

Form **990**

COPY

OMB No. 1545-0047

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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization Save-A-Pet Animal Rescue, Inc.		D Employer identification number 11-3290684
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 608 Route 112		E Telephone number (631) 473-6333
		City, town or country State ZIP code + 4 Port Jefferson Station NY 11776		G Gross receipts \$ 476,690.
		F Name and address of principal officer: Dorothy Scofield 45 Blydenburgh Ln Stony Brook NY 11790		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: saveapetli.org H(c) Group exemption number				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				
L Year of formation: 1995 M State of legal domicile: NY				

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Animal rescue</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	0
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of employees (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	252,458.	206,726.
	9 Program service revenue (Part VIII, line 2g)	200,707.	194,923.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,671.	64,492.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	533,841.	466,141.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	141,807.	161,819.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	319,829.	352,733.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	461,636.	514,552.	
19 Revenue less expenses. Subtract line 18 from line 12	72,205.	-48,411.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 452,990.	End of Year 384,499.
	21 Total liabilities (Part X, line 26)	191,194.	171,112.
	22 Net assets or fund balances. Subtract line 21 from line 20	261,796.	213,387.

Part II Signature Block

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.

Sign Here Signature of officer Dorothy Scofield Type or print name and title.	Date 09/17/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Date 11/11/10		
Preparer's signature Noreen Noens	Date 11/11/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 WILLIAM FORE, CPA PLLC 5225 ROUTE 347 SUITE 44 PORT JEFFERSON STATION NY 11776	EIN	Phone no.	(631) 642-1300

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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