

| Part III Statement of Program Service Accomplishments (See the instructions.) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) | |
|--|--|--|---------|
| What is the organization's primary exempt purpose? SEE STATEMENT 3 | | | |
| 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. | | | |
| 28 | SEE STATEMENT 4 | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> G | 28a | 41,986. |
| 29 | | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> G | 29a | |
| 30 | | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> G | 30a | |
| 31 | Other program services (attach schedule) | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> G | 31a | |
| 32 | Total program service expenses. Add lines 28a through 31a | G 32 | 41,986. |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See 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 | (E) Expense account and other allowances |
| SEE STATEMENT 5 | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Part V Other Information (Note the statement requirement in the instructions.) | | SEE STATEMENT 6 | | Yes | No |
|--|--|-----------------|----|-----|----|
| 33 | Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change | 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, 6, and 7 (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 | | N/A | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement. | 36 | | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> G 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,' attach the schedule specified in the line 38 instructions and enter the amount involved | 38b | | N/A | |
| 39 | 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | | N/A | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | | N/A | |

Part V Other Information (Note the statement requirement in the instructions.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 G 0. ; section 4912 G 0. ; section 4955 G 0.

| | Yes | No |
|-----|-----|----|
| 40b | | X |
| 40c | | |
| 40e | | X |

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,' attach an explanation

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 G 0.

d Enter amount of tax on line 40c reimbursed by the organization G 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed G NONE

42 a The books are in care of G ELAINE HUNTER Telephone no. G 636-583-8339
 Located at G 400 BORBEUSE UNION MO ZIP + 4 G 63084

| | Yes | No |
|-----|-----|----|
| 42b | | X |
| 42c | | X |

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: G _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

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: G _____

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

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.

Please Sign Here

G _____ Date _____
 Signature of officer

G ELI ZABETH RUDDER EXECUTIVE DIRECTOR
 Type or print name and title.

Paid Preparer's Use Only

| | | | |
|--|------------------|--|--|
| Preparer's signature G _____ | Date 5/12/08 | Check if self-employed G <input checked="" type="checkbox"/> | Preparer's SSN or PTIN (See General Instruction X) N/A |
| Firm's name (or yours if self-employed), address, and ZIP + 4 G <u>STEVEN BROADBENT, CPA</u> G <u>920-G PLAZA DRIVE</u> <u>ST. CLAIR, MO 63077</u> | EIN G <u>N/A</u> | Phone no. G <u>(636) 629-7099</u> | |

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information (See separate instructions.)

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

Name of the organization: **OPERATION SPOT, INC.** Employer identification number: **43-1722078**

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 | | | | |
| | | | | |
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| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000..... G | 0 | | | |

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 |
|--|---------------------|------------------|
| FRANKLIN COUNTY ANIMAL MEDICAL CENTER 921 W. 14TH STREET WASHINGTON, MO 63090 | ANIMAL CARE | 3,290. |
| OLSEN VETERINARY CLINIC # 2 GLEN -ED PROFESSIONAL PARK GLEN CARBON, IL 62034 | ANIMAL CARE | 4,110. |
| SAINT LOUIS PET CLINIC 2245 S. GRAND ST. LOUIS, MO 63104 | ANIMAL CARE | 2,635. |
| LAWSON VETERINARY SERVICE 19103 N. STATE HIGHWAY 21 CADET, MO 63630 | ANIMAL CARE | 2,245. |
| ELIZABETH RUDDER 5543 DRY BRANCH ROAD ST. CLAIR, MO 63077 | MANAGERIAL SERVICES | 30,000. |
| Total number of others receiving over \$50,000 for professional services..... G | 0 | |

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..... G | 0 | |

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. . . . G \$ <u> N/A </u> (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 | N/A |
| c Did the organization make a distribution to a donor, donor advisor, or related person? | 4c | N/A |
| d Enter the total number of donor advised funds owned at the end of the tax year. G <u> </u> N/A | | |
| e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. G <u> </u> N/A | | |
| 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. G <u> </u> 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 . . . G <u> </u> 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 G _____
- 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.)
- 11 a 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.)
- 11 b 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: G
 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 | |
| | | | | | |
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| | | | | | |
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| | | | | | |
| | | | | | |
| Total | | | | | G 0. |

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

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)..... G | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|--|-------------|-------------|-------------|-------------|--------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . | 43,106. | 83,947. | 41,662. | 48,773. | 217,488. |
| 16 Membership fees received. | 1,629. | 1,590. | 1,550. | 1,390. | 6,159. |
| 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. | | | | | 0. |
| 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. | 481. | 354. | 186. | 492. | 1,513. |
| 19 Net income from unrelated business activities not included in line 18. | | | | | 0. |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. | | | | | 0. |
| 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. | | | | | 0. |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. | | | | | 0. |
| 23 Total of lines 15 through 22. | 45,216. | 85,891. | 43,398. | 50,655. | 225,160. |
| 24 Line 23 minus line 17. | 45,216. | 85,891. | 43,398. | 50,655. | 225,160. |
| 25 Enter 1% of line 23. | 452. | 859. | 434. | 507. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. G | | | | | 26a 4,503. |
| 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. G | | | | | 26b 2,063. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e). G | | | | | 26c 225,160. |
| d Add: Amounts from column (e) for lines: 18 <u>1,513.</u> 19 _____ 22 _____ 26b <u>2,063.</u> | | | | | 26d 3,576. |
| e Public support (line 26c minus line 26d total). G | | | | | 26e 221,584. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). G | | | | | 26f 98.41 % |
| 27 Organizations described on line 12: N/A | | | | | |
| 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 _____ | | | | | 27c _____ |
| d Add: Line 27a total _____ and line 27b total _____ | | | | | 27d _____ |
| e Public support (line 27c total minus line 27d total). G | | | | | 27e _____ |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). G | | | | | 27f _____ |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). G | | | | | 27g % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). G | | | | | 27h % |

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

| | | 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? | | |
| | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| | d Copies of all material used by the organization or on its behalf to solicit contributions? | | |
| | 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? | | |
| | b Admissions policies? | | |
| | c Employment of faculty or administrative staff? | | |
| | d Scholarships or other financial assistance? | | |
| | e Educational policies? | | |
| | f Use of facilities? | | |
| | g Athletic programs? | | |
| | h Other extracurricular activities? | | |
| | 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? | | |
| | b Has the organization's right to such aid ever been revoked or suspended? | | |
| | 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. | | |

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 G a if the organization belongs to an affiliated group. Check G 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" style="margin-left: 20px;"> <tr> <td>If the amount on line 40 is ' <table border="0" style="margin-left: 20px;"> <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> </td> <td>The lobbying nontaxable amount is ' <table border="0" style="margin-left: 20px;"> <tr> <td>.....</td> <td>.....</td> </tr> </table> </td> </tr> </table> | If the amount on line 40 is ' <table border="0" style="margin-left: 20px;"> <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> | 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..... | The lobbying nontaxable amount is ' <table border="0" style="margin-left: 20px;"> <tr> <td>.....</td> <td>.....</td> </tr> </table> | | | 41 | |
| If the amount on line 40 is ' <table border="0" style="margin-left: 20px;"> <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> | 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..... | The lobbying nontaxable amount is ' <table border="0" style="margin-left: 20px;"> <tr> <td>.....</td> <td>.....</td> </tr> </table> | | | | | | |
| 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.)

| Calendar year (or fiscal year beginning in) G | Lobbying Expenditures During 4 -Year Averaging Period | | | | |
|---|--|-------------|-------------|-------------|--------------|
| | (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.)

N/A

| 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 |
|---|-----|----|--------|
| 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.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

OPERATION SPOT, INC.

Employer identification number

43-1722078

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule *

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules *

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) G \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they *must* check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

OPERATION SPOT, INC.

43-1722078

Part I Contributors (See Specific Instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-----------------------------------|--------------------------------|--|
| 1 | ----- ----- ----- | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | ----- ----- ----- | \$ 7,962. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | ----- ----- ----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | ----- ----- ----- | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | ----- ----- ----- | \$ 6,135. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

OPERATION SPOT, INC.

Employer identification number

43-1722078

Part II Noncash Property (See Specific Instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| _____ | N/A ----- ----- ----- | \$----- | ----- |
| _____ | ----- ----- ----- | \$----- | ----- |
| _____ | ----- ----- ----- | \$----- | ----- |
| _____ | ----- ----- ----- | \$----- | ----- |
| _____ | ----- ----- ----- | \$----- | ----- |
| _____ | ----- ----- ----- | \$----- | ----- |
| _____ | ----- ----- ----- | \$----- | ----- |
| _____ | ----- ----- ----- | \$----- | ----- |

Name of organization

OPERATION SPOT, INC.

Employer identification number

43-1722078

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) G \$ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | N/A | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

OPERATION SPOT, INC.

43-1722078

5/12/08

04:59PM

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

| | | |
|------------------------------|----|----------------|
| BANK CHARGES | \$ | 28. |
| DEPRECIATION | | 1,133. |
| EVENT EXP | | 565. |
| INSURANCE | | 1,394. |
| MANAGERIAL | | 30,000. |
| OFFICE | | 316. |
| P.P. RENTAL | | 56. |
| PROMOTIONAL ITEMS | | 1,076. |
| STATE REGISTRATION FEE | | 10. |
| SUPPLIES | | 582. |
| TELEPHONE | | 669. |
| VETERINARY SERVICES | | 24,980. |
| WEBSITE | | 135. |
| TOTAL | \$ | <u>60,944.</u> |

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

| | <u>BEGINNING</u> | <u>ENDING</u> |
|-------------------------------|------------------|---------------|
| MACHINERY AND EQUIPMENT | \$ 1,133. | \$ 0. |
| TOTAL | <u>\$ 1,133.</u> | <u>\$ 0.</u> |

STATEMENT 3
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PREVENT UNNECESSARY EUTHANASIA OF DOGS & CATS

STATEMENT 4
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

| <u>DESCRIPTION</u> | <u>GRANTS AND ALLOCATIONS</u> | <u>PROGRAM SERVICE EXPENSES</u> |
|--|-------------------------------|---------------------------------|
| 1603 DOGS & CATS WERE SPAYED OR NEUTERED THROUGH THE TENSPO T FIX PROGRAM (COST TO THE OWNER \$10.00) AND THE EMERGENCY SPAY/NEUTER PROGRAM (COST TO OWNER \$0) ADDITIONAL DOGS AND CATS WERE REFERRED FOR MODERATE COST SPAYING OR NEUTERING TO VETERINARY HOSPITALS THAT PARTICIPATE IN THE 909-VETS PROGRAM. INCLUDES FOREIGN GRANTS: NO | | 39,886. |
| TWO PUBLIC FORUMS, ONE EMERGENCY MEDICAL CARE FOR PETS IN CONJUNCTION WITH AMERICAN RED CROSS AND ONE FORUM FOR PERSONAL EMERGENCY PLANNING FOR PETS. INCLUDES FOREIGN GRANTS: NO | | 2,100. |

OPERATION SPOT, INC.

43-1722078

5/12/08

04:59PM

STATEMENT 4 (CONTINUED)
 FORM 990-EZ, PART III, LINE 28
 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

| DESCRIPTION | GRANTS AND ALLOCATIONS | PROGRAM SERVICE EXPENSES |
|-------------|------------------------------|--------------------------------|
| | \$ 0. | \$ 41,986. |

STATEMENT 5
 FORM 990-EZ, PART IV
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| ELI ZABETH RUDDER 5543 DRY BRANCH ROAD ST CLAIR, MO 63077 | EXECUTIVE DIR EC 0 | \$ 0. | \$ 0. | \$ 0. |
| LEANN MARTIN 3417 WEST A STREET BELLEVILLE, IL 62226 | PRESIDENT 0 | 0. | 0. | 0. |
| STEVEN RETTKE 4530 WEST PINE BLVD - APT 202 ST LOUIS, MO 63108 | SECRETARY 0 | 0. | 0. | 0. |
| ELAINE HUNTER 400 BORBEUSE ROAD UNION, MO 63084 | TREASURER 0 | 0. | 0. | 0. |
| LESLIE COMPTON - PRUETT 5862 ITASKA ST. LOUIS, MO 63108 | PRESIDENT & CEO 0 | 0. | 0. | 0. |
| SARAH CASEY NEWMAN 54 BURGUNDY DRIVE LAKE ST. LOUIS, MO 63367 | DI RECTOR 0 | 0. | 0. | 0. |
| CONNIE DAVIE 20 COLONIAL HILLS DRIVE CREVE COEUR, MO 63141 | DI RECTOR 0 | 0. | 0. | 0. |
| | TOTAL | \$ 0. | \$ 0. | \$ 0. |

5/12/08

04:59PM

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

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