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 lunds and controlling organizations are defined in section \$12(b)(13) must file Form and 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 torm. The remark that are a file to the section to such a section of the control of the section of the sec

2009

OMB No. 1545 1150

Open to Public

epul Cen	ithient of the Treasury all Revenue: Service   The organization may have to use a copy of this return to salisfy state reporting exquirements.	mapection
		, 2010
	Check if applicable C	oyer identification number
$\overline{}$	Please CDAY AND MENTEED CONTROL 20	-0065631
=		rap-rapidse
_	Print or PO BOX 762	
		0-579-2691
- (	Arrended terms Instruc-	அ Exemption
		nber
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  G Accounting method: Other (specify)	: [X] Cash [ ] Accrual
		e organization is <b>not</b>
	Washing B WINW SPAYANDNEUTERSOLUTIONS ORG required to attach 5	Schedule & (Form 990.
	Tax-exempt status (check only one) —   X   501(c) ( 3 ) → (insert no.)   4947(a)(1) or   527   990-EZ, or 990-P1 )	•
	to the first than the second of the second o	Ilv not more than .
۸.	Check Fig. 1 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normal \$25,000. A Form 990-LZ or Form 990 return is not required, but if the organization chooses to fix a return, be sure	a 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	
	and the set of Energy 200 E 7	<u>►\$ 67,724.</u>
Pa	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	uctions <u>for Part I.)</u>
	1. Contributions, gitts, grants, and similar amounts received	07,724.
	Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
		4
	4 Investment income 5a Gross amount from sale of assets other than inventory. 5a	
	b Less: cost or other basis and sales expenses.	
_	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	5 c
で マラくほど	C Gain of (loss) from safe of assets other than inventory (sounded in 50 from amount of turn demind chart here	1 N
¥	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	
Ñ	a Gross revenue (not including \$of contributions	
Ĕ	reported on line 1)	or opening a
	U 1.055, Qillett expenses other than remarked with the control of	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	7a Gross sales of inventory, less returns and allowances	Construction
	h Less rost of goods sold	and the second
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe	8
	9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 67,724.
	10 Grants and similar amounts paid (attach schedule)	10
		11
Ê	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12
EXPE	the second secon	13
N	13 Professional rees and other payments to independent continues.	14
N S		15 1,058.
5	15 Printing, publications, postage, and shipping	16 90,757.
	16 Other expenses (describe - SEE STATEMENT 1	17 91,815.
	17 Total expenses. Add lines 10 through 16	18 -24,091.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	<u> </u>
N S	Not 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).  20 Other changes in net assets or fund balances (attach explanation).	25, 381.
NLT	1 20 Other changes in net assets or fund balances (attach explanation).	20
	T 20 Other changes in net assets or fund balances (attach explanation).  21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 1,290.
Œ		
H	(See the instructions for Part II.)  Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file form 990 instead  (See the instructions for Part II.)  (A) Beginning of year	ar (B) End of year
-	22.298	
	22 Cash, Savings, and Investments	23
_		<b>24</b> 1,182.
	25.381	
- 1	OTE CTATEMENT 2	***************************************
2	26 Total liabilities (describe SEE STATEMENT 3  Net assets or fund balances (line 27 of column (B) must agree with line 21)	
- 5	AT THE BESETS OF INDIA DAMANCES UNIC 27 OF GARAGOUT CONTINUES WAS SECURIOR STORY STO	

Form 990-EZ (2009) SPAY AND NEUTER				-006	55631 Page 2
Partill   Statement of Program Se		s (See the instructi	ons.)	/C1.5.0	Expenses
What is the organization's primary exempt purpose? SEE	STATEMENT 4			1 86 G	uired for section (3) and (4)
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purpo persons benefited, or other re	ises, in a clear and consistent information for $\epsilon$	cise manner, each	orgái 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers.)
program title.				for o	(héisí.)
28 SEE STATEMENT 5				-	
	<del></del>			1	
(Grants \$ 50,353.) If th	is amount includes foreign gra	ants, check here	<b>-</b>	28 a	90,482.
29	* *				,
				]	
				]	
	is amount includes foreign gra	ants, check here .		29 a	
30				-	
				1	
(Grants \$ ) If th	is amount includes foreign gra	ants, check here		30 a	,
31 Other program services (attach schedule	)				
	is amount includes foreign gra			31 a	
32 Total program service expenses (add lin				32	90,482.
Part IV List of Officers, Directors			ne even if not cor	npens	
(a) Name and address	(b) little and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions emptoyee benefit pla deferred compens.	us and	(e) Expense account and other allowances
KATALIN POWERS	PRESIDENT/TREAS	0.		0.	0.
PO BOX 762	40.00				
CORTARO, AZ 85652					
DOT JONES	DIRECTOR OF DEV	0.		0.	0.
625 N NORTON	10.00				1
TUCSON, AZ 85719	(1776271114678 1117				0
EDWIN POWERS	SECRETARY		i	0.	0.
PO BOX 762 CORTARO, AZ 85652	10.00				
FRAN FRANCH GIBBS	ADVISOR	0.	, ,	0.	0.
PO BOX 762	10.00		1	0.	· ·
CORTARO, AZ 85652					
	"""				
			ļ		
					- 13811M-1-11111 - 1111
ALL HILL					
					Ì
	**************************************				
	1		ł		
	1				
	]				
BAA	TFFA0812u	01/30/10			Form <b>990-EZ</b> (2009

	HV Other Information (Note the statement requirements in the instrs for Part V.) SEE ST/			<u>age s</u> 6
, d	TEXALLY VALUE AMOUNTATION (NOTE the Statement regularizations in the states (of ) are 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		X
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 an i orm 990-1, attach a statement explaining why the organization did not report the income on Form 990-T.		0.10.10.00.00 0.00.00.00.00.00	
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
	bill 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a tiquidation, dissolution, termination, or significant disposition of not assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0. b Did the organization file Form 1120-POL for this year?	3 <b>7</b> b	16	Χ
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
	b # 'Yes,' complete Schedule I., Part II and enter the total amount involved	er et e egene e er e er e et e e e er er e e e e e er e e e e e e		
	Section 501(c)(7) organizations, Enter:			** 1 .* ** 1 .
	a Initiation fees and capital contributions included on line 9			
	a Section 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>		[	
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40Ь		Х
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	The second secon		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-1	40 e	10 (10 (10) 10	X
41	Inst the states with which a copy of this return is filled ► AZ			
42	ta The organization's books are in care of F KATALIN POWERS Tolephone no. F 520-5  Located at F 8105 W WANDERING SPRINGS WAY, TUCSON, AZ ZP + 4 F 85743		<u>691</u> 	
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	
	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:	42b	Ne man en en	X
	in Text, effect the name of the foreign country.		Petro La debi intro in in Lega manga in manga in in Lega manteur interior in Participation and in interior into	
		20 10 10 10 10 10 10 10 10 10 10 10 10 10		
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	13.73		
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<b>4</b> 2 c		Χ
	If 'Yes,' enter the name of the foreign country: 🏲			
				1 22 45
43	3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		- 1	N/A N/A
	and einer the amount of text-section interest of attained during the text year		Vac	·
	6 5 1 M		Yes	No
44	of Form 990-1 Z	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"  John 990 must be completed instead of Form 990-EZ	45	<u> </u>	X
ВА	A TEFA0812. 01/30/10	orm <b>9</b> 9	0-EZ	(2009

Lorm 990-		AY AND NEUTER SOI			20-006		Page 4			
Part VI	501(c)(3)	<b>01(c)(3) organization</b> organizations and send complete the table	ction 4947(a)(1) n	onexempt charita	pt charitable trusts oble trusts must answ	only. All sectiver questions	ion ;			
AC Inida	the everenization	angene in direct or indirec	at political compaign as	tivitiae on babalf of or	in apparation to appared the	Yes	s No			
for p	une organization public office? (f "	engage in direct or indirec Yes,' complete Schedule (	n ponticai campaign ac 5, Part I	tivities of betall of or	in opposition to candidate	46	Х			
		engage in lobbying activit					X			
<b>48</b> le th	ie organization s	school as described in so	rction 170(b)(1)(A)(ii)? I	f 'Yes,' complete Sch	edule E	48	X			
<b>49 a</b> Did 1	the organization	make any transfers to an	exempt non-charitable	related organization?		49a	Х			
b lf 'Y	es," was the rela	ated organization a section	527 organization?			. 49 b				
50 Corr emp	iplete this table ployees) who ead	for the organization's five lich received more than \$10								
(;	a) Name and address more that	of each employee paid \$100,000	(b) Tille and average hours per week devoted to position	(u) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account and other allowand	d			
NONE _										
	<b></b>	<b></b>								
f Tota	I number of oth	or employees paid over \$1	00.000	1						
					_					
51 Com	plete this table	for the organization's five the organization. If there is	highest compensated in sinone lenter 'None'	ndependent contractor	rs who each received more	e than \$100,000	ان			
	'			v <sub>1</sub>	(b) Type of service	(c) Compenses				
NONE	(A) Namer and	address of each independent con-	ractor paid more than \$100,00	90	(b) (Alse or certains	(ii) Company	ikmi .			
NOME _										
<b>d</b> Tota	al number of oth	er independent contractors	s each receiving over \$	100,000	<u>-</u>					
	Juder ceroalties u	it perjury. I declare that I have exa-	mined they return, including suc	companying subsidiles and s	accements, and to the best of my	Snowledge and belief	r. it is			
	true, correct, and	ramplete, Declaration of propara	(office their officer) is besed a	n alkindórmásnora al which pro	aparer has any showledge.					
<b>C</b> :										
Sign Here	Signature of	officer			. Jate					
	KATAI.T	N POWERS			PRESIDENT					
		rame and title								
n. 1.1	Preparers -			Date	\$.00+0A.71	Prepareer's Identifying (Socialisations)	Number			
Paid Pre-	signature	NON-PAID PREPAR	LER		[100] Lange   [200]   2	1804 (340)				
parer's	Firm's pame (or	se necrolònic d'i doccos occidente del doccos de consecue del dissolution El different contrata d'acceptant en contrata de consecue de la description de la description de la description			::::::::::::::::::::::::::::::::::::::					
Use	yours if self employed).	r r r r r s. van der dit na vetertanndamppelitatet dinn so di tribitativitativitativitativitat dinn pempenannan va va so	ereneren eren eren eren eren eren eren		ajuasiasas ⊏IN ►		Kiddija kalenda			
Only	address, and ZIP + 4	Mada kata ada da ada da ada da ada da da da da d	o o o o o o o o o o o o o o o o o o o	te tree processor programme meg broke, det det contration de te tree processor programme meg broke, det det contration de	Plone no. F. Social					
	RS discuss this	return with the preparer sh	iown above? See instri	ictions		Yes X				
BAA						Form <b>990-E</b> 2	Z (2009)			

SCHEDULE A (Form 990 or 990-EZ)

#### **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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545 0047

Open to Public

	f the organization									lion number				
	Y AND NEUTER SO								<u>)65633</u>					
			<b>ıs</b> (All organizations					<u>) See</u>	instruc	ctions				
The or	rganization is not a priv	rate foundation becau	se it is: (For lines 1 throu	gh 11, c	heck onl	ly one b	nx.)							
1	A church, convention	on of churches or asse	ociation of churches desc	ribed in	section	170(b)(1	χΑχί).							
2	A school described	in section 170(b)(1)(A	A)(ii). (Altach Schedule F	.)										
3	A hospital or coope	rative hospital service	organization described i	n sectio	n 170(b)	(1)(A)(iii	).							
4	A medical research	organization operate	d in conjunction with a ho	spital de	escribed	in secti	on 170(	ь)(1)(А)	(iii). Ente	er the hospital's				
	name, city, and sta	te:												
5	<sup>1</sup> 17 <b>0(b)(1)(Λ)(iv)</b> . (C	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)													
8	A community trust	described in <b>section 1</b>	70(b)(1)(A)(vi). (Complete	e Part II.	)									
9	from activities relationvestment income June 30, 1975, See	ed to its exempt funct and unrelated busine section 509(a)(2). (Co		exception 5	ons, and II tax) t	(2) no r rom bus	more the anesses	an 33-17 Gaeguire	3 % of it	s support from cross				
10			exclusively to test for put											
11	more publicly suppl	orted, organizations d	exclusively for the benefi escribed in section 509(a ration and complete lines	MD or $S$	ection 5	09653(2)	tions of . See se	, or carr ection 5	y out the <b>09(</b> a <b>)(</b> 3).	e purposes of one or Check the box that				
	a   Type	<b>b</b>   Type II	c Type II				ed		d [	Type III— Other				
ď	By checking this both than foundation ma 509(a)(2).	ox, I certify that the or magers and other that	ganization is not controlle it one or more publicly su	ed direct ipported	ly or ind organiza	irectly b ations d	y one o escribed	r more o 1 in sect	tisqualifi ion 509(	ed persons other a)(1) or section				
f			ermination from the IRS (	that is a	Туре т,	Type II (	or Type	III supp	orting or	rganization,				
g	Since August 17, 2	006, has the organiza	tion accepted any gift or	contribu	ition from	n any o	f the fol	lowing p	ersons?	<u></u>				
										Yes No				
	(i) a person who	directly or indirectly	controls, either along or t	ogether	with per	sons de	sonbed	io (ii) ar	rck (iji)	11-6				
			upported organization?							11 g (i)				
			ribed in (i) above?											
	1 1		described in (i) or (ii) ab							. 11 g (iii)				
h		1	<u>he supported organizatio</u> T	T		1		1						
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of mg-ang-dian (described on lines 1-9 above or RC, section (see instructions))	organiza: (i) lester gove	s the ion in col. Lin your ming ment?	the organ	on notify sization and (i) of appoint?	organizar	k, the ion in cal. Zeal in this S.?	(vis) Amount of Support				
				Yes	Nο	Yes	No	Yes	No					
									,					
				ļ										
					:									
Total						contraction generally and the contraction of the co								

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

Schedule A (Form 990 or 990-EZ) 2009

20-0065631 Schedule A (Form 990 or 990-EZ) 2009 SPAY AND NEUTER SOLUTIONS Page 2 图能账 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 beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Giffs, 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 turnished to the public without charge Total, Add lines 1-through 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) ... 6 Public support. Subtract line 5 trom line 7 Section B. Total Support Calendar year (or fiscal year beginning in) • (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Lotal 7 Amounts from line 4. Gross income from interest. dividends, payments received on securities loans, rents. royalties and income form. similar sources. Net income from unrolated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of <u>c</u>apital assets (Explain in Fart IV.) . . . . Total support. Add lines 7 through 10 ...... 12 Gross receipts from related activities, etc. (see instructions) 12 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 14 % 15 Public support percentage from 2008 Schedule A. Part II, line 14 15 16a 33-1/3 support test - 2009. 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 qualities as a publicly supported organization. b 33-1/3 support test — 2008. 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 - 2009 If the organization did not check a box on line 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.** I xplain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . .

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ... 🔭 [ Schedule A (Form 990 or 990-EZ) 2009

Schedule A (horm 990 or 990-LZ) 2009 SPAY AND NEUTER SOLUTIONS

20-0065631

Page 3

#### Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support (a) 2005 **(b)** 2006 (c) 2007 Calendar year (or fiscal yr beginning in) (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.").... 71,376. 67,724 33,781 40,845 44,626. 258,352. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 0. purpose. 3 Gross receipts from activities that are not an unrelated trade or business 0, under section 513. . 4 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge... Ω 6 Total, Add lines 1 through 5. . . 33,781 40,845 44,626 71.376. 67,724 258,352. 7a Amounts included on lines 1, 2, 3 received from disqualified 0, 0, Ο, 650 650. 0. persons... **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 Ü 0 0 0. year 0. 0 Ο, 0. 650. 650. c Add lines 7a and 7b....... 8 Public support (Subtract line 257,702. 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) 🟲 (a) 2005 (b) 2006 (c) 2007 (d) 2008 **(e)** 2009 (f) Total 33,781 40,845 44,626 71,376, 67,724 258,352, 9 Amounts from line 6. . . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources . . 0. b Unrelated business taxable income (less section 511 taxes) from businesses Ο. acquired after June 30, 1975 0. 0 0 0 0. 0. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included inline 10b. whether or not the business is 0. regularly carried on ... 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0. 258,352 13 Total support. (add lns 8, 10c, 11, and 12.) **First five years.** If the florm 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 99.8% 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15. 16 89.0% Section D. Computation of Investment Income Percentage 0.0% 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule Λ, Part III, line 17. 0.0% 19a 33-1/3 support tests -- 2009. If the organization glid not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not **►** X more than 33 1/3%, check this box and stop here. The organization qualities as a publicly supported organization. 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form	<u>990 or 9</u>	990-EZ	2009	SPA	Y AN	<u> N</u>	EUTER	SOLU'	TIONS			2	0-0065	631		Page 4
Part IV	Supp	lemer	ıtal Ir	iforma	ition.	Comp	lete	this pa	art to p	provide	the exp	lanation	ș requi	red by	Part II,	line 10	);
	Part	II, Jine	17a	or 17b	; and	Part I	II, li	ne 12.	Provid	te any	other ad	ditional	inform	ation. S	Gee ins	tructio	ns.
																nne- ma v.	
<b></b>																	
									· ·								
													_ <b></b>				
					<b></b> _												

2009	FEDERAL STATEMENTS	PAGE 1
CLIENT EJN-SNS	SPAY AND NEUTER SOLUTIONS	20-0065631
8/16/10		11:58AM
STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES		
FUND RAISING		480. 241. 50. 236. 10. 155. 641. 88,944. 90,757.
STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS		
MACHINERY AND EQUIPMENT PREPAID EXPENSES AND DEFERR	BEGINNING S 1,662. \$ 1,421. TOTAL \$ 3,083. \$	ENDING 1,182, 0. 1,182.
STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES		. "
CREDIT CARDS	BEGINNING	ENDING 3,033. 3,033.

### STATEMENT 4 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 5 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 SEVENTH FISCAL YEAR, 1,704 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

2009

#### FEDERAL STATEMENTS

PAGE 2

**CLIENT EJN-SNS** 

SPAY AND NEUTER SOLUTIONS

20-0065631

8/16/10

11:58AM

STATEMENT 5 (CONTINUED) FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PAST SEVEN YEARS, WE FINANCED THE SPAY AND NEUTER OPERATIONS FOR 6,436 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.

## STATEMENT 6 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO