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", De artment of the Treasury Internal Revenue Service

## **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)

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

OMB No 1545-0047 2009

Open to Public inspection

<u>A</u>	For the 200	9 calendar year, or tax year beginning 06/01/09, and	$\frac{1}{1}$ d ending $\frac{05}{31}$	LO	_	* <u>.</u>
В	Check if applica				D Employe	er identification number
	Address chang	use IRS FRIENDS OF HOMELES	S ANIMALS, INC.			
$\Box$	Name change	print or Doing Business As			26-0	867786
一	Initial return	type. Number and street (or P O box if mail is not delivered to street address	ss)	Room/suite	E Telephon	
H		See 59 W. WASHINGTON STREET		.L.		447-5193
믬	Termination	Instruc- City or town, state or country, and ZIP + 4			G Gross receipt	s 424,471
$\sqsubseteq$	Amended retur		2341-1048			
$\sqcup$	Application per				H(a) is this a g	
		DORIS A. BAKER-FRAHER 59 W. WASHINGTON STREET			affiliates? H(b) Are all aff	iliates
			341-1048		included?	
_	Tau				If "No," at	tach a list. (see instructions)
÷	Tax-exempt Website:		527		H/a) Comman	
_	Type of organi		1.	Year of formation 2	005	emption number  State of legal domicile RI
	Part I	Summary	, <u>L</u>	rear or formation ==	<u> </u>	State of legal dofflictle
	T	ly describe the organization's mission or most significant activities				
_	1 B	ESCUE DOGS FROM SHELTERS, HUMANE SOCIE!	TIES. BREEDERS &	<b>.</b>		
Š	0	WNER SURRENDERS. PROVIDE VETERINARY CAN	•			
Activities & Governance	T	O NEW HOMES.				
Ş.	2 Che	ck this box	disposed of more than 25°	% of its net assets		
Ğ	3 Num	ber of voting members of the governing body (Part VI, line 1a)	disposed of more than 20	70 01 113 1101 433013	3	
တ္	4 Nun	ber of independent voting members of the governing body (Part VI	line 1b)		4	<del></del>
Ì	5 Tota	I number of employees (Part V, line 2a)	,		5	
ફ	6 Tota	I number of volunteers (estimate if necessary)			6	<del></del>
⋖	1	gross unrelated business revenue from Part VIII, column (C), line	12		7a	
	1	unrelated business taxable income from Form 990-T, line 34			7b	0
			··	Prior Yea	r	Current Year
Ф	8 Con	ributions and grants (Part VIII, line 1h)			6,215	31,760
ğ	9 Prog	ram service revenue (Part VIII, line 2g)		530	0,000	392,705
Revenue	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)		667	6	
œ	11 Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12 Tota	revenue – add lines 8 through 11 (must equal Part VIII, column (A	), line 12)	530	6,882	424,471
	13 Grai	its and similar amounts paid (Part IX, column (A), (Test) 5) V				· · · · · · · · · · · · · · · · · · ·
	14 Ben	efits paid to or for members (Part IX, column (A), line 4)	ines (O)			
S	15 Sala	ries, other compensation, employee benefits (Part IX, column (A), line 4) ries, other compensation, employee benefits (Part IX, column (A), line 11e)				
benses		, and the same of			<del>-</del>	
×pe	1	l fundraising expenses (Part IX, column (D), line 25).▶	HRS-C			
Ä	17 Othe	r expenses (Part IX, column (A), lines 11a–11d 🗗 🖘 🗔 👢	<u> </u>		7,162	431,743
	18 Tota	expenses Add lines 13–17 (must equal Part IX, column (A), line 2	25)		7,162	431,743
	19 Rev	enue less expenses Subtract line 18 from line 12		+	9,720	-7,272
130	6 60 T-4-	Lacasta (Dad V. Lac 40)		Beginning of Cur	rent Year B, 073	End of Year
Net Assets or	20 Tota	l assets (Part X, line 16)		120	3,073	120,801
ž į	21 Tota	I liabilities (Part X, line 26)		120	3,073	120,801
	Part II	assets or fund balances Subtract line 21 from line 20 Signature Block		120	3,073	120,801
	art II		ton noneman and adulan		4	
		Under penalties of perjury, I declare that I have examined this return, include and belief, it is true-correct, and complete. Declaration of preparer (other the				
Sig	nn				1 11/	alia
He		Signature of officer	~	<u> </u>	Don	1110
		DORIS A. BAKER-FRAHER	TREAS	SURER	Dake	
		Type or print name and title				<del></del>
			Date	Check	,	Preparer's identifying number
Pa	id	Preparer's signature Elizabeth S. Gregory, CPA	/ /	self-	. $\square$	(see instructions)
Pr	eparer's			19/10 employ		P00118881
Us	e Only	Firm's name (or yours of self-employed).  Gregory & Associate  19 120th St	יאות ,	<del></del>	EIN -	
	-	address, and ZIP + 4  Ocean City, MD 218	142		Phone	410-524-2720
N4~	v the IBS =			<del></del>	no 🕨	
		scuss this return with the preparer shown above? (see instructions at and Paperwork Reduction Act Notice, see the separate instruc-		<del> </del>		Yes No
DA/	i Frivacy A A	and raperwork neduction Act Notice, see the separate instr	uctiviis.			Form <b>990</b> (2009)

Form 990 (2009)

	n 990 (2009) FRIENDS OF HOMELESS ANIMALS, INC. 26-0867786		F	age :
P	art IV Checklist of Required Schedules	<del></del> _	T	Γ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	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	<u>-</u>	1	
•	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)		1	
-	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		i
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		<del>                                     </del>	
	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,"		1	
•	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	<u> </u>		T
•	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, directly or through a related organization, hold assets in term, permanent, or	-		<del> </del>
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10	1	
	VII, VIII, IX, or X as applicable	11	Ì	x
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	1	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes	· · · · · · · · · · · · · · · · · · ·	1	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A	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 United States?	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 United States? 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		Х
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 a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

20

If "Yes," complete Schedule G, Part III

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	۱		77
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	00		x
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
240	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
244	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		
	990-EZ? 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,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	İ		
	Schedule L, Part IV	28b	1	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? 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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			x
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1 24	<b>,</b>	x
20	Part	31	<del>                                     </del>	
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	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
33	sections 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,	-		<del></del>
04	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	<u> </u>	†	
•	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	ł	х
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	<u>L</u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	X
		For	m 990	(2009)

	990 (2009) FRIENDS OF HOMELESS ANIMALS, INC. 26-0867	<u> 786</u>	<u> </u>		Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	5 de de combre de la B. O. (5 1000 A 10 17 11				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	1a 1b				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and report		<u> </u>			
С	gaming (gambling) winnings to prize winners?	avic		1c	1	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l	1	16		
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<u> </u>	2b	i	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	v				
ou	this return?	,		3a	1	x
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ontv		0.5		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?			4a		х
b	If "Yes," enter the name of the foreign country			74		
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar	ık				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	2		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				
	Prohibited Tax Shelter Transaction?	•		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			·		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal				
	benefit contract?			7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	1		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
_	required?			7 <u>h</u>	ļļ	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			_		
_	organization, have excess business holdings at any time during the year?			8		<del></del>
9	Sponsoring organizations maintaining donor advised funds.			_		
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	مدا	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b 14	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L			
11	Section 501(c)(12) organizations. Enter	مدا	I			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
12-	amounts due or received from them )  Section 4947(a)(1) non-exempt charitable trusts, is the executation files Form 900 in liquid Form 10	11b	L	40-		
12a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1		12a		<b></b>
<u>"</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u>l</u>			L

Form 990 (2009) FRIENDS OF HOMELESS ANIMALS, INC. 26-0867786

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
	•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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		
С	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?			
а	The organization's CEO, Executive Director, or top management official	15a	1	X
b	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	100		
16a				
	with a taxable entity during the year?	16a	·	х
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	·	
Sec	tion C. Disclosure	1		
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 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 DORIS A. BAKER-FRAHER 59 W WASHINGTON ST.			
н	ANSON MA 02341-1048 78	1-44	7-5	193
			. 000	

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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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, and 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

X Check this box if the organization	1	sate	any e			fficer	, dıre			
(A) Name and Title	(B) Average	Pos	ition (	(chec	C) k all t	that a	(vlaa	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ROIE GRIEGO	<del></del>	†		_	1				,	
PRESIDENT	80.00				İ			0	0	0
DORIS A. BAKER-FI	AHER									
TREASURER	60.00							0	0	0
SONIA AFRIN										
CLERK	40.00							0	0	0
CHARLES CABRAL, C										
DIRECTOR	10.00							0	0	0
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	(A) Name and Title	(B) Average			((	C)	hat ap		(D)  Reportable	(E) Reportable		(F) Estimated		
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	co o: a	amount of other mpensatio from the rganization nd related ganizations	1	
													<del></del>	
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													<u>-</u>	
	Total							<b>&gt;</b>						
	Total number of individuals (inc reportable compensation from	-		to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in		1	· · ·	
	Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensated			ye 3	s No	
4	For any individual listed on line the organization and related or individual	1a, is the sum of	repo	ortab	le co	omp	ensat	ion a				4	х	
5	Did any person listed on line 1a services rendered to the organ	ization? If "Yes,"	ie co com	mpe olete	nsat Sch	ion f edu	rom a	any i or su	unrelated organization for ich person			5	х	
1	ion B. Independent Contractor Complete this table for your five compensation from the organize	e highest comper	nsate	ed inc	depe	nde	nt cor	ntrac	ctors that received more tha	n \$100,000 of				
		(A) business address							Descrip	(B) tion of services		(C Comper	) isation	
		·					_							
2 DAA	Total number of independent of more than \$100,000 in comper		-				l to th	ose	listed above) who received			0 Form <b>9</b> 0	90 (2009)	

Pa	rt V	III Statement of Reve	nue					
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	1a			Tevenue		312, 313, 01 314
ant	'a	Membership dues	1b					
ള	٦	Fundraising events	1c	3,230				
ifts r	ہ ا			3,230				
oje Big	"	Related organizations	1d					
Sir	θ.	,	1e					
ĘĘ	,	All other contributions, gifts, grants, and similar amounts not included above		20 520		i		
햧				28,530				
Son	g		lf \$		21 50			
3	h	Total. Add lines 1a-1f	_	<u> </u>	31,760			
une l				Busn. Code				
eve	2a	ADOPTION FAMILY SUPE	PORT		392,705	392,705		
e R	b							
Š	С							
Se	d							
гап	8						- L.E.	
Program Service Revenue   Contributions, gifts, grants	f	,	iue					
_	_ 9	Total. Add lines 2a-2f		<u> </u>	392,705			
	3	Investment income (including d	ıvıdends, ıı	nterest, and				
		other similar amounts)		<b>•</b>	6	6		
	4	Income from investment of tax-	exempt bo	nd proceeds				
	5	Royalties	1	<u> </u>				
		(ı) Real		(II) Personal				
	6a	Gross Rents		-				
	b	Less rental exps						
	С	Rental inc or (loss)						
	d 7a	Net rental income or (loss) Gross amount from (1) Securities		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
	١, ۵	sales of assets (i) Securities	·	(II) Other				
		other than inventory						
	b	Less cost or other						
		basis & sales exps						
	С	Gain or (loss)	———.					
	d	Net gain or (loss)	_					
ne	8a	Gross income from fundraising even	its					
en		(not including \$						
Ş		of contributions reported on line 1c)						
Other Reven		See Part IV, line 18	a					
ᅙ	i	Less direct expenses	b[					
		Net income or (loss) from fundr		nts <b>&gt;</b>				
	9a	Gross income from gaming activities	•					
		See Part IV, line 19	a					
		Less direct expenses	b[					
		Net income or (loss) from gamin	ng acti <u>vitie</u>	s <b>&gt;</b>				
	10a	Gross sales of inventory, less	į					
	_	returns and allowances	a					
		Less cost of goods sold	b					
	С	Net income or (loss) from sales						
	<u> </u>	Miscellaneous Revenue		Busn. Code				
	11a			<u> </u>				
	b							<u> </u>
	C .	<b>A</b> 11						
	d	All other revenue		L				
		Total. Add lines 11a–11d				200 777		
	12	Total Revenue. See instruction	<u> </u>	<b>&gt;</b>	424,471	392,711		0

### 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).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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		_		<u> </u>
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			<del> </del>	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
_	Accounting				<u> </u>
d	Lobbying			······································	
0	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12 13	Advertising and promotion Office expenses	8,251	8,251	<del></del>	<u> </u>
14	Information technology	0,231	0,231		
15	Royalties				
16	Occupancy				
17	Travel				-
18	Payments of travel or entertainment expenses				· <del>-</del>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		· · · -	\ <u>\</u>	<u> </u>
22	Depreciation, depletion, and amortization			-	
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 )				
а	BOARDING/TRANSPORTATION	397,229	397,229	<del></del>	
b	COGS	26,263	26,263		<del> </del> -
C		<del></del>			<del> </del>
d			-		
0	A				
f	All other expenses	401 740	421 742		
25	Total functional expenses. Add lines 1 through 24f	431,743	431,743		<del> </del>
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				1
	fundraising solicitation	L		<del></del>	<u> </u>

Part X **Balance Sheet** (A) (B) Beginning of year End of year 125,492 120,801 1 Cash-non-interest bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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 Notes and loans receivable, net 7 Inventones for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 2,581 11 Investments—publicly traded securities Investments-other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 128,073 120,801 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 Liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 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 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 26 26 Total liabilities. Add lines 17 through 25 **Net Assets or Fund Balances** Organizations that follow SFAS 117, check here ▶ complete lines 27 through 29, and lines 33 and 34. 128,073 120,801 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 120,801 128,073 33 Total net assets or fund balances 128,073 120,801 Total liabilities and net assets/fund balances

Form 990 (2009)

orm	990 (2009) FRIENDS OF HOMELESS ANIMALS, INC. 26-0867786		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

the Single Audit Act and OMB Circular A-133?

Form **990** (2009)

# SCHÉDULE A · (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Employer Identification number Name of the organization FRIENDS OF HOMELESS ANIMALS, INC. 26-0867786 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X 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 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 c Type III-Functionally integrated b | Type II d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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 following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? l1g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in organization in col organization (described on lines 1-9 ın col (i) listed in your support (i) organized in the col (i) of your above or IRC section governing document? support? (see instructions)) Yes Yes Yes No Nο

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

Schedule A (Form 990 or 990-EZ) 2009

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 through 3  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  Section B. Total Support	Schedule A (Form 990 or 990-EZ) 2009 FRI					-0867786	Page
Section A. Public Support  Calendar year (or fiscal year beginning in)   (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) To  Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  2 Tax revenues leved 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 change  4 Total. Add lines 1 through 3  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  Section B. Total Support  Calendar year (or fiscal year beginning in)   A mounts from line 4  8 Gross income from interest, dividends, payments received on secunities loans, reins, royalbes and income from similar sources  9 Net income from unrelated business a activities, whether or not the business is regularly carned on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  1 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc (see instructions)	,				(1)(A)(iv) and <sup>·</sup>	170(b)(1)(A)(vi)	
Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) To Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  2 Tax revenues leved 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 organization without charge or granization without charge or publicly supported organization junctuded on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  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 carned on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  1 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc (see instructions)		cked the box o	<u> </u>	o oi Fait i.)	<del></del>		
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues leved 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 through 3 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 9 Public support. Subtract line 5 from line 4 9 Public support. Subtract line 5 from line 4 9 Ross income from interest, dividends, payments received on secunities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 1 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc (see instructions)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
membership fees received (Do not include any "unusual grants")  2	on one of the control	(4) 2000	(5) 2000	(5) 2007	(4) 2000	(0) 2003	(i) iotai
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 through 3  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  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business a activities, whether or not the business is regularly carned on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  1 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc (see instructions)	membership fees received (Do not						· · · · · · · · · · · · · · · · · · ·
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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 8 Gection B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total supports received on securities loans, 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 0 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 1 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc (see instructions)	benefit and either paid to or expended on						
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  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (c) 2007	furnished by a governmental unit to the		!				
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  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Support	4 Total. Add lines 1 through 3						
Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) To Amounts from line 4  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 carned on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  1 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc (see instructions)	person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) To Amounts from line 4  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  0 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  1 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc (see instructions)	6 Public support. Subtract line 5 from line 4						
Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)	ection B. Total Support					_	
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)	Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)	7 Amounts from line 4						
activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)	payments received on securities loans, rents, royalties and income from similar						
loss from the sale of capital assets (Explain in Part IV)  1 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc (see instructions)	activities, whether or not the business is						
2 Gross receipts from related activities, etc. (see instructions)	loss from the sale of capital assets (Explain in Part IV)						
	•		. :		1	1	-
	<b>F</b>	•	annound though former	CAL			
organization, check this box and stop here		rganization's first,	secona, thira, fourti	n, or fifth tax year a	s a section 501(c)(	(3)	

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	<u></u> %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a	33 1/3 % support test—2009. 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		▶ [

33 1/3 % support test—2008. If the organization did not check a 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

17a 10%-facts-and-circumstances test—2009. 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

10%-facts-and-circumstances test-2008. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box	on line 9 of Pa	rt I.)			
Sec	tion A. Public Support			-			
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			265,670	536,215	31,760	833,645
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					392,711	392,711
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 through 5			265,670	536,215	424,471	1,226,356
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 \$5,000 or 1% of the						
	amount on line 13 for the year					-	
С	Add lines 7a and 7b			<u> </u>			
8 ——	Public support (Subtract line 7c from line 6)				‡ ‡		1,226,356
	tion B. Total Support	,		<del>,                                    </del>		· · · · · · · ·	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			265,670	536,215	424,471	1,226,356
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				667		667
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b				667		667
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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>	265,670	536,882	424,471	1,227,023
14	First five years. If the Form 990 is for the		second, third, fourt	h, or fifth tax year as	a section 501(c)(3	)	
<del></del>	organization, check this box and stop here						
	tion C. Computation of Public Su			<b>(D)</b>		145	
15	Public support percentage for 2009 (line 8,	1,7	•	(1))		15	99.95%
16	Public support percentage from 2008 Sche tion D. Computation of Investme				<del></del>	16	%
	Investment income percentage for 2009 (lin			nolumn (fl)		17	%
17			=	olumin (1 <i>))</i>		18	
18 19a	Investment income percentage from 2008 3			14 and line 15 is mor	re than 33 1/3 % =		
b	33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and						<b>▶</b> X
20	line 18 is not more than 33 1/3 %, check the Private foundation. If the organization did		-		_	nization	
20	rivate foundation. If the oldanization did	HOLGIECK & DOX OF	inite 14. 198. Of 15	N. GIECK LIIIS DUX diil	a occ monucions		<b>•</b> 1

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### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

FRIENDS OF HOMELESS ANIMALS, INC.

Employer identification number 26-0867786

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public