Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, 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 Instructions.

C Name of organization
CENTRAL NEW YORK CAT COALITION

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 6182

City or town, state or country, and ZIP + 4
SYRACUSE NY 13217

D Employer identification number
06-1688749

E Telephone number
(315) 289-2287

F Group Exemption Number ►

• ***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: ☒ Cash ☐ Accrual
Other (specify) ►

I **Website:** ► www.cnycatcoalition.org

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

J Organization type (check only one) — ☒ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 90,713.

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

	1	Contributions, gifts, grants, and similar amounts received		1	17,347.
	2	Program service revenue including government fees and contracts		2	58,848.
	3	Membership dues and assessments		3	
	4	Investment income		4	22.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less. cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ► ☐			
	a	Gross revenue (not including $ 0. of contributions reported on line 1)	6a	14,496.	
	b	Less: direct expenses other than fundraising expenses	6b	2,730.	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	11,766.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	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	87,983.
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	8,987.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	1,200.
	14	Occupancy, rent, utilities, and maintenance		14	1,255.
	15	Printing, publications, postage, and shipping		15	2,014.
	16	Other expenses (describe ► See Other Expenses Statement)		16	90,414.
	17	**Total expenses** (add lines 10 through 16) ►		17	103,870.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-15,887.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	26,052.
	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 through 20 ►		21	10,165.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	26,352.	22	8,084.
23	Land and buildings	0.	23	0.
24	Other assets (describe ► See L-24 Stmt)	184.	24	2,081.
25	**Total assets**	26,536.	25	10,165.
26	**Total liabilities** (describe ► See L-26 Stmt)	484.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	26,052.	27	10,165.

9-9

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

What is the organization's primary exempt purpose? CAT POPULATION CARE/CONTROL

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, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 SURGICAL FEES PAID IN FUNDING OF A LOW OR NO COST SPAY/NEUTER AND VACCINATE PROGRAM TO STABILIZE CAT OVERPOPULATION AND PROMOTE ADOPTION. SEE ATTACHMENT A.

(Grants $ 0.) If this amount includes foreign grants, check here ► ☐ **28a** 52,499.

29 FOOD AND MEDICAL SUPPORT, TO SOCIALIZE AND IMPROVE THE HEALTH OF HOMELESS CATS IN FOSTER CARE TO PROMOTE ADOPTION & MAINTAINING HEALTHY FERAL COLONIES. SEE ATTACHMENT B

(Grants $ 0.) If this amount includes foreign grants, check here ► ☐ **29a** 36,469.

30

(Grants $) If this amount includes foreign grants, check here ► ☐ **30a**

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ► ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) ► **32** 88,968.

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

(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	(e) Expense account and other allowances
MICHELLE POWERS 1206 SOUTH GLENCOVE ROAD SYRACUSE NY 13206	PRESIDENT 40.00	0.	0.	0.
MARIETTE ROWE 363 WAINWRIGHT AVENUE SYRACUSE NY 13208	VICE PRESIDENT 30.00	0.	0.	0.
MARIA POULSEN 248 S. MIDLER AVENUE SYRACUSE NY 13206	SECRETARY 10.00	0.	0.	0.
OLIVER BROWN PO BOX 157 APULIA STATION NY 13029	TREASURER 15.00	0.	0.	0.

Part V **Other Information** (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	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 on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	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?	37b		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 unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	Enter amount of tax on line 40c 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? If 'Yes,' complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ► New York

42a The books are in care of ► MARIA POULSEN Telephone no ► (315) 478-3131

Located at ► 248 S. MIDLER AVE SYRACUSE NY ZIP + 4 ► 13206

			Yes	No
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 ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S.? If 'Yes,' enter the name of the foreign country ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ .	44		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	45		X

Part V **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 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		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the 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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ►				

51 Complete this table for the 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		
Total number of other independent contractors 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: 8/12/09

► Type or print name and title: Elinor M. Stacey, Treasurer

Paid Preparer's Use Only

Preparer's signature ► Susan M. Tornatore		Date 08/12/09	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	Tornatore & Company, CPAs, P.C. 6075 East Molloy Road Syracuse NY 13211		EIN ►	
			Phone no ► (315) 433-1585	

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

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
CENTRAL NEW YORK CAT COALITION	06-1688749

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. (Please check only **one** organization)

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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?	**11g (i)**	
(ii)	a family member of a person described in (i) above?	**11g (ii)**	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**	

h Provide the following information about the organizations the organization supports

(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	
Total									

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-3						
5 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 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9 Net income form unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11 **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 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2008.** 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 – 2007.** 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 yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	32,315.	37,915.	36,097.	37,982.	17,347.	161,656.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	6,235.	30,020.	63,243.	43,332.	70,614.	213,444.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5	38,550.	67,935.	99,340.	81,314.	87,961.	375,100.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						375,100.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	38,550.	67,935.	99,340.	81,314.	87,961.	375,100.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	13.	2.	71.	60.	22.	168.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	13.	2.	71.	60.	22.	168.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						375,268.

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.96%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.96%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	0.04 %
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	0.04 %

19a **33-1/3 support tests – 2008.** 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 – 2007.** If the organization did not check a box on line 14 or 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 ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Form 990-EZ
Part II

Other Assets and Liabilities

2008

Name as Shown on Return	Employer Identification No
CENTRAL NEW YORK CAT COALITION	06-1688749

Line 24 - Other Assets:	Beginning of Year	End of Year
PREPAID GIFT CARDS	184.	2,081.
Totals to Form 990-EZ, Part II, line 24	184.	2,081.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
CREDIT CARD BALANCES	484.	0.
Totals to Form 990-EZ, Part II, line 26	484.	0.

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
ANIMAL FOSTER CARE EXPENSES	36,469.
SPAY/NEUTER PROGRAM EXPENSES	52,499.
MAINTENANCE	290.
TRAVEL EXPENSES	1,156.
Total	90,414.

Central New York Cat Coalition
EIN 06-1688749
2008 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 (SNAP) 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 all of our programs. CNYCC has no paid staff; volunteers spend 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 **2008, 443 male and 538 female cats** were transported to and from various veterinary clinics in Upstate NY. Each cat was examined, spayed or neutered, and vaccinated for rabies and distemper, each 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 postoperative instructions.

Many 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 B 1 - 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 on any given day, the number of locations and 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 care situations.

As an Adoption Partner of PetSmart Charities, the CNYCC is provided with in-store adoption space and funding from three PetSmart Mart Stores. This gives our friendly homeless cats access 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, and additional cats can be temporarily brought into the store during that time.

Foster care 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 412 cats into loving homes in 2008 thru the PetSmart adoption centers.

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 (TNR). Some cats in a colony become 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 clipped during surgery to clearly identify the fixed cats within the colony. This clipping is to prevent previously spayed and neutered cats from, if they should be retrapped, from being taken again for sterilization surgery.

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. We distributed over 35,000 pounds of dry cat food in 2008 to colony and foster caregivers.

Program C - NSAL Adoption and Foster Care Alternative

Due to the volume of cats in foster homes awaiting placement in the 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 the use of one. CNYCC must rent a suitable van, and dedicated volunteers take time of 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 2008. Volunteers made 5 trips transporting 100 kittens to the North Shore Animal League's Port Washington Shelter for placement in their NO KILL adoption center.