

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)

OMB No. 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: FEEDING PETS OF THE HOMELESS. D Employer identification number: 26-3010540. E Telephone number: 775-841-7463. F Group Exemption Number. G Accounting method: X Cash. H Check if the organization is not required to attach Schedule B. I Website: WWW.PETSOFHOMELSS.ORG. J Tax-exempt status: 501(c)(3). K Check if the organization is not a section 509(a)(3) supporting organization. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts: \$ 86,080.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 3 columns: Line number, Description, Amount. Revenue lines 1-9 total 86,080. Expenses lines 10-17 total 87,068. Net Assets lines 18-21 total 5,497.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

Table with 3 columns: Line number, Description, (A) Beginning of year, (B) End of year. Lines 22-27 show assets and liabilities totaling 5,497.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b>
What is the organization's primary exempt purpose? <b>SEE STATEMENT 9</b>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		
<b>28</b>	<b>SEE STATEMENT 7</b>  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 59,742.
<b>29</b>	<b>SEE STATEMENT 8</b>  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b> 12,823.
<b>30</b>	  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b>	Other program services (attach schedule) _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) _____	<b>32</b> 72,565.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GENEVIEVE FREDERICK, 2255 WATERFORD PL, CARSON CITY, NV 89703	EXECUTIVE DIRECTOR 30.00	0.	0.	0.
RENEE LOWRY, 2255 WATERFORD PL, CARSON CITY, NV 89703	SECRETARY 10.00	0.	0.	0.
BILLIE SHEA, 2255 WATERFORD PL, CARSON CITY, NV 89703	TREASURER 10.00	0.	0.	0.
GARY L AILES, DVM, 2255 WATERFORD PL, CARSON CITY, NV 89703	DIRECTOR 2.00	0.	0.	0.
KATHI GIURLANI, 2255 WATERFORD PL, CARSON CITY, NV 89703	DIRECTOR 2.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">0.</span>		
b	Did the organization file <b>Form 1120-POL</b> for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">N/A</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">N/A</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">N/A</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">0.</span> ; section 4912 <span style="float:right">0.</span> ; section 4955 <span style="float:right">0.</span>		
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		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 <span style="float:right">0.</span>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">0.</span>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">NONE</span>		
42a	The organization's books are in care of <span style="float:right">GENEVIEVE FREDERICK</span> Telephone no. <span style="float:right">775-841-7463</span> Located at <span style="float:right">2255 WATERFORD PL, CARSON CITY, NV</span> ZIP + 4 <span style="float:right">89703-4575</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization? .....	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 .....

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 .....

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

**GENEVIEVE FREDERICK, EXEC. DIRECTOR**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: **MARTIN JONES & ASSOCIATES**  
**896 WEST NYE LANE, SUITE 102**  
**CARSON CITY, NV 89703**

EIN: \_\_\_\_\_ Preparer's identifying number (See instr.): \_\_\_\_\_  
Phone no.: **(775) 841-8040**

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No

**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

**2009**

Open to Public Inspection

Name of the organization <b>FEEDING PETS OF THE HOMELESS</b>	Employer identification number <b>26-3010540</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  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  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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 **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(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? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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 beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				86,665.	85,978.	172,643.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3				86,665.	85,978.	172,643.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						172,643.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4				86,665.	85,978.	172,643.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				3.	2.	5.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					100.	100.
<b>11 Total support.</b> Add lines 7 through 10						172,748.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	53.

**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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.94	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>		%

**16a 33 1/3% support test - 2009.** If the organization did not check the box on line 13, and 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 - 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 qualifies 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.** 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 - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies 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

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FORM 990-EZ OTHER EXPENSES STATEMENT 1

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DESCRIPTION	AMOUNT
EQUIPMENT RENTAL	822.
BANK & CREDIT CARD FEES	258.
OFFICE SUPPLIES	1,544.
TELEPHONE	533.
PROPERTY TAX ASSESSMENT	20.
ADVERTISING	86.
INSURANCE	977.
CONFERENCE	950.
MEMBERSHIP DUES	65.
STATE REGISTRATION FEE	25.
DEPRECIATION EXPENSE	666.
TOTAL TO FORM 990-EZ, LINE 16	5,946.

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FORM 990-EZ OTHER ASSETS STATEMENT 2

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DESCRIPTION	BEG. OF YEAR	END OF YEAR
SUPPLIES & EQUIPMENT	196.	241.
OTHER DEPRECIABLE ASSETS	0.	1,997.
TOTAL TO FORM 990-EZ, LINE 24	196.	2,238.



FORM 990-EZ

NONCASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASS OF ACTIVITY

PET FEEDING

DONEE'S NAME

DONEE'S ADDRESS

THE BRIDGE

1818 CORSICANA ST  
DALLAS, TX 75201

RELATIONSHIP OF DONEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

PET FOOD

03/17/09

METHOD USED TO DETERMINE BOOK VALUE

DONATION VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE

AMOUNT GIVEN

WHOLESALE \$ PER POUND

1,756.

1,756.

CLASS OF ACTIVITY

PET FEEDING

DONEE'S NAME

DONEE'S ADDRESS

THE BRIDGE

1818 CORSICANA ST  
DALLAS, TX 75201

RELATIONSHIP OF DONEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

PET FOOD

06/08/09

METHOD USED TO DETERMINE BOOK VALUE

DONATION VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE

AMOUNT GIVEN

WHOLESALE \$ PER POUND

3,291.

3,291.

CLASS OF ACTIVITY

PET FEEDING

DONEE'S NAME

THE BRIDGE

DONEE'S ADDRESS

1818 CORSICANA ST  
DALLAS, TX 75201

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

PET FOOD

DATE OF GIFT

11/09/09

METHOD USED TO DETERMINE BOOK VALUE

DONATION VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

WHOLESALE \$ PER POUND

BOOK VALUE

3,472.

AMOUNT GIVEN

3,472.

CLASS OF ACTIVITY

PET FEEDING

DONEE'S NAME

THE BRIDGE

DONEE'S ADDRESS

1818 CORSICANA ST  
DALLAS, TX 75201

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

PET FOOD

DATE OF GIFT

12/08/09

METHOD USED TO DETERMINE BOOK VALUE

DONATION VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

WHOLESALE \$ PER POUND

BOOK VALUE

955.

AMOUNT GIVEN

955.

CLASS OF ACTIVITY

PET FEEDING

DONEE'S NAME

SPCA DALLAS

DONEE'S ADDRESS

362 S. INDUSTRIAL BLVD.  
DALLAS, TX 75207

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

PET FOOD

DATE OF GIFT

05/06/09

METHOD USED TO DETERMINE BOOK VALUE

DONATION VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

WHOLESALE \$ PER POUND

BOOK VALUE

4,594.

AMOUNT GIVEN

4,594.

CLASS OF ACTIVITY

PET FEEDING

DONEE'S NAME

UPLIFT ORGANIZATION

DONEE'S ADDRESS

1516 PROSPECT  
KANSAS CITY, MO 64127

RELATIONSHIP OF DONEE

NONE

DESCRIPTION OF PROPERTY

PET FOOD

DATE OF GIFT

08/26/09

METHOD USED TO DETERMINE BOOK VALUE

DONATION VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

WHOLESALE \$ PER POUND

BOOK VALUE

8,349.

AMOUNT GIVEN

8,349.

CLASS OF ACTIVITY

PET FEEDING

DONEE'S NAME

DONEE'S ADDRESS

VARIOUS OTHER ORGANIZATION

RELATIONSHIP OF DONEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

PET FOOD

VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

DONATION VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE

AMOUNT GIVEN

WHOLESALE \$ PER POUND

37,324.

37,324.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

59,741.

FORM 990-EZ

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

STATEMENT

4

DESCRIPTION

AMOUNT

CORRECT PRIOR PERIOD FOR ADDITION OF ASSETS DONATED AT STARTUP

2,709.

TOTAL TO FORM 990-EZ, LINE 20

2,709.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

<u>CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
VETERINARY SERVICES VARIOUS VETERINARY CLINICS AND HOSPITALS	NONE	8,323.
VETERINARY SERVICES SOUTH OCALA ANIMAL CLINIC	NONE	4,500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>12,823.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

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

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



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

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

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