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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2008

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

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

A For the 2008 calendar year, or tax year period beginning , 2008, and ending , 20

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 **PLAINFIELD AREA HUMANE SOCIETY**
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
75 ROCK AVENUE
 City or town, state or country, and ZIP + 4
PLAINFIELD, NJ 07063-0000

D Employer identification number
22-1554536

E Telephone number
315878

G Enter gross receipts \$

F Name and address of Principal Officer

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
 If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status ☒ 501(c) (3) (insert no) 4947(a)(1) or 527

J Website: ▶

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of Formation **M** State of legal domicile **NJ**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PLAINFIELD AREA HUMANE SOCIETY WAS ORGANIZED TO PREVENT CRUELTY TO ANIMALS.

2 Check this box ☐ 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**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4**

5 Total number of employees (Part V, line 2a) **5** **11**

6 Total number of volunteers (estimate if necessary) **6**

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) **7a**

7b Net unrelated business taxable income from Form 990-T, line 34 **7b**

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	160430	209576
9 Program service revenue (Part VIII, line 2g)	160138	104319
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1134	1983
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	321702	315878

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to directors, officers, and key employees (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	233105	249744
16a Professional fundraising fees (Part IX, column (A), line 11e)		
16b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	91585	95632
18 Total expenses—add lines 13–17 (must equal Part IX, column (A), line 25)	324690	345376
19 Revenue less expenses Subtract line 18 from line 12	-2988	-29498

Net Assets or Fund Balances

	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	111527	73101
21 Total liabilities (Part X, line 26)	14903	5975
22 Net assets or fund balances Subtract line 21 from line 20	96624	67126

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 **X David J. Lester** 12/18/09
 Signature of officer Date
David J. Lester
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature **Robert Patrick Co** Date **12/15/09**
 Firm's name (or yours if self-employed), address, and ZIP + 4 **6 COMMERCE DRIVE 07016-0000**
 Check if self-employed ☒ Preparer's identifying number (see instructions) **154-54-2551**
 EIN ▶ **22-3139208**
 Phone No ▶ **908-272-2940**

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

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11/9/14

SCANNED JAN 11 2010

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 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	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U S ?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV.	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and Section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	
b	Enter the number of voting members that are independent	1b	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization?	15b	X
	Describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ► NJ

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

THE ORGANIZATION
75 ROCK AVE PLAINFIELD, NJ 07060

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

[illegible]

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513 or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	48937			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	160639			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total Add lines 1a-1f		209576			
Program Service Revenue	2a	CONTRACT FEES	Business Code	104319	104319		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total Add lines 2a-2f	104319				
	3	Investment income (including dividends, interest and other similar amounts)		1983			
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6a	Gross Rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 48937 of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue		Business Code				
	11a						
	b						
c							
d	All other revenue						
e	Total Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		315878	104319			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program Service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	210011	189010	21001	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	19371	17434	1937	
10 Payroll taxes	20362	18326	2036	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	660	594	66	
14 Information technology				
15 Royalties				
16 Occupancy	22451	20206	2245	
17 Travel	6808	6127	681	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3359		3359	
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROFESSIONAL FEES	2380		2380	
b PRINTING	5228	4705	523	
c TELEPHONE	3171	2854	317	
d ANIMAL WELFARE AND VET SERVICES	22937	22937		
e REPAIRS AND MAINTENANCE	10178	9160	1018	
f All other expenses	18460	12042	1338	5080
25 Total functional expenses Add lines 1 through 24f	345376	303395	36901	5080
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	80567	1	32382
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	10978	4	14946
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment—cost basis	196849		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	180776		
		19432	10c	16073
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	550	15	9700	
16 Total assets. Add lines 1 through 15 (must equal line 34)	111527	16	73101	
Liabilities	17 Accounts payable and accrued expenses	14903	17	5975
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	14903	26	5975
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	96624	27	67126
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	96624	33	67126
	34 Total liabilities and net assets/fund balances	111527	34	73101

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Department of the Treasury
Internal Revenue Service

▶ 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

22-1554536

PLAINFIELD AREA HUMANE SOCIETY

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 a 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 **Section 509(a)(2)** (Complete Part III)
 - 10 ☐ An organization organized and operated exclusively to test for public safety **Section 509(a)(4)** (see instructions)
 - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 it 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?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 - h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2008

Page **2****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 any "unusual grants").	147048	192211	165755	160430	209576	875020
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	147048	192211	165755	160430	209576	875020
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)						875020

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	147048	192211	165755	160430	209576	875020
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1557	1084	1460	1134	1983	7218
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						882238
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 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	99.182	%
15 Public Support Percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>		
b 33 1/3% Test - 2007. If the organization did not check the 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	► <input type="checkbox"/>		
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	► <input type="checkbox"/>		
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	► <input type="checkbox"/>		
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	► <input type="checkbox"/>		

PLAINFIELD AREA HUMANE SOCIETY
ANNUAL FINANCIAL STATEMENTS

DECEMBER 31, 2008

PLAINFIELD AREA HUMANE SOCIETY

FINANCIAL STATEMENTS

DECEMBER 31, 2008

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Financial Statements:	
Statement of financial position	2
Statement of activities and changes in Net assets	3
Statement of functional expenses	4
Notes to the financial statements	5-7

Robert Patrick & Company

Accountants * Business Consultants

**2 South Ave East
Cranford, New Jersey 07016**

Tel. (908) 272-2940

COMPILATION REPORT

To the Board of Trustees
Plainfield Area Humane Society
Plainfield, New Jersey 07063

We have compiled the accompanying statement of financial position of Plainfield Area Humane Society as of December 31, 2008 and the related statements of activities and functional expenses for the year then ended. These financial statements are the responsibility of Plainfield Area Humane Society. All information included in these financial statements is the representation of the management of Plainfield Area Humane Society.

The financial statements were prepared in accordance with accounting standards generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects the financial position of Plainfield Area Humane Society as of December 31, 2008 in conformity with generally accepted accounting principles generally accepted in the United States of America.

ROBERT PATRICK & COMPANY

Maplewood, New Jersey
December 8, 2009

**PLAINFIELD AREA HUMANE SOCIETY
STATEMENTS OF FINANCIAL POSITION
AT
DECEMBER 31**

ASSETS

	<u>2008</u>	<u>2007</u>
Cash and cash equivalents	\$ 32,380	\$ 80,567
Investments, at market value	-	-
Accounts receivable	14,946	10,978
Prepaid expenses	9,700	550
Fixed assets, net of accumulated depreciation	<u>16,074</u>	<u>19,432</u>
Total Assets	<u><u>\$ 73,100</u></u>	<u><u>\$ 111,527</u></u>

LIABILITIES AND NET ASSETS

Accounts payable and accrued expenses	<u>\$ 5,975</u>	<u>\$ 14,903</u>
Total Liabilities	<u>5,975</u>	<u>14,903</u>

NET ASSETS

Unrestricted	67,126	96,624
Temporarily restricted	<u>0</u>	<u>0</u>
Total Net Assets	<u>67,126</u>	<u>96,624</u>
Total Liabilities and Net Assets	<u><u>\$ 73,100</u></u>	<u><u>\$ 111,527</u></u>

**PLAINFIELD AREA HUMANE SOCIETY
STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED
DECEMBER 31, 2008**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>	<u>2007</u>
REVENUES AND OTHER SUPPORT					
Contract fees	\$ 104,319			\$ 104,319	123,551
Shelter fees and donations	128,165			128,165	91,295
Foundations and corporate contributions	17,066			17,066	8,943
Estates	4,000			4,000	3,710
Spray/neutering donations	11,407			11,407	36,687
Fundraising	48,937			48,937	56,384
Interest income	1,983			1,983	1,134
Net realized and unrealized losses investment	0			0	0
					0
TOTAL REVENUES AND OTHER SUPPORT	<u>315,878</u>	<u>0</u>	<u>0</u>	<u>315,878</u>	<u>321,704</u>
EXPENSES					
Program expenses	303,395			303,395	286,042
General and administrative	36,901			36,901	37,524
Fundraising	5,080			5,080	1,125
TOTAL EXPENSES	<u>345,376</u>	<u>0</u>	<u>0</u>	<u>345,376</u>	<u>324,691</u>
INCREASE (DECREASE) IN NET ASSETS	(29,498)			(29,498)	(2,988)
NET ASSETS, beginning of year	<u>96,624</u>			<u>96,624</u>	<u>99,612</u>
NET ASSETS, end of year	<u>\$ 67,126</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 67,126</u>	<u>\$ 96,624</u>

(3)

The accompanying notes are an integral part of these financial statements.

PLAINFIELD AREA HUMANE SOCIETY
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED
DECEMBER 31, 2008

	Program Expenses	General and Administrative	Fund Raising	Total	2007
Salaries and wages	\$ 189,010	\$ 21,001	\$ -	\$ 210,012	\$ 212,881
Employee benefits	17,434	1,937		19,371	20,224
Payroll taxes	18,326	2,036		20,362	17,598
Total salaries and related expenses	224,771	24,975	0	249,745	250,703
Professional fees		2,380		2,380	5,053
Stationery, supplies and postage	594	66		660	1,116
Printing	4,705	523		5,228	8,478
Occupancy	20,206	2,245		22,451	16,189
Telephone	2,854	317		3,171	1,636
Travel	6,127	681		6,807	3,621
Animal welfare and Veterinary services	22,407			22,407	23,768
Compliance	530			530	265
Special events and other fundraising			5,080	5,080	1,125
Repairs and maintenance	9,160	1,018		10,178	7,208
Depreciation		3,359		3,359	3,359
Miscellaneous	12,042	1,338		13,380	2,170
Total expenses	\$ 303,395	\$ 36,901	\$ 5,080	\$ 345,376	\$ 324,691

PLAINFIELD AREA HUMANE SOCIETY
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2008

1. ORGANIZATION PURPOSE AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. Purpose

Plainfield Area Humane Society (the "Society") is a nonprofit corporation organized under the laws of the State of New Jersey. The Society was organized to prevent cruelty to animals. Service contracts for animal control and donations represent the primary source of revenues. The Society is exempt from Federal Income taxes under Section 501 (c) (3) of the Internal Revenue Code.

b. Basis of Accounting

The Society maintains its accounting records on the accrual basis in accordance with generally accepted accounting principles and involves the application of accrual accounting.

c. Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements of Not-for-Profit Organizations. Under SFAS No. 117, the Society is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

d. Contributions, Support and Revenue Recognition

Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor imposed restrictions. Income from state contracts is not donor-restricted and is treated as an exchange transaction. Revenue is recognized when earned.

PLAINFIELD AREA HUMANE SOCIETY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2008

1. ORGANIZATION PURPOSE AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

e. Buildings, Equipment, Improvements and Depreciation

Buildings, Equipment, Improvements that costs \$1,000 or more is capitalized, recorded at cost and is depreciated using the straight-line method, over its estimated useful life of the related asset.

f. Functional expenses

The Society allocates its expenses on a functional basis between its program and support services.

g. Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

h. Investments

Effective January 1, 1996 the Society adopted SFAS No 124 Accounting for Certain Investments Held by Not-for-Profit Organizations. Under SFAS No.124. Investments in marketable securities with readily determinable fair values and all investments in debt securities are valued at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets.

i. Donated Services

No amounts have been reflected in the statements for donated services because they did not meet the criteria for recognition under SFAS No 116. Management estimates that volunteers helping in the Society's programs donated approximately 950 hours to the Society in 2007.

J. Accounts Receivable

The Society utilizes the reserve method of accounting for doubtful accounts. However, all accounts receivable are deemed collectible by management. Therefore no allowance for doubtful accounts has been provided.

PLAINFIELD AREA HUMANE SOCIETY

FINANCIAL STATEMENTS

DECEMBER 31, 2008

2. TAXES

All required tax returns are filed and taxes (including but not limited to payroll taxes) are paid.

3. PROPERTY, EQUIPMENT AND IMPROVEMENTS

Property, Equipment and Improvements are stated at cost and include expenditures for new facilities and those which substantially increase the useful lives of existing plant and equipment. Maintenance, repairs and minor renewals are expensed as incurred. When properties are disposed of, the related cost and allowance for depreciation are removed from the respective accounts and any profit or loss is credited or charged to income.

Property, equipment and improvements consist of the following:

	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Book Value December 31, 2007</u>
Land	\$ 5,637	\$	\$ 5,637
Building and improvements	164,182	153,746	10,436
Equipment	13,922	13,922	
Motor vehicles	13,108	13,108	
	<u>\$196,849</u>	<u>\$180,776</u>	<u>\$16,073</u>
	=====	=====	=====

Depreciation expense for the year ended December 31, 2008 was \$3,359.

4. CONCENTRATIONS OF CREDIT RISK

Financial instruments that potentially subject the Society to concentration of credit risk consist principally of cash and other instruments in financial institutions. Cash balances did not exceed federally insured limits at December 31, 2008. Concentration of credit risk with respect to receivables is limited due to the fact that receivables are short term and derived from contracts with municipalities.



Plainfield Area Humane Society

75 Rock Avenue Plainfield, New Jersey 07063

(908) 754-0300

www.pahs.petfinder.com

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President

Susan Williams
Vice-President

Martin Alpert
Treasurer

Kim Bradley
Recording Secretary

Susan MacWhinney-Ciuffo
Corresponding Secretary

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Trustee

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Marjorie Green
President Emeritus

Board of Trustees Officers

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

OMB No 1545-1709

► 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)(3) 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 Forms 990-C and 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)(3) 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 and Nonprofits.

Type or print	Name of Exempt Organization PLAINFIELD AREA HUMANE SOCIETY	Employer Identification Number 22-1554536
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions 75 ROCK AVENUE	
	City, town or post office, state and ZIP code. For a foreign address, see instructions PLAINFIELD, NJ 07063-0000	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► _____

Telephone No ► () - 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)(3) corporation required to file Form 990-T) extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► ☒ calendar year 20 08 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 or 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for form 990-PF or 990-T, any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
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	\$

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.