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DECEMBER 31

Form '990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2008

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

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

Open to Public Inspection

, 20 08

OMB No 1545-1150

assets less than \$2,500,000 at the end of the year may use this form the angular to the Treasury the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the assets less than \$2,500,000 at the end of the year may use this form the asset less than \$2,500,000 at the end of the year may use this form the year may use the year may use this form the year may use this form the year may use the year may use this form the year may use the year ma

В	Check if a		Please	Name of organization		D Emplo	oyer ide	ntification number
님	Address o		use IRS label or	HIMSA HOUSE, INC.		31		1833734
H	Name cha Initial retu	-	print or type	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telep	hone n	umber
Ħ	Termination		See	.O. BOX 8181		(404	1)_	496-4038
Z	Amended		Specific Instruc-	City or town, state or country, and ZIP + 4		F Group	Exem	ption
	Applicatio	in pending	tions	TLANTA. GA 31106		Numt	oer .	. <u>•</u>
-	• Section	on 501(c)(3)	organiza	ons and 4947(a)(1) nonexempt charitable trusts must attach	G Acco	unting me	thod:	☑ Cash ☐ Accrual
			a con	eted Schedule A (Form 990 or 990-EZ).	Other	(specify)	<u> </u>	
		11040		AUGUST ODG	H Chec	k ▶ 🔲	if the o	organization is not
ı	Websit	te: ►	W.AHIN	AHOUSE.ORG	requi	red to atta	ach Sch	edule B (Form 990,
<u>J</u>	Organiz	zation type (c	check or	one) - 🔽 501(c) (3) ◀ (insert no) 🔲 4947(a)(1) or 🔲 527	990-6	EZ, or 990)-PF)	
K	Check ▶	► ☐ If the org	ganızatıo	s not a section 509(a)(3) supporting organization and its gross rece	eipts are nor	mally not	more th	nan \$25,000. A return is
_				ion chooses to file a return, be sure to file a complete return				
	_			to determine gross receipts, if \$1,000,000 or more, file Form 990 ins			<u>▶</u> \$	128,087
Р	art I	Revenue,	, Expe	es, and Changes in Net Assets or Fund Balances	(See the	instruct	ions f	
	1	Contribution	ns, gifts	rants, and similar amounts received.			1	125,309
	2	Program s	ervice r	enue including government fees and contracts .			2	
	3	Membersh	ip dues	nd assessments			3_	· · · · · · · · · · · · · · · · · · ·
	4	Investment	t incom	i de la companya de			4	431
	5a	Gross amo	ount fro	sale of assets other than inventory <u>5a</u>			1 1	
	b	Less. cost	or othe	pasis and sales expenses			↓ _ ↓	
60	С	Gain or (los	s) from	e of assets other than inventory (Subtract line 5b from line 5a)	(attach sch	edule) .	5c	
Ž	6	Special events	and activ	is (complete applicable parts of Schedule G). If any amount is from gaming, or	check here			
Revenue	а	Gross reve	enue (no	ncluding \$ of contributions 6a				
ď		reported o		-				
	b	Less direc						
	C	Net income		6c				
	7a	Gross sale		-				
	b	Less. cost	_				-	
	C	Gross prof		7c	2,347			
	8			ribe DTHER MISC. INCOME)	9	128,087
		-		lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	 -		10	120,087
	10			mounts paid (attach schedule)		•	11	
s	11			or members	•		12	···
Expenses	12			pensation, and employee benefits	•		13	88,481
ber	13			d other payments to independent contractors		•	14	5,765
X	14 15			https://and.maintenance s. postage, land shipping.	TEMEN	 	15	3,639
	16	Other expe	onses (c	cribe STATEMENT O		· , ,	16	29,648
	17	Total expe	enses	d lines 10 through 16 O .		. ▶	17	127,533
S	18	Excess or	(deficit)	cribe ► STATEMENT C d lines 10 through 16 C the year (Subtract line 12 from line 9).			18	554
Net Assets	19	Not accets	or fub	balances_at_beginning=of year (from line 27, column (A))		ee with		
As	'3	end-of-vea	r flaure	enorited on torior year's return	(musi agi	CC WILLI	19	64,048
ĕ	20	Other char	nges in	eported on prior years return) + assets or fund balances (attach explanation)			20	
Z	21	Net assets	or fund	palances at end of year. Combine lines 18 through 20		. ▶	21	64,602
P	art II	Balance	Sheets	f Total assets on line 25, column (B) are \$2,500,000 or mo	ore, file Fo	rm 990 II	nstead	of Form 990-EZ
			(S	the instructions for Part II.)	(A) Be	ginning of	year	(B) End of year
22	2 Cast	h, savings, a	and inve	ments		64,0	048 22	64,602
23		and building					23	
24			-)			24	
25		al assets				64,0	25	
26)			0 26	
27				nces (line 27 of column (B) must agree with line 21)		64,0		
Fo	r Privac	v Act and Pa	aperwor	Reduction Act Notice, see the Instruction for Form 990.	Cat No	106421		Form 990-EZ (2008)

Form 990-EZ (2008) Page **2**

Part III Statement of Program Service Accom	plishments (See the instr	ructions for Part	11.)		Expenses
What is the organization's primary exempt purpose?	(Red	(Required for 501(c)(3) and (4) organizations			
Describe what was achieved in carrying out the organization	and	4947(a)(1) trusts,			
describe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	optio	onal for others)
28 IN 2008 WE PROVIDED EMERGENCY BOARDING	TO 64 COMPANION ANI	MALS, MEDICAL			
SERVICES TO 31 ANIMALS, TPO ASSISTANCE T	O 18 CLIENTS, REFERRA	LS TO 345 CLIEN	ITS,		
RESCUE/ADOPTION ASSISTANCE TO 11 CLIENT	TS, AND OTHER SERVICE	S TO 85 CLIENTS	S		
(Grants \$) If this amount incli	udes foreign grants, check	here	<u>. ▶ □</u>	28a	81,777
29					
			<u></u>		
(Grants \$) If this amount incli	udes foreign grants, check	here	. ▶ 📙	29a	
30					
		· · · · · · · · · · · · · · · · ·			
				00-	
	udes foreign grants, check	nere	<u>. P U</u>	30a	
, , , , , , , , , , , , , , , , , , ,		h		24.0	
(Grants \$) If this amount inclinated and service expenses (add lines 28a th	udes foreign grants, check		<u> </u>	31a 32	81.777
			<u> </u>		<u> </u>
Part IV List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
(a) Name and address	hours per week	(If not paid, enter -0)	employee benefit deferred compe	plans &	account and other allowances
MAYA GUPTA	devoted to position	enter -0)	deletted compe	iisatioii	Other allowances
P.O. BOX 8181 ATLANTA, GA 31106	PRESIDENT, 20	o		0	o
RACHEL KNOWLES	25055457				
P.O. BOX 8181 ATLANTA, GA 31106	SECRETARY, 6	0		0	0
GINA DOUGHERTY	SECRETARY S				
P.O. BOX 8181 ATLANTA, GA 31106	SECRETARY, 6	o		0	0
TICEANY HOEEINE	TREASURER, 6	***			
P.O. BOX 8181 ATLANTA, GA 31106	INEASUNEN, 0	o		0	0
STEPHEN WALKER	CREATIVE DIRECTOR,				
P.O. BOX 8181 ATLANTA, GA 31106	4	0		0	0
CAROLE BAKER	DIRECTOR OF				
P.O. BOX 8181 ATLANTA, GA 31106	FUNDRAISING 16	0		0	0
AISHA DESHMUKH	DIRECTOR OF				
P.O. BOX 8181 ATLANTA, GA 31106	NON-PROFIT	0		0	0
LINDSAY RUST	VOLUNTEER				
P.O. BOX 8181 ATLANTA, GA 31106	COORDINATOR, 8	0		0	0
RAINIE JUESCHKE	DIRECTOR OF				_
P.O. BOX 8181 ATLANTA, GA 31106	MARKETING 6	0		0	0
CHRISTY CARDINA	DIRECTOR OF	_		_	
P.O. BOX 8181 ATLANTA, GA 31106	OUTREACH AND	0		0	0
JACQUELYN MARABOTTI	DIRECTOR OF PUBLIC			_	•
P.O. BOX 8181 ATLANTA, GA 31106	RELATIONS. 6	0		0	0
MYRA RASNICK	PROGRAM SERVICES	05.000		^	0
P.O. BOX 8181 ATLANTA, GA 31106	COORDINATOR.	35,000		0	
					
	-				
			-		
	1				

Pa	other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
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		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			<u> </u>
	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		1
	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? If "Yes" complete Schedule 1. Part it and enter the total amount involved. 38b	38a		1
	Tes, complete ochedule E, Tart II and effet the total amount involved	1		
39	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	7		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L, Part I	40b		/
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
41	List the states with which a copy of this return is filed ▶ GEORGIA			
42a	The books are in care of ► TIFFANY HOFFINE Located at ► P.O. BOX 8181 ATLANTA, GA Telephone no. ► (404)) 49 311	96-40 06	38
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	res	No
	account)?	720		
	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.			ļ
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
_	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year .	•	•	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		1
45	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	45		1
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	Ь—	

Par	t VI	Section 501(c)(3) organizations only and complete the tables for lines 50 are	. All section 501(c)(3) ond 51.	organizations mu	st answer questi	ons 4		
46	Did th	ne organization engage in direct or indirect p	olitical campaign activities	s on behalf of or II	n opposition to		Yes	_
		dates for public office? If "Yes," complete Se				46		√
47	Did th	ne organization engage in lobbying activities?	If "Yes," complete Sche	dule C, Part II .		47		√
48	is the	organization operating a school as describe	d in section 170(b)(1)(A)(ii)? If "Yes," comple	ete Schedule E .	48		√
49a	Did th	ne organization make any transfers to an exe	mpt non-charitable relate	d organization?		49a		1
b		s," was the related organization(s) a section				49b		L
50	Comp	plete this table for the five highest compensative received more than \$100,000 of compensation.	ited employees (other that on from the organization	n officers, director If there is none, e	s, trustees and key nter "None."	emplo	oyees	who
	(a) N	lame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount ar allowar	3d
N/A								
						_		
••••								
Tota	Inumb	er of other employees paid over \$100,000 -		<u> </u>				
51		plete this table for the five highest compensa- ensation from the organization. If there is no		tors who each rece	eived more than \$1	00,000	of of	
		(a) Name and address of each independent contractor p	paid more than \$100,000	(b) Ty	pe of service	(c) Con	npensa	tion
N/A	· · · · · · ·							
	· 							
Tota	l numt	per of other independent contractors each re	ceiving over \$100,000	>				
_		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accomi	panying schedules and er) is based on all inform	statements, and to the nation of which prepare	best of ner has ar	ny knov ny knov	vledge vledge
Sigr Here		Kach Knowbs Signature of officer			5118/10 Date			
		Rachel Knowles Treasure Type or print name and title	er					•
Paid		Preparer's signature	Date	Check if self- employed	Preparer's Identifying	Number (See insti	uctions
Prep Use	arer's Only	Firm's name (or yours if self-employed), address, and ZIP + 4			Phone no • ()		-	
Mav	the IF	S discuss this return with the preparer show	n above? See instruction			□ Y	es [No
					F	orm 99		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name	of t	he organization							Employe	er identifica	tion number			
AHI	AHIMSA HOUSE, INC. 31									1	1833734			
Pa	t I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t compl	ete this_	part.) (se	ee instru	ctions)			
The 1	orga	A church, co	onvention of chu	dation because it is: rches, or association	of churc	hes desc				A)(i).				
2				on 170(b)(1)(A)(ii) . (Att										
3				nospital service organ										
4		hospital's na	ime, city, and st	ition operated in conj ate:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.)							l unit descri	bed in					
6			_	ernment or governme										
7	7			receives a substantia 1)(A)(vi). (Complete P		its suppo	ort from a	governm	ental uni	t or from	the general	public		
8				in section 170(b)(1)										
9		receipts from	n activities relate	receives (1) more that ed to its exempt funct ent income and unre after June 30, 1975.	ions-su lated bus	ibject to d siness ta	certain ex xable inc	ceptions ome (les	, and (2) s section	no more	than 331/3 %	of its		
10 11 e									ut the ection ther alified					
_		509(a)(1) or s	section 509(a)(2)											
f		_		a written determinati		the IRS	that it is	a Type I	i, Type II	, or Type	III support	ng □		
g				the organization acce		gift or c	ontributio	on from a	iny of the	, e				
		(i) A persor	who directly or	r indirectly controls, en				th persor	ns descri	bed in (11)	11g(i)	No		
				rson described in (i) a							11g(ii)	-		
				of a person described							11g(iii)	<u> </u>		
h			1	ation about the organ			ſ							
(1)	Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) listed in your the organize governing document? col (i) o		nization in	organiza	Is the tion in col ized in the S?	(vii) Amount of support				
					Yes	No	Yes	No	Yes	No				
									ŀ					
						-	_	ļ. <u> </u>						
									[
		-				 								
]					
							<u> </u>							
			l		1	1	I	Ī		1	1			

Total

Par	Support Schedule for Org (Complete only if you check	anizations D	escribed in on line 5, 7, c	Sections 170 or 8 of Part I.))(b)(1)(A)(iv)	and	170(b)(1)(A)(vi)
Sec	tion A. Public Support			<u> </u>	-			
	lendar 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")	4,968	49,789	52,658	76,188	125,309		308,912
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1,612						1,612
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1-3	6,580	49,789	52,658	76,188		125,309	310,524
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). Public support. Subtract line 5 from line 4	_						
6	tion B. Total Support			,				
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e	2008	(f) Total
	Amounts from line 4	6,580	49,789	52,658	76,188	+		310,524
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,171	35	421	431		2,058
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)						2,347	2,347
11	Total support. Add lines 7 through 10 .						1	314,929
12	Gross receipts from related activities, etc					12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re ,		nd, third, fourth,	or fifth tax y	ear a	s a sectio	n 501(c)(3) . ► ✓
<u>Sec</u>	tion C. Computation of Public Sup							
14	Public support percentage for 2008 (line 6	6, column (f) dı	vided by line 11	1, column (f))		14		<u>%</u>
15	Public support percentage from 2007 Sch					15		%
	331/3 % support test—2008. If the organization qualifies	as a publicly s	upported organ	nization .			٠	▶ □
	33% % support test – 2007. If the organization qua	lifies as a publi	cly supported of	organization .				▶ 🗔
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	acts-and-circum	nstances" test,	check this box a	and stop here .	Expla	ain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstan Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, c organization qua	theck this box a alifies as a public	nd stop here ly supported or	Expla ganıza	in in Part ition	IV how the . ► □

	rt III Support Schedule for Orga (Complete only if you checke				1)(2)			
Sec	tion A. Public Support							
Ca	alendar 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")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1-5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				••••			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
С	Add lines 7a and 7b ,							
8 ——	Public support (Subtract line 7c from line 6)							
	tion B. Total Support		,		,		-	
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
9 10a	Amounts from line 6							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12)					<u> </u>		
14	First five years. If the Form 990 is for to organization, check this box and stop	here ,		nd, third, fourth	n, or fifth tax y	ear as	a sectio	n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su							
15 16	5 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))							<u>%</u> %
Sec	tion D. Computation of Investmer	nt Income Po	ercentage					
17 18	Investment income percentage for 2000 Investment income percentage from 20				olumn (f)) .	17 18		<u>%</u>
19a	331/3 % support tests – 2008. If the organism not more than 331/3 %, check this b	anızation dıd n ox and stop h e	ot check the bere. The organi	ox on line 14, a zation qualifies	as a publicly	suppor	ted orga	nization 🕨 🗌
b	331/3 % support tests - 2007. If the organ line 18 is not more than 331/3 %, check this	ization did not box and stop	check a box or here. The orga	i line 14 or line nization qualifie	19a, and line 1 s as a publicly	suppor	ore than t ted orga	33/3 %, and nization ► □
20	Private foundation. If the organization	did not check	a box on line 1	14 19a or 19b	check this b	ox and	see inst	ructions >

	orm 990 or 990-E2) 2008
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
•	

Ahimsa House, Inc. 31-1833734 Statement 1 See 990EZ, Part I, Line 16

Bank Charges	\$	6
Program Expenses	\$	22,527
Other Misc. Expenses	_\$	7,115
	\$	29,648

Ahimsa House, Inc. 31-1833734 Statement 2 See 990EZ, Part I, Line 15

Of the \$3,639 in printing expenses in 2008, \$1,472 was paid to Clinch Valley Printing for printing services related to our newsletters. Clinch Valley Printing is owned by the parents of Myra Rasnick, our Program Services Coordinator and an independent contractor of Ahimsa House.