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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

Name of the organization

SOUTH DAKOTA WEST RIVER SPAY-NEUTERCOALITION

Organization type	e (check one):
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Filers of:	Section:
Form 990 or 990-EZ	✓ 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 an organization 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 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2012)
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Name of organization

Employer identification number

20-4004963

SOUTH DAKOTA WEST RIVER SPAY-NEUTERCOALITION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d) Type of contribution		
No.	Name, address, and ZIP + 4	Total contributions			
	Best Friends Animal Society				
1			Person 🗸		
	5001 Angel Canyon Rd		Payroll		
		\$ 6,500	Noncash		
			(Complete Part II if there is		
	Kanab, UT 84741-5000		a noncash contribution.)		
(a)	(b)	(c) Total contributions	(d) Type of contribution		
No.	Name, address, and ZIP + 4	Total contributions			
	Petco Foundation		-		
2			Person 🖌		
	7262 North Rosemead Blvd		Payroll		
		\$5,000	Noncash		
			(Complete Part II if there is		
	San Gabriel, CA 91775		a noncash contribution.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
	ASPCA				
3	American Society for the Prevention of Cruelty to Animals		Person 🖌		
	520 Eighth Avenue 7th Floor		Payroll		
		\$ 4,995	Noncash		
		Ψ	(Complete Part II if there is		
	New York, NY 10018		a noncash contribution.)		
(a)	(b)	(c)	(d)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		(c) Total contributions	(d) Type of contribution		
	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution Person		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll		
No.	Name, address, and ZIP + 4 Center of the Nation Humane Society	(c) Total contributions	Type of contribution Person		
No.	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577	Total contributions	Person Payroll Noncash (Complete Part II if there is		
No.	Name, address, and ZIP + 4 Center of the Nation Humane Society	Total contributions	Type of contribution Person ✓ Payroll □ Noncash □		
<u> </u>	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717	Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.)		
No.	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b)	Total contributions	Type of contribution Person Payroll Payroll Noncash (Complete Part II if there is a noncash contribution.) (d)		
No. 4 (a)	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4	Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.)		
No. 4 (a) No.	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b)	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution 		
No. 4 (a)	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4 Kenneth and Rita Stuen	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person		
No. 4 (a) No.	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution 		
No. 4 (a) No.	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4 Kenneth and Rita Stuen	Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person ✓ Payroll □ Noncash □		
No. 4 (a) No.	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4 Kenneth and Rita Stuen	Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person ✓ Payroll □		
No. 4 (a) No.	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4 Kenneth and Rita Stuen 25301 Hard Scratch Ln	Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II if there is □ (d) Type of contribution		
No. 	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4 Kenneth and Rita Stuen 25301 Hard Scratch Ln Custer, SD 57730 (b)	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d)		
No. 	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4 Kenneth and Rita Stuen 25301 Hard Scratch Ln Custer, SD 57730	Total contributions	Type of contribution Person ☑ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution (d) Type of contribution Person ☑ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.)		
No. 	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4 Kenneth and Rita Stuen 25301 Hard Scratch Ln Custer, SD 57730 (b)	Total contributions	Type of contribution Person ☑ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) (d) Type of contribution ☑ Person ☑ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) □ (Complete Part II if there is a noncash contribution.) □ (Complete Part II if there is a noncash contribution.) □ (d) Type of contribution		
No. 	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4 Kenneth and Rita Stuen 25301 Hard Scratch Ln Custer, SD 57730 (b) Name, address, and ZIP + 4	Total contributions	Type of contribution Person ☑ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution Person ☑ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) □ (Complete Part II if there is a noncash contribution.) □ (Complete Part II if there is a noncash contribution.) □ (d) Type of contribution Person ☑ Person ☑		
No. 	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4 Kenneth and Rita Stuen 25301 Hard Scratch Ln Custer, SD 57730 (b) Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person □ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) If there is a noncash contribution (d) Type of contribution Person □ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) If there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) Person (Complete Part II if there is a noncash contribution.) Person Payroll □		
No. 	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4 Kenneth and Rita Stuen 25301 Hard Scratch Ln Custer, SD 57730 (b) Name, address, and ZIP + 4	Total contributions	Type of contribution Person ☑ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution Person ☑ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) □ (Complete Part II if there is a noncash contribution.) □ (Complete Part II if there is a noncash contribution.) □ (d) Type of contribution Person ☑ Person ☑		
No. 	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4 Kenneth and Rita Stuen 25301 Hard Scratch Ln (b) Name, address, and ZIP + 4 Shari Rose 9356 Neck Yoke Rd	Total contributions \$	Type of contribution Person □ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person □ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) Person □ (Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.)		
No. 4 (a) No. 5 (a) No.	Name, address, and ZIP + 4 Center of the Nation Humane Society PO Box 577 Belle Fourche, SD 57717 (b) Name, address, and ZIP + 4 Kenneth and Rita Stuen 25301 Hard Scratch Ln Custer, SD 57730 (b) Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person □ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person □ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) Person □ Payroll □ Noncash □ Noncash □		

SOUTH D	AKOTA WEST RIVER SPAY-NEUTERCOALITION	20-4004963			
Part II	Noncash Property (see instructions). Use duplicate copi	ies of Part II if additional sp	pace is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		***** ***** \$\$			

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

of Part II

Page

of

Employer identification number

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2012)				Page	of	of Part III
Name of or	ganization				Employer ide	entificati	ion number
	KOTA WEST RIVER SPAY-NEUTERCOA					-400496	-
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) 						
	Use duplicate copies of Part III if a	dditional space is nee	eded.				
(a) No. from Part I	(b) Purpose of gift (c) Use of gift			(d) Description of how gift is held			
		(e) Trans	fer of gift				
	Transferee's name, address		-	ship of tra	nsferor to tra	insferee)
(a) No.							
from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			t 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			
		(a) Tropo					
	(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			t is held
		(e) Trans	sfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of tra			ship of tra	nsferor to tra	nsferee)
			1	Cabadula	B (Earm 990 9	00 57	