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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) 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.

OMB No. 1545-1150

2008

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service			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.						Inspection		
	A For the 2008 calend				JUNE		2008, and e		MAY	31.	, 20 09
	heck If ap						-	ntification number			
	ddress ch	hannoa	use IRS	FRIENDS OF HOMEL	ESS ANIBOAL	S INC			26	0	867786
	lame char		tabel or print or	Number and street (or P.			treet address)	Room/sulte			
=	ritial retur	1	type. See	59 WEST WASHINGT					(781)	447 5193
=	'ermination Imended :	<u>'</u>	Specific	City or town, state or cou					F Group	Exemo	otion
==	pplication		Instruc- tions.	HANSON, MA 02341	-				Numbe	•	, ▶
=	Section	n 501(c)(3) o	raento			able trusts mu	ıst attach	G Acco	ounting met	hod:	☑ Cash ☐ Accrual
	Section 501(c)(3) organizations and 4947(e)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting me					r (specify)	>				
				· · · · · · · · · · · · · · · · · · ·	·-·· · · · · · · · · · · · · · · · · ·			H Chec	* ▶ [7] i	f the o	rganization is not
1 V	http://www.hear.netfinder.com/-wi76/							edute B (Form 990,			
J Organization type (check only one) —					EZ, or 990-l	PF).					
K C	heck >	If the org	anizatio	n is not a section 509(a)(3) supporting org	anization and i	ts gross rec	sipts are no	rmally not n	nore th	an \$25,000. A return is
n	ot requ	ired, but if the	organi	zation chooses to file a re	turn, be sure to	file a complete	return.				
LA	dd lines			ne 9 to determine gross rec						▶\$	536,882
Pa	rt I	Revenue,	Expe	nses, and Changes	in Net Asse	ets or Fund	Balances	(See the	instruction	ons fo	
	1	Contribution	ns, gifts	s, grants, and similar am	ounts received	l <i>.</i> .				1	6,215
- 1	2			evenue including gove						2	0
	3			and assessments .					[3	0
	4	Investment	•						[4	667
1	5a	Gross amo	unt fro	m sale of assets other	than inventor	y	5a		0		
- 1	ь	Less: cost	or othe	er basis and sales expe	enses		_ 5b	·	0		
_	C	Gain or (loss	s) from	sale of assets other than	inventory (Sul	otract line 5b f	rom line 5a)	(attach sch	nedule).	5c	0
3	6			vities (complete applicable par							
20î Revenue	a			ot including \$							
æ		reported or	-	. —			. 6a		0		
5	b	Less: direct	t expe	nses other than fundral	sing expense:	8	6b		0	ı	
- 1	C	Net income	or (lo	ss) from special events	and activities	(Subtract lin	e 6b from I	ine 6a) .		6c	0
<u>හ</u>	7a	Gross sales	s of inv	ventory, less returns an	d allowances	• • • • • • • • • • • • • • • • • • • •	7a _	-	530,000		
8	b	Less: cost				DECEN			13,528	i	
MAR	C	Gross profi	it or (lo	ss) from sales of inven	tory (Subtract	mon at earli	ine Za)	٠ . ان	[7c	516,472
3	8	Other rever	nue (de	escribe ▶				<u>g </u>	}	8	0
	9_	Total rever	nue. A	dd lines 1, 2, 3, 4, 5c,	6c, 7c, and 8	WAR 1 0	<u> 2010 - </u>	<u> </u>	▶	9	523,354
EXPERIENCED	10	Grants and	simila	r amounts paid (attach	schedule	MINIC	· · <u>.</u> .	劉		10	0
訇	11	Benefits pa	id to c	or for members		.a.a.b.c.	1. 117.	\		11	0
3	12	Salaries, ot	ther co	mpensation, and emple	oyee benefits	OGUE	V., U.I.	٠. لب		12	0
	13			and other payments to	•		• • • •			13	2,679
묫	14	Occupancy	, rent,	utilities, and maintenar	nce					14	0
-	15	Printing, pu	ıblicati	ons, postage, and ship	ping		. : • :			15	129
1	16			describe supplies,						16	490,826
\dashv	17			Add lines 10 through 1		<u> </u>				17	493,634
葛	18			for the year (Subtract		-				18	29,720
Net Assets	19			nd balances at beginni						40	05 770
4				reported on prior year						19	95,776
2	20 21			net assets or fund ball d balances at end of ye						20	2,581
Do	rt II			B. If Total assets on lin					000 in	21	128,073
		-uu1100 ((1) 814 92,000	2,000 OI III		edinning of ye		(B) End of year
^^	0		•	See the Instructions for	•			VV 54		76 22	
22				estments				-	33,71	0 23	
23 24		i atio oniidil	igs .	overpayment overpayment						0 24	
24 25		rasseus (de I asset s .		· · · · · · · ·)		95.77	6 25	
28	-	i assocs I liabilities (0 28	
27	Net	essets or fi	und ba	lances (line 27 of colu	mn (B) must a	agree with line	e 21)		95.77	76 27	
For				k Reduction Act Notice,				Cat. No	o. 10842i	·····	Form 990-EZ (2008)

Fit Homes 24x 7 Aux 125 HKS AWK X 5x = 8736 A TR.

Pai	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		4
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.			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	-		
b	Did the organization file Form 1120-POL for this year?	37b		✓_
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		4
	If "Yes," complete Schedule L, Part II and enter the total amount involved			1
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			i
_	cluring the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		✓
C	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 ▶0			
9	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. ▶			
42a	The books are in care of ▶ DORIS A BAKER-FRAHER Located at ▶ 59 WEST WASHINGTON ST, HANSON, MA ZIP + 4 ▶) 4 02341	87 51 1048	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		120	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No √
	If "Yes," enter the name of the foreign country: ▶	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		√_
43			•	▶ □
	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 Form 990-EZ	44		√
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		-		

Part VI	and complete the tables for									
6 Did ti	ne organization engage in direct	t or indirect p	olitical campaign a						Yes	No
	dates for public office? If "Yes,						, • •	46		- Ą
	ne organization engage in lobby							47 48		4
	organization operating a school organization make any trans-					tte Scheou	8 E .	49a		1
	ne organization make any dans is," was the related organization			a reieren niñe	IIIZAUOIT			49Ъ	$\neg \uparrow$	
0 Com	plete this table for the five higher received more than \$100,000 c	est compensa	ited employees (ot					emplo	yees)	who
1 (a)	lame and address of each employee pa than \$100,000	ald more	(b) Title and aver hours per wee devoted to posit	k lii	ompensation	(d) Contribut employee benef deferred comp	it plans &		xpense unt enc llowence	đ
					-					
1 Com	per of other employees paid over	est compensa		ontractors wh	no each rece	lived more	than \$10	0,000	of	
1 Com		est compensa . If there is no	one, enter "None."			rived more		(c) Com		on
31 Com	plete this table for the five high pensation from the organization.	est compensa . If there is no	one, enter "None."					-,		on
1 Com	plete this table for the five high pensation from the organization.	est compensa . If there is no	one, enter "None."					-,		on
1 Com	plete this table for the five high pensation from the organization.	est compensa . If there is no	one, enter "None."							on
31 Com	plete this table for the five higher ensation from the organization. (a) Name and address of each indepen-	est compensa . If there is no ndent contractor p	one, enter "None."							on
31 Com	plete this table for the five higher ensation from the organization. (a) Name and address of each indepen-	est compensa . If there is no ndent contractor p	ene, enter "None." paid more than \$100,00							ion
61 Comp	plete this table for the five highersation from the organization. (a) Name and address of each independent contra	est compensa . If there is no ndent contractor p	ene, enter "None." Daid more than \$100,00	000	(ъ) Туя	pe of service	•	(e) Com	pensati	
61 Comp	plete this table for the five highernation from the organization. (a) Name and address of each independent	est compensa . If there is no ndent contractor p	ene, enter "None." Detid more than \$100,00	000 .	(b) Type (b) Type (c)	pe of service		(e) Com	pensati	locks
otal numb	plete this table for the five highersation from the organization. (a) Name and address of each independent control of other independent control of the pending it is true, correct, and considerable of pending it is true, correct, and considerable of officer DORIS A BAKER-FRAHE	est compensa. If there is no indent contractor particular contract	ene, enter "None." Detid more than \$100,00	000 .	(b) Type (b) Type (c)	pe of service		(e) Com	pensati	kolo
Total numbers	plete this table for the five highersation from the organization. (a) Name and address of each independent contract of other independent contract and belief, it is true, correct, and consignature of officer	est compensa. If there is no indent contractor particular contract	celving over \$100, and this return, including on of preparer (other the	000 .	Schedules and a sid on all inform	statements, areation of which		(c) Com	pensati y knowl	ledge
Total numbers of the second se	Delete this table for the five highersation from the organization. (a) Name and address of each independent contraction. Der of other independent contractions of perjury, I declare the and belief, it is true, correct, and consider the analysis of perjury. DORIS A BAKER-FRAHE. Type or print name and title. Preparer's signature Firm's name (or yours if self-employed).	est compensa. If there is no indent contractor particular contract	celving over \$100, and this return, including on of preparer (other the	000 . De accompanying san officer) is base	Check if self-employed	statements, ar nation of which tests	nd to the be h preparer I	(c) Com	pensati y knowl	ledge
Total numbers Sign Here Paid Preparer's	plete this table for the five highersation from the organization. (a) Name and address of each independent contract of other independent contract and belief, it is true, correct, and consignature of officer DORIS A BAKER-FRAHEI Type or print name and title. Preparer's signature Firm's name (or yours)	actors each rethat I have examinmplete. Declarating	celving over \$100, and this return, including or of preparer (other the property of the proper	000 . Description of the property of the prope	Check if self-employed	statements, anation of which	nd to the be	(c) Com	pensati y knowl knowl	ledg

Dept of the Trents.

I.A.S. Center

Content of 84201 - 0027.

Sent Again 3/5/10

PO Box 9941

Zip 84409

SCHEDULE A (Form 990 or 990-EZ)

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

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF HOMELESS ANIMALS, INC 0867786 26 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 ☐ 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.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/4 % 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 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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. b Type II c Type III-Functionally integrated e D 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g No Yes (f) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(II) (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? iiig间 h Provide the following information about the organizations the organization supports. (i) Name of supported (II) EIN (iii) Type of organization (Ivi is the organization fv1 Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in crosnization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) U.S.? support? Yes No Yes No عريّ ۾ پوري

	Support Schedule for Org (Complete only if you chec	janizations E ked the box	Described in on line 5, 7, c	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170	(b)(1)(A)(vi)
	tion A. Public Support	<u></u>					
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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					and the second of the second	
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)						
500	tion B. Total Support	35 5 5 7 1 1 2 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		7.2.62% 62.54c	Supplied the first	7.6 104.7°	3001
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8 (f) Total
_		(B) 200-	(1) 2000	(0) 2000	(0) 2007	(6) 200	B (I) IOLE
7	Amounts from line 4			<u>-</u>			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 .				21-04		x****
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re			_		ection 501(c)(3)
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line		-	I, column (f))		14	%
15	Public support percentage from 2007 Sc					15	%_
l6a	33% % support test—2008. If the organiand stop here. The organization qualifies	ization did not o s as a publicly s	check the box on supported organ		line 14 is 33% 9		check this box
b	33% % support test—2007. If the organication que					33%-%-crn	nore, check this
178	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum"	acts-and-circum	nstances" test,	check this box	and stop here.	Explain in	Part IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "lorganization meets the "facts-and-circumstance" Private foundation. If the organization did	facts-and-circum ances" test. The	stances" test, c organization qua	heck this box a difies as a public	and stop here. cly supported or	Explain in I ganization	Part IV how the

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Part III

Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	(0) 000	(-)	(0)	127 = 3.5.	(0, 2000	17 / 042
	membership fees received. (Do not include any "unusual grants.")	NONE	NONE	NONE	69,980	6,215	76,195
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	NONE	NONE	NONE	25,922	530,000	555,922
3	Gross receipts from activities that are not an unrelated trade or business under section 513	NONE	NONE	NONE	0	0	0
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on its behalf	NONE	NONE	NONE	0	0	0
5	The value of services or facilities						
•	furnished by a governmental unit to the				_		_
	organization without charge	NONE	NONE	NONE	0 0 0 0 0 0	0	0
6	Total. Add lines 1-5	0	0	0	95,902	536,215	632,117
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	NONE	NONE	NONE	0	0	0
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	NONE	NONE	NONE	0	o	0
G	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	C	0	0	95,902	536,215	
	line 6.)				为是是	To the sound	632,117
	tion B. Total Support				······································		
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	0	0	0	95,902	536,215	632,117
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources	NONE	NONE	NONE	0	667	667
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	NONE	NO.	NONE			•
	acquired after June 30, 1975	NONE 0	NONE	NONE 0	0	667	667
С 11	Add lines 10a and 10b Net income from unrelated business			<u> </u>		007	087
• •	activities not included in line 10b,	,					
	whether or not the business is regularly carried on	NONE	NONE	NONE	0	0	0
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)	NONE	NONE	NONE	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	95,902	536 882	632,784
14	First five years. If the Form 990 is for toganization, check this box and stop!	he organizatio	n's first, secor		n, or fifth tax ye	ear as a sectio	n 501(c)(3) ▶ ☑
Sec	Section C. Computation of Public Support Percentage						
15	Public support percentage for 2008 (lin	e 8, column (f)	divided by lin	e 13, column	(f))	15 9	984 %
16	Public support percentage from 2007 S	Schedule A, Pa	rt IV-A, line 27	<i>r</i> g		16) + 00 %
	tion D. Computation of Investmen						
17	Investment income percentage for 2008				olumn (f)) .	17	odicsto.
18	Investment income percentage from 20					18	00%
19a	33% % support tests—2008. If the orga	enization did n	ot check the be	ox on line 14, a	nd line 15 is m	nore than 331/3 9	6, and line
	17 is not more than 33% %, check this be						
Ь	331/3 % support tests—2007. If the organ line 18 is not more than 331/3 %, check this	ization did not (box and stop)	here. The omai	inte 14 or tine ' nization qualifie	iya, and line 10 sasa nihildiy q	o is more than 3 supported organ	id/s %, and
20	Private foundation. If the organization						

Schedule A (Fo	yrm 990 of 990-EZ) 2008 Page 4
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)

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