-5	35,472.	33,781.	40,845.	44,626.	71,376.	226,100.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons.	11,950.	0.	0.	0.	0.	11,950.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	·					
		0. 11,950.	0.	0.	0.	13,000.	13,000.
	Add lines 7a and 7b	11,950.	V -		0.	13,000.	24,950.
8	Public support (Subtract line		anganganganganan pilangangangang	an beneben been groep, in bring problem as wording	garangan nya manayan nangan ngan banayan nanasan na	ennen dunanga gaga ne ne iki iki iga	201 150
r	7c (rom line 6.) tion B. Total Support	e noe nie voer wit wood door heer en werve. Genoe i ge neer vie vierd begenegge, vie voer e		nen neuerginen 1900 (1900 (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900)	edicada (indexida de disentra esperada (indexida esperada esperada esperada esperada esperada esperada esperad A principal de	and the second section of the	201,150
	non a. Tom andbori						
		(a) 2004	(h) 2005	(~) 200C	/d\ 2007	(a) 2000	/fx Tatal
Cale	ndar year (or fiscal yr beginning in) 🕒	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale:		(a) 2004 35, 472.	(b) 2005 33,781.	(c) 2006 40, 845.	(d) 2007 44,626.	(e) 2008 71, 376.	226,100.
Caler 9 10 a	ndar year (or fiscal yr beginning in) hamounts from line 6						226,100. 0.
Caler 9 10 a b	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 19/5. Add lines 10a and 10b.						226,100.
Caler 9 10 a b	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 19/5.	35,472.	33,781.	40,845.	44,626.	71,376.	0. 0.
0 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	35,472.	33,781.	0.	44,626.	71,376.	226,100. 0.
Calei 9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 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	35,472.	33,781.	0.	44,626.	71,376.	226,100. 0. 0.
Calei 9 10 a b 11 12	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net mome from unrelated business activities not included inline 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 ins 9, 10c, 11, and 12.) First five years. If the form 990 organization, check this box and	35,472. 0. s tor the organizat stop here.	0.	40,845. 0.	0.	71,376. 0. 0.	226,100. 0. 0. 0. 0. 226,100.
Calei 9 10a b c 11 12 13 14 Sec	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 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 lins 9, 10c, 11, and 12.) First five years. If the 1 orm 990 in organization, check this box and tion C. Computation of Putal 10 on the sale of capital assets.	35,472. 0. s tor the organization here. blic Support F	0.	40,845. 0.	0.	71, 376. 0. 0.	0. 0. 0. 0. 226,100.
Calei 9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 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 lins 9, 10c, 11, and 12.) First five years. If the 1 orm 990 in organization, check this box and tion C. Computation of Putablic support percentage tor 20	35,472. 0. s tor the organization here. blic Support F	0. O. Percentage (f) divided by line	40,845. 0. , third, fourth, or	0.	71, 376. 0. section 501(c)(3)	0. 0. 0. 0. 226,100. 0.
Calei 9 10 a b 11 12 13 14 Sec 15	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 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 les 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pur Public support percentage from 1	35,472. 0. s for the organization here. blic Support F 08 (line 8, column 2007 Schedule A,	33,781. 0. 0. Percentage (I) divided by line Part IV-A, line 27g	40,845. 0. , third, fourth, or	0.	71, 376. 0. section 501(c)(3)	0. 0. 0. 0. 226,100.
Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 19/5. Add lines 10a and 10b. Net income from unrelated business activities not included inline 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 lins 3, 10c, 11, and 12.) First five years. If the F orm 990 organization, check this box and tion C. Computation of Putablic support percentage from atton D. Computation of Invition D. Computation of Invitional Additional Properties of Invitional Properties of Invitor D. Computation of Invitional Properties of Invitor Description of Inv	35,472. 0. 0. s for the organizar stop here. blic Support for the stop here. construction of the stop here. construction of the stop here. construction of the stop here.	0. O. Percentage (f) divided by line Part IV-A, line 27cme Percentage	0. , third, fourth, or	0.	71, 376. 0. 15 16	226,100. 0. 0. 0. 0. 226,100. № □ 89.0% 86.9%
Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 19/5. Add lines 10a and 10b. Net income from unrelated business activities not included inline 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 lins 3, 10c, 11, and 12.) First five years. If the F orm 990 organization, check this box and tion C. Computation of Putablic support percentage from it income. Computation of Incometing Income	35, 472. 0. 0. 0. s for the organizar stop here stop here stop here policies and the stop here. Stop here for 2007 Schedule A. vestment Incompression of 2008 (line 10c, or 2008 (li	33,781. 0. ors first, second ercentage (f) divided by line Part IV-A, line 27gme Percentage	40,845. 0. 13, column (t)) by line 13, colum	0.	71, 376. 0. 15 16	0. 0. 0. 0. 0. 226,100. 0. 226,100. 0.0%
Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 19/5. Add lines 10a and 10b. Net income from unrelated business activities not included inline 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 les 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from 5 to 10c, 10c, 10c, 10c, 10c, 10c, 10c, 10c,	35,472. 0. s for the organization and the organization did to the organization and the organization did the orga	33, 781. 0. 0. Percentage (f) divided by line Part IV-A, line 27g me Percentage column (f) divided a A, Part IV-A, line not check the box	40,845. 0. 13, column (t)) by line 13, colume 27h	0. 0. (iith tax year as a	71, 376. 0. 0. 15 16 17 18 19 18 19 18 19 19 19 19 19	226,100. 0. 0. 0. 226,100. 0. 226,100. 0. 89.0% 86.9% 0.0%
Calei 9 10 a 10 a b 11 12 13 14 15 16 Sec 17 18 19 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 19/5. Add lines 10a and 10b. Net income from unrelated business activities not included inline 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 lins 3, 10c, 11, and 12.) First five years. If the F orm 990 organization, check this box and tion C. Computation of Putablic support percentage from it income. Computation of Incometing Income	35,472. 0. 0. s for the organization stop here. blic Support for the stop here. com 2007 Schedule A. vestment Income 2007 Schedule A. vestment Income 2007 Schedule and stop here.	0. O. Orange ion's first, second Percentage (f) divided by line Part IV-A, line 27c me Percentage column (f) divided A, Part IV-A, line not check the boothe organization of	40,845. 0. 13, column (t)). third, fourth, or 23, column (t). con line 13, column qualifies as a pub	0. 0. (f)). line 15 is more the licly supported or	71, 376. 0. 15 16 17 18 18 19 19 18 19 19 18 19 19	0. 0. 0. 0. 226,100. 0. 226,100. 0.0% 86.9% 0.0% 0.0%

Schedule A (Form 990 or 990-EZ) 2008 PAY AND NEUTER SOLUTIONS Part IV Supplemental Information. Complete this part to provide the explanation Part II, line 17a or 17b; or Part III, line 12. Provide any other additional	20-0065631	Page 4
Part IV Supplemental Information. Complete this part to provide the explanation	on required by Part II, lin	ie 10;
Part II, line 1/a or 1/b; or Part III, line 12. Provide any other additional	information, (see instru	ctions)

5205792691

Schedule B

OMB No. 1545 0047

or 990-PF)	Schedule of Contributors	2000
Department of the Treasury Internal Revenue Service	 Attach to Form 990, 990-EZ and 990-PF See separate instructions. 	2008
Name of the organization	""	Employer identification number
SPAY AND NEUTER SO	LUTIONS	20-0065631
Organization type (check one):	
Filers of:	Section:	
Form 990 or 990∙EZ	X 501(c)(<u>3</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a pri 527 political organization	ivate foundation
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation
	501(c)(3) taxable private foundation	
' 'contributor. (Complete Pa Special Rules — For a section 501(c)(3) orc	rm 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in morts I and II.) ganization tiling Form 990, or Form 990-FZ, that met the 33-1/3% support test of and received from any one contributor, during the year, a contribution of the great VIII, line 1. Complete Parts I and	the regulations under sections
For a section 501(c)(7), (8 aggregate contributions or	i), or (10) organization filing Form 990, or Form 990-EZ, that received from any or r bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scien on of cruelty to children or animals. Complete Parts I, II, and III.	one contributor, during the year,
some contributions for use \$1,000. (If this box is chec etc, purpose. Do not comp	i), or (10) organization filing Form 990, or Form 990-LZ, that received from any of elexclusively for religious, charitable, etc. purposes, but these contributions did recided, enter here the total contributions that were received during the year for an offere any of the Parts unless the General Rule applies to this organization because.	not aggregate to more than exclusively religious, charitable
religious, charitable, etc. d	contributions of \$5,000 or more during the year.)	+ \$
990-PF) but they must answe.	re not covered by the General Rule and/or the Special Rules do not file Schedule r 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of the hat they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, o	ir Form 990-EZ, or on line 2 of
BAA For Privacy Act and Pa	perwork Reduction Act Notice, see the Instructions Schedule B (F	Form 990, 990-EZ, or 990-PF) (2008

for Form 990. These instructions will be issued separately.

Schedule Name of org	8 (Form 990, 990-FZ, or 990-F		of 1 of Part I
-	IND NEUTER SOLUTIONS	1	identification number 065631
Parti	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT J GREENBERG 1433 N ESTATE DR TUCSON, AZ 85710	\$ <u>15,000.</u>	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	RED ACRE FOUNDATION PO BOX 278 STOW, MA 01775	\$8,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	TETA 0.7001 00 /05 /00	Sichardula 🗎 // Asses OO	U COUTS WE ORN DIS SOURCE

Schedule B	3 (Form 990, 990-L.Z., or 990-L. 2008)	Fage :	1 of	
Name of organ			1	tification number
SPAY AN	ND NEUTER SOLUTIONS		20-0065	631
Part II	Noncash Property (see instructions.)			
(a) No. from Part I	(b) Description of noncash property given	FMV (or see inst	:) estimate) ructions)	(d) Date received
	N/A	,		
	L # - 1			
		\$		
	40			
(a) No. from Part I	(b) Description of noncash property given	FMV (or e (see inst	:) estimate) ructions)	(d) Date received
		\$		
		~		-
(a) No. from Part I	(b) Description of noncash property given	FMV (or d (see inst	estimate)	(d) Date received
		\$		
		ļ ³ ———		
(a) No, from Part i	(b) Description of noncash property given	(or (see inst	c) estimate) ructions)	(d) Date received
		,		
		\$.
(a) No. from Part I	(b) Description of noncash property given	FMV (or (see inst	c) estimate) ructions)	(d) Date received
		\$	1	
(a) No. from Part I	(b) Description of noncash property given	(d FMV (or (see inst	:) estimate) ructions)	(d) Date received
				
		{		
		s		
	· · · · · · · · · · · · · · · · · · ·	Y		.,
ВАЛ	Sche	dule B (Form	990 990.E	Z. or 990 PF) (2008

	B (Form 990, 990-EZ, or 990-f2008)			Page 1	ot 1	of Part III
Name of organ	nization				Employer identificat	ion number
	ND NEUTER SOLUTIONS				20-0065631	
Part III	Exclusively religious, charitable, e organizations aggregating more t	rtc, individual contribution \$1,000 for the year.	ons to sect	ion 501(0 (a) through	c)(7), (8), or (10 (e) and the followi	l) ng line entry.)
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	iotal of <i>exclusively</i> religious, cha Enter this information once — s	ritable, etc. ee instruction	s.)	- \$	N/A
(a)	(b)	(c)			(d)	
No. from Part I	Purpose of gift	Use of gift		Des	cription of how gif	t is hold
	N/A					
		"				
		(e)				
		Transfer of gift				
	Transferee's name, addres	s, and ZIP + 4	Rela	itionship of	transferor to trans	steree
(a)	(b)	(c)			(d)	
No. from	, -	Use of gift		Des	cription of how gif	t is held
Part I						
		(e)				
		Transfer of gift				
	Transferce's name, addres	s, and ZIP + 4	Rela	ationship of	transferor to trans	sferee
	4.5	4.5			4.15	
(a) No. from	(b)	(¢)		Don	(d)	t ie bald
Part I	Purpose of gift	Use of gift		פסע	cription of how gif	t is Heid
		(e) Transfer of gift				
	Transferee's name, addres		Reis	ationship of	transferor to tran	sferee
	10.14.4	-,				
(a)	(b)	(c)			(d)	
No. from	Purpose of gift	Use of gift		Des	cription of how git	ft is held
Part I						
	· · · · · · · · · · · · · · · · · · ·					
		(e)				
		Transfer of gift				
	Transferee's name, addres	s, and ZIP + 4	Rela	ationship of	transferor to tran	sferee
DAA			O de la	olado B 75 · ·	··· 000 000 E7	000 PEV (2000
BAA			Sone	saare 🗗 (For	m 990, 990-EZ, or	990-17F) (2008

2008	FEDERAL STATEMENTS	PAGE 1
CLIENT EJN-SNS	SPAY AND NEUTER SOLUTIONS	20-006563
8/05/09 STATEMENT 1 FORM 990-EZ, PART I, LINE 1 OTHER EXPENSES	16	09:44AI
DEPRECIATION FUND RAISING INFORMATION TECHNOLOGY INSURANCE LICENSES OFFICE EXPENSES OTHER	TOTA	 125. 466. 623. 81. 219. 150. 173. 105. 50,062.

STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	BF	GINNING	_	ENDING
MACHINERY AND EQUIPMENT.		975.	\$	1,662.
PREPAID EXPENSES AND DEFERRED CHARGES		0.		<u> 1,421.</u>
TOTAL	\$	975.	\$	3,083.

STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROMOTE ANIMAL WELFARE THROUGH FINANCIAL ASSISTANCE FOR PET SPAYING/NEUTERING AND EDUCATING THE PUBLIC ON THE BENEFITS OF SPAYING & NEUTERING IN PREVENTING THE BIRTH OF UNWANTED ANIMALS.

STATEMENT 4 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SPAY AND NEUTER SOLUTIONS PROVIDED PARTIAL OR FULL FINANCIAL ASSISTANCE TO QUALIFIED PET OWNERS FOR THEIR PETS AND WE EDUCATED PEOPLE ABOUT THE IMPORTANCE OF THESE PROCEDURES IN PREVENTING THE BIRTH OF UNWANTED ANIMALS. DURING OUR SIXTH FISCAL YEAR, 1,020 ANIMALS WERE ALTERED. LOW COST SPAY AND NEUTER CERTIFICATES WERE GIVEN TO THOSE WHO HAVE LIMITED INCOME BUT WERE ABLE TO PAY FOR PART OF THE COST OF THE OPERATION. FREE SPAY NEUTER CERTIFICATES WERE GIVEN TO THOSE WHO HAD NO INCOME AND WERE UNABLE TO PAY FOR ANY PORTION OF THE PROCEDURES. DURING THE PAST SIX YEARS, WE FINANCED THE SPAY AND NEUTER OPERATIONS FOR 4,531 ANIMALS. BY REDUCING THE NUMBER OF UNWANTED ANIMALS, WE HELPED LOCAL ANIMAL WELFARE ORGANIZATIONS, MANY OF WHICH ARE OVERWHELMED BY THE NUMBER OF HOMELESS AND ABUSED PETS. AT THE SAME TIME, WE HELPED OUR COMMUNITY TO SAVE TAXPAYER DOLLARS TRYING TO COPE WITH THE CONSEQUENCES OF SURPLUS PETS.

2008 FEDERAL STATEMENTS		PAGE 2	
LIENT EJN-SNS	SPAY AND NEUTER SOLUTIONS	20-006563	
5/05/09		09:44A	
STATEMENT 5 FORM 990-EZ, PART VI REGARDING TRANSFERS	S ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		
(A) DID THE ORGANIZA	ATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	No.	
(B) DID THE ORGANIZATION A PERS	ATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR REMIUMS ON A PERSONAL BENEFIT CONTRACT? ATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR SONAL BENEFIT CONTRACT?	NO	
INDIRECTLI, ON A FER.	SONAL BENEFIT CONTRACT:	NO	

2008 TAX RETURN

PREPARER REVIEW COPY

Client:

EJN-SNS

Prepared for:

SPAY AND NEUTER SOLUTIONS

PO BOX 762

CORTARO, AZ 85652

520-579-2691

Prepared by:

MICHAEL C. FLOWERS

FLOWERS, RIEGER & ASSOC., PLLC

2919 E. BROADWAY #300 TUCSON, AZ 85716 (520) 327-8706

Date:

AUGUST 5, 2009

Comments:

FDIC2001_ 05/01/08