

990

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 0047

2007

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning

, 2007, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type
See
specific
instruc-
tions

C Name of organization

CENTRAL NEW YORK CAT COALITION

Number and street (or P O box if mail is not delivered to street addr) Room/suite

PO BOX 6182

City, town or country

SYRACUSE

State ZIP code + 4

NY 13217

D Employer Identification Number

06-1688749

E Telephone number

(315) 289-2287

F Accounting method

☒ Cash ☐ Accrual

Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If "Yes," enter number of affiliates

H (c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list See instructions)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number

M Check ☒ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: WWW.CNYCATCOALITION.ORG

J Organization type
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its
gross receipts are normally not more than \$25,000. A return is not required, but if the
organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 81,571.

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

1 Contributions, gifts, grants, and similar amounts received

a Contributions to donor advised funds

1a

b Direct public support (not included on line 1a)

1b

18,088.

c Indirect public support (not included on line 1a)

1c

19,894.

d Government contributions (grants) (not included on line 1a)

1d

e Total (add lines 1a through 1d) (cash \$ 37,287. noncash \$ 695.)

1e 37,982.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 39,634.

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 60.

5 Dividends and interest from securities

5

6a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss) Subtract line 6b from line 6a

6c

7 Other investment income (describe)

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

8a

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) Combine line 8c, columns (A) and (B)

8d

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☒a Gross revenue (not including \$ 0. of contributions
reported on line 1b)

9a

3,895.

b Less direct expenses other than fundraising expenses

9b

197.

c Net income or (loss) from special events Subtract line 9b from line 9a

See L-9 Stmt

9c 3,698.

10a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a

10c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12 81,374.

13 Program services (from line 44, column (B))

13 73,197.

14 Management and general (from line 44, column (C))

14 7,023.

15 Fundraising (from line 44, column (D))

15 0.

16 Payments to affiliates (attach schedule)

16

17 Total expenses. Add lines 16 and 44, column (A)

17 80,220.

18 Excess or (deficit) for the year Subtract line 17 from line 12

18 1,154.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 24,898.

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year Combine lines 18, 19, and 20

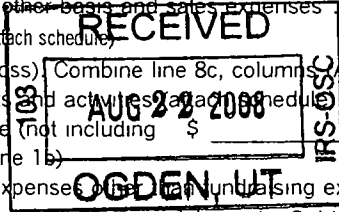
21 26,052.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 12/27/07

Form 990 (2007)

SCANNED SEP 15 2008



EXPENSES

ASSETS

617 24

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ☐	22a 0.	0.		
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ☐	22b 0.	0.		
23 Specific assistance to individuals (attach schedule)	23 0.	0.		
24 Benefits paid to or for members (attach schedule)	24 0.	0.		
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26 0.	0.	0.	0.
27 Pension plan contributions not included on lines 25a, b, and c	27 0.	0.	0.	0.
28 Employee benefits not included on lines 25a - 27	28 0.	0.	0.	0.
29 Payroll taxes	29 0.	0.	0.	0.
30 Professional fundraising fees	30 0.	0.	0.	0.
31 Accounting fees	31 1,200.	0.	1,200.	0.
32 Legal fees	32 0.	0.	0.	0.
33 Supplies	33 16,174.	16,051.	123.	0.
34 Telephone	34 1,262.	0.	1,262.	0.
35 Postage and shipping	35 1,325.	0.	1,325.	0.
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 2,301.	0.	2,301.	0.
39 Travel	39 1,808.	1,808.	0.	0.
40 Conferences, conventions, and meetings	40 0.	0.	0.	0.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize)	43			
a ADOPTION FEE REIMBURSEMENT	43a 865.	865.	0.	0.
b BANK SERVICE FEES	43b 170.	0.	170.	0.
c EMPLOYER PROVIDED MEALS	43c 562.	0.	562.	0.
d MEDICAL - OTHER	43d 9,428.	9,428.	0.	0.
e MEDICAL - SPAY/NEUTER	43e 45,045.	45,045.	0.	0.
f STATE CHARITIES FEE	43f 80.	0.	80.	0.
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 80,220.	73,197.	7,023.	0.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>CAT POPULATION CARE/CONTROL</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>SURGICAL FEES PAID IN FUNDING OF A LOW OR NO COST</u> <u>SPAY/NEUTER AND VACCINATE PROGRAM TO STABILIZE</u> <u>CAT OVERPOPULATION AND PROMOTE ADOPTION. 338 MALE</u> <u>& 484 FEMALES WERE SURGICALLY ALTERED IN 2007.</u> <u>**SEE PROGRAM ACCOMPLISHMENTS A FOR FURTHER DETAILS</u> (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here ▶ ☐	45,045.
b <u>FOOD & MEDICAL SUPPORT, TO SOCIALIZER AND IMPROVE THE</u> <u>HEALTH OF HOMELESS CATS IN FOSTER CARE TO PROMOTE</u> <u>ADOPTION & MAINTAINING HEALTHY FERAL COLONIES.</u> <u>373 HOMELESS CATS WERE ADOPTED INTO PERMANANT HOMES IN 2007.</u> <u>**SEE PROGRAM ACCOMPLISHMENTS B FOR FURTHER DETAILS</u> (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here ▶ ☐	26,344.
c <u>VAN RENTAL FOR TRANSPORTATION TO NSAL NO KILL</u> <u>ADOPTION CENTER IN PORT WASHINGTON.</u> <u>**SEE PROGRAM ACCOMPLISHMENTS C FOR FURTHER DETAILS</u> (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here ▶ ☐	1,808.
d _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	73,197.

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	8,138.	45	2,978.
	46 Savings and temporary cash investments	15,855.	46	23,374.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47 c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts	475.	48 c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
	51 a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments — publicly-traded securities	☐ Cost ☐ FMV	54 a	
	b Investments — other securities (attach sch)	☐ Cost ☐ FMV	54 b	
	55 a Investments — land, buildings, & equipment basis			
	b Less: accumulated depreciation (attach schedule)		55 c	
	56 Investments — other (attach schedule)		56	
	57 a Land, buildings, and equipment basis			
b Less: accumulated depreciation (attach schedule)		57 c		
58 Other assets, including program-related investments (describe ► <u>See Line 58 Stmt</u>)	430.	58	184.	
59 Total assets (must equal line 74) Add lines 45 through 58	24,898.	59	26,536.	
LIABILITIES	60 Accounts payable and accrued expenses	0.	60	0.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ► <u>See Line 65 Stmt</u>)	0.	65	484.
	66 Total liabilities. Add lines 60 through 65	0.	66	484.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	24,898.	67	17,230.
	68 Temporarily restricted		68	8,822.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	24,898.	73	26,052.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	24,898.	74	26,536.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 and deferred compensation plans	(E) Expense account and other allowances
MICHELLE POWERS 1206 S GLENCOVE AVENUE SYRACUSE NY 13206	PRESIDENT 40.00	0.	0.	0.
MARIETTA ROWE 363 WAINWRIGHT AVE. SYRACUSE NY 13208	VICE PRESIDENT 30.00	0.	0.	0.
OLIVER BROWN PO BOX 157 APULIA STATION NY 13020	TREASURER 10.00	0.	0.	0.
CAROLYN B. DEGROFF 4197 MAKYES ROAD SYRACUSE NY 13215	SECRETARY 10.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	10		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75 b		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'	75 c		X
If 'Yes,' attach a statement that includes the information described in the instructions			
d Does the organization have a written conflict of interest policy?	75 d		X

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other
-----------------	--

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI	Other Information <i>(See the instructions.)</i>
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Part VI Other information (See the instructions)			
76	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	X
b	If 'Yes,' enter the name of the organization _____ and check whether it is ☐ exempt or ☐ nonexempt		
81a	Enter direct and indirect political expenditures (See line 81 instructions)	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X

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Part VI Other Information (continued)

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82 b 25,412.	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83 b X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a N/A	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85 a N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85 c N/A	
d Section 162(e) lobbying and political expenditures	85 d N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h N/A	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a N/A	
b Gross receipts, included on line 12, for public use of club facilities	86 b N/A	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87 a N/A	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b N/A	
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88 a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88 b	X
89 a 501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b 501(c)(3) and 501(c)(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,' attach a statement explaining each transaction	89 b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e	X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g	X
90 a List the states with which a copy of this return is filed ▶ See States Filed In		

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)

90 b 0

91 a The books are in care of ▶ MARIA POULSEN Telephone number ▶ (315) 478-3131
Located at ▶ 526 OAK STREET SYRACUSE NY ZIP + 4 ▶ 13208

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)?
If 'Yes,' enter the name of the foreign country ▶

	Yes	No
91 b		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a SPAY/NEUTER					22,057.
b ADOPTION FEES					13,065.
c FOOD - AT COST					4,512.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					60.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			2	3,698.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				3,698.	39,694.
105 Total (add line 104, columns (B), (D), and (E))					43,392.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	SPAY & NEUTER OF FREE ROAMING CATS HELPS CONTROL OVERPOPULATION
93B	ADOPTION FEES COLLECTED RECOUP S/N FEE, ALLOWING MORE S/N
93C	DRY CAT FOOD SOLD AT OR NEAR COST; FEEDING FOSTER AND COLONY CATS
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes No

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please 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 <u>Michelle Renee Powers</u> Date <u>8/14/08</u>	
Paid Preparer's Use Only	Type or print name and title <u>Michelle Renee Powers President</u>	
	Preparer's signature <u>[Signature]</u>	Date <u>08/12/08</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>ALPERT STEARNS DALEY & LACOMBE</u> <u>404 E GENESEE ST</u> <u>FAYETTEVILLE NY 13066-1552</u>	Check if self-employed ☐ Preparer's SSN or PTIN (See General instruction X) <u>900087863</u> EIN <u>16-1184209</u> Phone no <u>315-637-2809</u>

BAA

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under**
Section 501(c)(3)(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2007

Name of the organization

CENTRAL NEW YORK CAT COALITION

Employer identification number

06-1688749

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶	NONE		

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶	NONE

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶	NONE

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____ 0

Part IV Reason for Non-Private Foundation Status (See instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	36,097.	37,915.	32,315.	14,696.	121,023.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	63,243.	30,020.	6,235.	7,123.	106,621.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	71.	2.	13.		86.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	99,411.	67,937.	38,563.	21,819.	227,730.
24 Line 23 minus line 17	36,168.	37,917.	32,328.	14,696.	121,109.
25 Enter 1% of line 23	994.	679.	386.	218.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.

c Total support for section 509(a)(1) test. Enter line 24, column (e).

d Add Amounts from column (e) for lines: 18 _____ 19 _____
22 _____ 26b _____

e Public support (line 26c minus line 26d total)

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))**

26a	
26b	
26c	
26d	
26e	
26f	%

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines: 15 _____ 16 _____
17 _____ 20 _____ 21 _____

d Add: Line 27a total _____ and line 27b total _____

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 227,730.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))**h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))**

27c	227,644.
27d	
27e	227,644.
27f	
27g	99.96 %
27h	0.04 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			

32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)				

33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)				

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement				
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table – <table border="0"> <tr> <td>If the amount on line 40 is –</td> <td>The lobbying nontaxable amount is –</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is –	The lobbying nontaxable amount is –	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is –	The lobbying nontaxable amount is –														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.															

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

a Volunteers**b** Paid staff or management (Include compensation in expenses reported on lines c through h.)**c** Media advertisements**d** Mailings to members, legislators, or the public**e** Publications, or published or broadcast statements**f** Grants to other organizations for lobbying purposes**g** Direct contact with legislators, their staffs, government officials, or a legislative body**h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means**i** Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Supporting Statement of:

Form 990 p 1/Line 1b

Description	Amount
	149.
	4.
	22.
	1,234.
	697.
	99.
	15,883.
Total	<u>18,088.</u>

Supporting Statement of:

Form 990 p 1/Line 1c

Description	Amount
	1,115.
	695.
	370.
	675.
	467.
	1,965.
	1,818.
	1,325.
	1,114.
	350.
	10,000.
Total	<u>19,894.</u>

Supporting Statement of:

Form 990 p 2/Line 33 column (B)

Description	Amount
ADOPTION CENTER:	
MAINTENANCE SUPPLIES	776.
RELATED TO FOSTER CARE:	
FOSTER SITE SUPPLIES	2,023.
MEDICINE CHEST	6,550.
FOOD PANTRY SUPPLIES	6,702.
Total	<u>16,051.</u>

Form 990. Part VI, Page 7, Line 90a

States Filed In

New York

Form 990, Page 8, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
101	EXPOSURE TO INDIVIDUALS THAT MAY BE FEEDING STRAYS OR ARE WILLING TO FOSTER HOMELESS CATS

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
GARAGE/RUMMAGE SALES	1,708.	0.	1,708.	0.	1,708.
RAFFLE	30.	0.	30.	0.	30.
SU VOLUNTEERS	1,943.	0.	1,943.	197.	1,746.
PRODUCT SALES	214.	0.	214.	0.	214.
Total	3,895.	0.	3,895.	197.	3,698.

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
PREPAID GIFT CARDS	430.	184.
Total	430.	184.

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
CREDIT CARD BALANCES	0.	484.
Total	0.	484.

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-5

Description	Amount
SANS CLININC	4,985.
DR CORONADO	2,985.
PREPAID SPAY & NEUTER	262.
UPSTATE SPAY/NEUTER	321.
SOS SPAY/NEUTER	36,492.
Total	<u>45,045.</u>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	CENTRAL NEW YORK CAT COALITION	06-1688749
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	PO BOX 6182	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SYRACUSE	NY 13217

Check type of return to be filed (file a separate application for each return):

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (section 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ CAREN SNYDER

Telephone No. ▶ (315) 475-5723 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until Aug 15, 20 08, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ ☒ calendar year 20 07 or
▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2007)

Central New York Cat Coalition
EIN 06-1688749
2007 FORM 990, PART III PAGE 3
Statement of Program Service Accomplishments

Program A – Spay/Neuter and Vaccination Program

CNYCC funds a weekly low or no cost Spay Neuter Assistance Program that is extended to pet, feral, stray and free roaming cats, working with a number of County Agencies, other humane organizations and the public, cats throughout the region have used our program. CNYCC has no paid staff; volunteers spent countless hours on the telephone, year round, addressing various stray cat situations and scheduling clinic appointments

Spay/Neuter Transport

CNYCC does not own a vehicle; volunteers use their personal vehicles and absorb most travel related expenses. During 2007, 338 male and 484 female cats were transported to and from various veterinary clinics in Upstate NY. Each cat examined, spayed or neutered and vaccinated for rabies and distemper was also treated for fleas, ear mites and other minor medical treatment when necessary. All cats were recovered indoors by volunteer foster care providers according to recommended post operative instructions

118 of the female cats were in heat at the time of surgery so the conception of numerous litters of kittens was prevented. The program's continued progress moves CNYCC closer to the distant goals of zero stray cat population growth and NO MORE HOMELESS CATS.

Program B1 – Foster Care and Adoption Program

CNYCC has no shelter facility; volunteers open their hearts and their homes to nurture and care for abandoned, neglected and homeless cats. With more than 600 felines in foster care at any given day, the number of locations in the number of foster homes changes constantly. Most cats come with a story, many are pregnant females or already have litters of kittens. Rescued cats and kittens are checked and treated for fleas, ticks, ear mites, worms and other parasites. All cats are eventually spayed or neutered so that none will breed in the future. All foster cats are provided the nutrition, love safety and all the healing time needed to become adoptable

We perform routine medical care ourselves; a veterinarian acts as our consultant and performs non-routine care. We try to find safe barn type homes for our unadoptable rescued friends. Several special-needs cats remain in permanent foster car situations.

As an Adoption Partner of PetSmart Charities, the CNYCC is provided with in-store adoption space and funding from three PetSmart Stores. This gives our friendly homeless cats accessibility to the pet-loving public and the opportunity to find a loving home. All cats are spayed/neutered, vaccinated and tested before entering the PetSmart Adoption Center. More than 100 volunteers combine to maintain the cats and the adoption centers on a daily basis accumulating over 8,000 hours. Volunteers and foster care providers host several Adopt-A-Thon weekends at the adoption centers, additional cats can be temporarily brought into the store during that time.

Foster car providers take great care to find loving, responsible and permanent homes for every cat. Potential adopters are asked to complete an adoption application, pre adoption interviews are conducted and personal references are checked. CNYCC volunteers placed 373 cats into loving homes in 2007.

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Statement of Program Service Accomplishments

Program B2 – Feral and Stray Feline Outreach.

Cats born and raised on the streets without human contact are undomesticated. These cats form colonies where there is shelter and a source for food, usually behind restaurants or apartment buildings that host a dumpster. These cats are evasive, fear all humans and would continue to breed, causing further overpopulation.

Volunteers work with individuals in the community to help manage feral colonies by providing some coalition built shelters, low or no cost food, instructions and safe traps to implement a trap and neuter and release program. Some cats in a colony are found to be friendly and adoptable while others remain feral. Kittens trapped young enough can be tamed and socialized in foster care and ultimately placed for adoption. The ear of a feral cat is notched during surgery to clearly identify the fixed cats within the colony.

Volunteer caretakers provide scheduled feeding and help stabilize the population to maintain a healthy colony. At present, volunteers maintain 18 colonies of feral non-adoptable cats. 30,520 pounds of dry food were distributed during 2007.

Program C – NSAL Adoption and Foster Care Alternative

Due to the volume of cats in foster homes awaiting placement in Adoption Center, caregivers find some relief from overcrowding through an alliance with North Shore Animal League.

CNY Cat Coalition does not own a van nor have access to use of one. CNYCC must rent a suitable van and dedicated volunteers take time off from work to make the 550 mile round trip. Kittens meeting the criteria set by NSAL, are gathered at a central location in preparation for the all night drive. Safe travel carriers as well as food, fresh water and litter boxes are provided for each kitten.

As a result of the progress of our Spay/Neuter Program, fewer cats meeting the young age criteria were in foster care in 2007. Volunteers made 7 trips transporting 145 cats to the North Shore Animal League's Port Washington Shelter for placement in their NO KILL adoption center.